

# PUBLIC INSPECTION COPY

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2019

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A For the 2019 calendar year, or tax year beginning and ending</b>																
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C Name of organization</b> THE CLEVELAND CLINIC FOUNDATION GROUP RETURN</td> <td rowspan="2"><b>D Employer identification number</b>  91-2153073</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2"><b>E Telephone number</b> 216-444-2200</td> </tr> <tr> <td>6801 BRECKSVILLE RD, RK1-85</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code INDEPENDENCE, OH 44131</td> <td rowspan="2"><b>G Gross receipts \$</b> 20,662,364,172.</td> </tr> <tr> <td colspan="2"><b>F Name and address of principal officer:</b> TOMISLAV MIHALJEVIC SAME AS C ABOVE</td> </tr> </table>	<b>C Name of organization</b> THE CLEVELAND CLINIC FOUNDATION GROUP RETURN		<b>D Employer identification number</b>  91-2153073	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b> 216-444-2200	6801 BRECKSVILLE RD, RK1-85		City or town, state or province, country, and ZIP or foreign postal code INDEPENDENCE, OH 44131		<b>G Gross receipts \$</b> 20,662,364,172.	<b>F Name and address of principal officer:</b> TOMISLAV MIHALJEVIC SAME AS C ABOVE	
<b>C Name of organization</b> THE CLEVELAND CLINIC FOUNDATION GROUP RETURN		<b>D Employer identification number</b>  91-2153073														
Doing business as																
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b> 216-444-2200														
6801 BRECKSVILLE RD, RK1-85																
City or town, state or province, country, and ZIP or foreign postal code INDEPENDENCE, OH 44131		<b>G Gross receipts \$</b> 20,662,364,172.														
<b>F Name and address of principal officer:</b> TOMISLAV MIHALJEVIC SAME AS C ABOVE																
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
<b>J Website:</b> WWW.CLEVELANDCLINIC.ORG																
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																
<b>L Year of formation:</b> <b>M State of legal domicile:</b>																

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: PATIENT CARE, RESEARCH AND EDUCATION	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 677
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 451
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 71093
	6	Total number of volunteers (estimate if necessary)	6 6579
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 63,861,687.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b 769,871.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 317,989,021. Current Year 327,817,213.
	9	Program service revenue (Part VIII, line 2g)	9,207,430,066. 10,229,466,263.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	243,520,402. 537,229,549.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,503,075. 464,025,353.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,007,442,564. 11,558,538,378.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	138,597,529. 139,835,146.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,033,203,265. 5,525,322,945.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,625,085. 1,770,231.
		16b Total fundraising expenses (Part IX, column (D), line 25)	15,666,956.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,151,856,865. 4,507,771,963.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,325,282,744. 10,174,700,285.
	19	Revenue less expenses. Subtract line 18 from line 12	682,159,820. 1,383,838,093.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 16,108,542,205. End of Year 18,683,589,721.
	21	Total liabilities (Part X, line 26)	6,354,600,176. 7,000,966,102.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,753,942,029. 11,682,623,619.

<b>Part II Signature Block</b>			
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.			
<b>Sign Here</b>	▶ Signature of officer	Date	
	▶ STEVEN C. GLASS, CHIEF FINANCIAL OFFICER		
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	TERENCE M. KENNEDY	TERENCE M. KENNEDY	
	Firm's name ▶ ERNST & YOUNG, LLP	Firm's EIN ▶ 34-656596	Check if self-employed <input type="checkbox"/> PTIN P00089502
	Firm's address ▶ 950 MAIN AVE, #1800 CLEVELAND, OH 44113	Phone no. 2168615000	

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

# PUBLIC INSPECTION COPY

Form **8453-EO**

## Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

For calendar year 2019, or tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

# 2019

Department of the Treasury  
Internal Revenue Service

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

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

Employer identification number  
**91-2153073**

### Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	11,558,538,378.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	

### Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

<b>Sign Here</b>		10/29/2020	CHIEF FINANCIAL OFFICER
	Signature of officer	Date	Title

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

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

<b>ERO's Use Only</b>	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.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TERENCE M. KENNEDY</b>	Preparer's signature 	Date <b>10/28/2020</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00089502</b>
	Firm's name <b>ERNST &amp; YOUNG, LLP</b>	Firm's EIN <b>34-6565596</b>			
	Firm's address <b>950 MAIN AVE, #1800 CLEVELAND, OH 44113</b>	Phone no. <b>2168615000</b>			

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

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

Form 990 (2019)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

GROUP RETURN

91-2153073

Page **3**

## Part IV Checklist of Required Schedules

		Yes	No
<b>1</b> 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> .....	<b>1</b>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b>	X	
<b>3</b> 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> .....	<b>3</b>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>		X
<b>6</b> 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> .....	<b>6</b>		X
<b>7</b> 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> .....	<b>7</b>	X	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>		X
<b>9</b> 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> .....	<b>9</b>		X
<b>10</b> 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> .....	<b>10</b>	X	
<b>11</b> 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.			
<b>a</b> 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> .....	<b>11a</b>	X	
<b>b</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> .....	<b>11b</b>	X	
<b>c</b> 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> .....	<b>11c</b>		X
<b>d</b> 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> .....	<b>11d</b>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X	
<b>f</b> 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> .....	<b>11f</b>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>		X
<b>b</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> .....	<b>12b</b>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X	
<b>b</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> .....	<b>14b</b>	X	
<b>15</b> 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> .....	<b>15</b>	X	
<b>16</b> 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> .....	<b>16</b>	X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X	
<b>18</b> 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> .....	<b>18</b>	X	
<b>19</b> 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> .....	<b>19</b>	X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	X	
<b>21</b> 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> .....	<b>21</b>	X	

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

GROUP RETURN

91-2153073

Page **4**

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b> 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> .....	<b>22</b>	X	
<b>23</b> 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> .....	<b>23</b>	X	
<b>24a</b> 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> .....	<b>24a</b>	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	X	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>		X
<b>b</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> .....	<b>25b</b>		X
<b>26</b> 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> .....	<b>26</b>	X	
<b>27</b> 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> .....	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		X
<b>32</b> 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> .....	<b>32</b>		X
<b>33</b> 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> .....	<b>33</b>	X	
<b>34</b> 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> .....	<b>34</b>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X	
<b>b</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> .....	<b>35b</b>	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		X
<b>37</b> 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> .....	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	6442	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	2	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X	

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

GROUP RETURN

91-2153073

Page **5**

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

		Yes	No
<b>2a</b> 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	<b>2a</b>	71093	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶ SEE SCHEDULE O</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X

Form **990** (2019)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

GROUP RETURN

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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 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>1a</b> 677		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent .....		
	<b>1b</b> 451		
<b>2</b>	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? .....	X	
<b>3</b>	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? .....	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....	X	
<b>7a</b>	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? .....	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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 .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	X	
<b>b</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? .....	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b>	Other officers or key employees of the organization .....		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	X	
<b>b</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? .....	X	

## Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed  OH,  FL
- 18** Section 6104 requires an organization to make its 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  \_\_\_\_\_  
 ROBERT F. WAITKUS - 216-445-2526  
 6801 BRECKSVILLE ROAD, RK1-85, INDEPENDENCE, OH 44131

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

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 instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONLEY, MD, BRIAN FORMER OFF - CCF, CC LONDON - CEO	0.00 50.00						X	0.	2,909,811.	812,727.
(2) MIHALJEVIC, MD, TOMISLAV DIRECTOR, PRES & CEO - CCF	50.00 0.00	X		X				3,263,418.	0.	45,449.
(3) KRANYAK, MD, MARGARET RETIRED PHYSICIAN (PART YR)	50.00 0.00					X		1,926,172.	0.	783,511.
(4) BROOKS, MD, PETER PHYSICIAN - CCF	50.00 0.00					X		1,468,472.	0.	827,538.
(5) SURI, MD, RAKESH CEO CCAD	50.00 0.00				X			1,933,075.	0.	161,121.
(6) PEACOCK, WILLIAM DIRECTOR - CC FLA REG HS, COO - CCF	50.00 0.00	X		X				1,827,678.	0.	47,946.
(7) TUZCU, MD, E. MURAT CHIEF ACADEMIC OFF-CCAD	50.00 0.00					X		1,660,634.	0.	149,972.
(8) GLASS, STEVEN C. DIRECTOR, CFO & TREAS-CCF	50.00 0.00	X		X				1,733,491.	0.	58,941.
(9) NAJM, MD, HANI PHYSICIAN -CCF	50.00 0.00					X		1,707,134.	0.	46,572.
(10) ROWAN, DAVID DIR, SEC, CHIEF GOV OFF, CHIEF LEGAL	50.00 0.00	X		X				1,684,851.	0.	47,508.
(11) SVENSSON, MD, LARS CHAIR HVI - CCF	50.00 0.00				X			1,682,256.	0.	46,247.
(12) WIEDEMANN, MD, HERBERT DIR, CHIEF OF STAFF - CCF	50.00 0.00	X		X				1,081,037.	0.	601,881.
(13) BARSOUM, MD, WAEL DIR, CEO, PRES- CC FLA REG HOSPS	50.00 0.00	X		X				1,459,656.	0.	41,626.
(14) MARTIN, MD, DANIEL INST CHAIR - COLE EYE	50.00 0.00					X		1,441,943.	0.	46,247.
(15) ERZURUM, MD, SERPIL FORMER OFFICER	50.00 0.00						X	715,951.	0.	753,059.
(16) GUTIERREZ, MD, JAMES DIR-CCF, CCEF, REG HOSP, PHYSICIAN	50.00 0.00	X						1,168,948.	0.	223,061.
(17) IANNOTTI, MD, JOSEPH DIR-CC FLA REG, MARTIN, IRMH, CHIEF	50.00 0.00	X						1,275,403.	0.	41,410.



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LORD, ROBERT DIRECTOR, PRESIDENT - MARTIN	5.00 50.00	X		X				0.	1,177,899.	131,858.
(19) PARKER, MD, RICHARD HOS PRES - HILLCREST & EAST REGION	50.00 0.00			X				898,826.	0.	397,975.
(20) CLEAVER, CHARLES TREASURER/CFO/ ASST TREAS (MARTIN)	5.00 50.00			X				0.	593,752.	690,271.
(21) MACHADO, MD, ANDRE DIRECTOR - KMA, PHYSICIAN	50.00 0.00	X						1,128,344.	0.	48,822.
(22) SABANEKH, MD, EDMUND DIR, PRES, CC MAIN, REG HOSPS, FHCS	50.00 0.00	X		X				1,087,264.	0.	45,938.
(23) MUAKKASSA, MD, FARID FORMER KEY EMPLOYEE	50.00 0.00						X	1,052,421.	0.	76,104.
(24) SMALL, DEBORAH FORMER KEY EMPLOYEE - FAIRVIEW	50.00 0.00						X	963,978.	0.	155,205.
(25) YOUNG, MD, JAMES P. CHIEF ACADEMIC OFF - CCF & CCEF	50.00 0.00			X				987,138.	0.	46,394.
(26) MCHUGH, LINDA FORMER OFFICER	50.00 0.00						X	954,611.	0.	61,384.
<b>1b Subtotal</b>								33,102,701.	4,681,462.	6,388,767.
<b>c Total from continuation sheets to Part VII, Section A</b>								46,463,753.	2,884,092.	7,735,352.
<b>d Total (add lines 1b and 1c)</b>								79,566,454.	7,565,554.	14,124,119.

**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 8,410

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
IBM CORP 500 FIRST AVENUE, PITTSBURGH, PA 15219	INFORMATION TECHNOLOGY SYSTEMS	23,152,230.
SIEMENS MEDICAL SOLUTIONS, INC PO BOX 121102, DALLAS, TX 75312	HEALTHCARE IT & ENGINEERING SOLUTIONS	23,111,289.
CARDINAL HEALTH PO BOX 70539, CHICAGO, IL 60673	INTEGRATED HEALTHCARE SOLUTIONS	11,795,634.
THE HCI GROUP PO BOX 734305, CHICAGO, IL 60673	HEALTHCARE IT CONSULTING & TECH SOLUTION	11,790,127.
TOWNE PARK LLC PO BOX 79349, BALTIMORE, MD 21279	PARKING SERVICES	10,472,068.

**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 703

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MILLER, MD, CHARLIE CHIEF MEDICAL OFFICER - CCMS	50.00 0.00			X				943,006.	0.	45,836.
(28) COSGROVE, MD, DELOS FORMER CCF CEO, EXEC ADVISOR	15.00 0.00						X	823,428.	0.	118,937.
(29) DEWS, MD, TERESA HOSPITAL PRESIDENT - EUCLID HOSP	50.00 0.00			X				594,165.	0.	360,070.
(30) BORDEN, MD, BRAD TRUSTEE - CCCHR, PHYSICIAN	50.00 0.00	X						902,494.	0.	45,072.
(31) MALONE, JR., MD, DONALD HOSPITAL PRESIDENT - LUTHERAN	50.00 0.00			X				483,152.	0.	457,711.
(32) RASMUSSEN, MD, PETER DIRECTOR, PRESIDENT - CCHSPA	50.00 0.00	X		X				883,013.	0.	46,458.
(33) BLANDON, MD, RODOLFO TRUSTEE, PRESIDENT - WESTON	50.00 0.00	X		X				851,482.	0.	44,126.
(34) NOGUERAS, MD, JUAN FORMER OFFICER	50.00 0.00						X	619,233.	0.	252,284.
(35) ROSENTHAL, MD, RAUL FORMER OFFICER	50.00 0.00						X	829,315.	0.	41,100.
(36) ABDENOUR, STEPHEN FORMER KEY EMPLOYEE	50.00 0.00						X	746,059.	0.	110,726.
(37) BERAN, JOSETTE DIR-CC FLA REG, UNION, STRATEGY OFF	50.00 0.00	X						758,388.	0.	72,352.
(38) HARTE, MD, BRIAN DIR, PRESIDENT - AGMC & SOUTH REG	50.00 0.00	X		X				712,206.	0.	47,722.
(39) ROSENCRANCE, MD, J. GREGORY DIRECTOR, PRESIDENT - INDIAN RIVER	50.00 0.00	X		X				717,303.	0.	40,838.
(40) STARCK, MD, REBECCA HOSPITAL PRESIDENT - AVON	50.00 0.00			X				674,382.	0.	53,813.
(41) ISAACSON, MD, J. HARRY DIR-CCF, CCEF & REG HOSP, PHYSICIAN	50.00 0.00	X						358,127.	0.	367,527.
(42) BOLOGNA, MD, RAYMOND DIR, CHAIR - PPG, PHYSICIAN	50.00 0.00	X		X				669,037.	0.	44,589.
(43) HAMILTON, THOMAS FORMER OFFICER	50.00 0.00						X	485,866.	0.	213,656.
(44) THOMAS, RAMONA ASST SEC - MMHSI	5.00 50.00			X				0.	335,584.	359,042.
(45) FLIPPO, LIBBY VP - COASTAL CARE	3.00 50.00			X				0.	473,227.	217,500.
(46) BREAU, MD, TODD DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						643,086.	0.	44,460.
<b>Total to Part VII, Section A, line 1c</b>										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) PETRY, DO, FERNANDO SECRETARY - COASTAL CARE	3.00 50.00			X				0.	624,452.	58,471.
(48) NAPIERKOWSKI, MD, DANIEL PRES -MM & EUCLID (PART YR)	50.00 0.00			X				625,589.	0.	45,808.
(49) GROOFF, MD, PAUL DIR, PRES, SEC - CCF NY MED SVCS	50.00 0.00	X		X				598,537.	0.	46,247.
(50) HORATTAS, MD, MARK DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						578,031.	0.	51,730.
(51) STOLLER, MD, JAMES CCEF CHAIR, EDUCATION INST	50.00 0.00			X				572,438.	0.	52,723.
(52) KALAFATIS, LARA DIR - KMA, PHILANTHROPY CHAIR	50.00 0.00	X						562,537.	0.	45,072.
(53) LONGVILLE, TIMOTHY DIR- KMA, CAO & CONTROLLER - CCF	50.00 0.00	X		X				478,836.	0.	119,941.
(54) DEL CASTILLO, BARBARA DIR, ASST SEC, GEN COUNSEL - WESTON	50.00 0.00	X		X				554,125.	0.	41,654.
(55) PIEDIMONTE, MD, GIOVANNI FORMER OFFICER	50.00 0.00						X	532,050.	0.	40,325.
(56) THOMPSON, MD, THOMAS DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						519,981.	0.	50,675.
(57) PAPA, ALAN DIRECTOR - AGP, VNS, COO	50.00 0.00	X						506,874.	0.	56,435.
(58) PETER, MD, DAVID DIRECTOR IRHS, PHYSICIAN	50.00 0.00	X						515,406.	0.	44,225.
(59) LARCOMBE, VALERIE DIRECTOR, SECRETARY - HSIRI	50.00 0.00	X		X				259,173.	0.	298,508.
(60) MCKENZIE, MD, MARGARET DIR, PRES - S POINTE HOSP	50.00 0.00	X		X				502,394.	0.	46,572.
(61) SMITH, DO, NEIL PRESIDENT - FAIRVIEW & WEST REG	50.00 0.00			X				494,320.	0.	43,275.
(62) NILSSON, KEITH DIRECTOR (FLA PHARM), CFO - CCFPS	50.00 0.00	X		X				481,050.	0.	53,682.
(63) TALMAGE, MD, LANCE DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						505,788.	0.	26,898.
(64) FENTON, MD, ANDREW DIR, VICE CHAIR - PPG, PHYSICIAN	50.00 0.00	X		X				457,739.	0.	70,222.
(65) WRIGHT, MD, DENNIS FORMER KEY EMPLOYEE	50.00 0.00						X	483,493.	0.	25,596.
(66) DELGADO, OSMEL DIRECTOR, COO - CC FLA REG	50.00 0.00	X		X				463,912.	0.	24,461.
Total to Part VII, Section A, line 1c .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) DAVIS, MARLEINA ASST. SECRETARY - CCF, CCEF	50.00 0.00			X				416,912.	0.	62,679.
(68) VICKERS, MD, JEAN DIRECTOR - COASTAL CARE, PHYSICIAN	3.00 50.00	X						0.	426,007.	47,248.
(69) SLIFKO, JESSICA FORMER OFFICER	50.00 0.00						X	417,382.	0.	50,208.
(70) JAMES, BRUCE TRUSTEE, PRESIDENT - UNION	50.00 0.00	X		X				426,700.	0.	40,282.
(71) RUSSELL, MD, REBECCA DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						415,111.	0.	47,722.
(72) BARRETT, LISA DIRECTOR, SECRETARY - AGP	50.00 0.00	X		X				416,506.	0.	41,345.
(73) PAPPAS, MD, RITA TRUSTEE, INTERIM PRES - CCCHR	50.00 0.00	X		X				396,265.	0.	56,220.
(74) SABBAGH, MD, MARWAN DIR - KMA, PHYSICIAN	50.00 0.00	X						406,878.	0.	45,072.
(75) SMITH, BRIAN VICE PRESIDENT - CLINIC CARE	50.00 0.00			X				257,119.	0.	187,366.
(76) ZINK, MD, JILL DIRECTOR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						410,949.	0.	21,963.
(77) MCLAIN, JESSICA DIRECTOR, VP/CPO - MMFI	3.00 50.00	X		X				0.	364,277.	61,474.
(78) HARRINGTON, MICHAEL DIR-LRBI, CAO/CONTROLLER, ASSOC CFO	50.00 0.00	X		X				369,216.	0.	37,474.
(79) SHEERS, MD, TITUS DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						335,763.	0.	68,117.
(80) CHHABRA, ANKIT DIR - AGMC, LODI, UNION, OH REG CFO	50.00 0.00	X		X				358,527.	0.	40,054.
(81) MEEHAN, MICHAEL J. RECORDING SEC - CCF, REGIONALS	50.00 0.00			X				379,775.	0.	13,320.
(82) SHEWBRIDGE, MD, RICHARD HOSPITAL PRESIDENT - MEDINA	50.00 0.00			X				335,974.	0.	45,072.
(83) LASH-RITTER, MD, TERI TRUSTEE - UNION HOSP, PHYSICIAN	50.00 0.00	X						336,289.	0.	44,500.
(84) DAVIS, DO, DENNIS PRESIDENT - PPG	50.00 0.00			X				335,298.	0.	44,747.
(85) MATT-AMARAL, MD, LAURIE DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						355,371.	0.	24,613.
(86) CHANDURKAR, DO, ROHIT DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						341,872.	0.	30,927.
<b>Total to Part VII, Section A, line 1c</b> .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) KOLONICK, RENEE COO - HILLCREST, MARYMOUNT HOSP	50.00 0.00				X			329,265.	0.	39,536.
(88) MACKETT, MD, CHARLES FORMER KEY EMPLOYEE	50.00 0.00						X	341,725.	0.	24,367.
(89) FORD, MD, DONALD FORMER OFFICER	50.00 0.00						X	318,149.	0.	46,116.
(90) BENNETT, KRIS DIR - AGMC, LODI, EXEC DIR REG HOSP	50.00 0.00	X						336,684.	0.	24,292.
(91) MURRAY, MD, KAREN TRUSTEE, PRESIDENT - CCCHR	50.00 0.00	X		X				323,306.	0.	36,599.
(92) BRUYERE, JOHN COO - SOUTH POINTE	50.00 0.00				X			257,228.	0.	99,959.
(93) FREEMAN, MD, RICHARD B. TRUSTEE - LAKEWOOD, PHYSICIAN	50.00 0.00	X						313,029.	0.	44,115.
(94) DAVIDSON MD, ELLIOT FORMER OFFICER	50.00 0.00						X	293,169.	0.	59,358.
(95) JUHASZ, DO, ROBERT FORMER OFFICER	50.00 0.00						X	306,335.	0.	44,465.
(96) TURNER, RALPH DIR- HEALTH SYS OF INDIAN RIVER, COO	50.00 0.00	X						327,362.	0.	21,429.
(97) MILLS, JOHN COO - FAIRVIEW & AVON	50.00 0.00				X			333,535.	0.	13,328.
(98) SUSI, JEFFREY FORMER OFFICER (RETIRED)	0.00 0.00						X	328,553.	0.	17,209.
(99) COLLIER, SUSAN VP NURSING, CNO - HILLCREST	50.00 0.00				X			274,830.	0.	70,018.
(100) MAJOR, KERRY CNO - CC FLA REGION	50.00 0.00				X			312,640.	0.	27,361.
(101) MEYERHOEFER, TODD FORMER OFFICER	50.00 0.00						X	293,245.	0.	38,784.
(102) HARLEY, DO, DOUGLAS DIR - AGMC, LODI, PPG, PHYSICIAN	50.00 0.00	X						303,834.	0.	27,185.
(103) MARKS, DO, MICHELLE TRUSTEE, MED DIR - CCCHR, PHYSCIAN	50.00 0.00	X		X				279,638.	0.	48,828.
(104) MOHRING, MICHAEL DIRECTOR - MMFI, ASST TREAS - CCC	5.00 50.00	X		X				0.	218,690.	92,104.
(105) BRAMAN, DO, KENNETH DIRECTOR, CHIEF MED OFF - PPG	50.00 0.00	X		X				281,150.	0.	29,066.
(106) TULISIAK, MD, THOMAS FORMER OFFICER	50.00 0.00						X	263,369.	0.	44,125.
Total to Part VII, Section A, line 1c .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) MENDIOLA, MD, AMANDA DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						279,814.	0.	25,492.
(108) SNYDER, VICKY DIRECTOR - MED HOSP FDN, COO	50.00 0.00	X						254,633.	0.	45,518.
(109) GREENE, MD, KATHIE DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						279,393.	0.	19,544.
(110) CARROLL, DONALD FORMER KEY EMPLOYEE	50.00 0.00						X	259,629.	0.	34,347.
(111) MILLER, SHEILA CNO - AGHS	50.00 0.00				X			267,230.	0.	24,694.
(112) MARKOVICH, MD, RENEE DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						265,953.	0.	24,382.
(113) THORN, III, EUGENE A. FORMER OFFICER	50.00 0.00						X	254,436.	0.	32,052.
(114) SHERIDAN, MD, CATHERINE DIRECTOR - MED HOSP FDN, PHYSICIAN	50.00 0.00	X						244,637.	0.	41,358.
(115) RIBLEY, DOUGLAS FORMER KEY EMPLOYEE	50.00 0.00						X	250,029.	0.	30,955.
(116) BEKENY, MD, JAMES TRUSTEE - LAKEWOOD, PHYSICIAN	50.00 0.00	X						243,825.	0.	33,868.
(117) ZINNER, BARBARA CNO - MARYMOUNT	50.00 0.00				X			226,357.	0.	47,980.
(118) CUMMINGS, JEFFREY DIRECTOR - KMA, PHYSICIAN	50.00 0.00	X						269,100.	0.	0.
(119) FOSTER, SUSAN FORMER KEY EMPLOYEE	50.00 0.00						X	225,320.	0.	41,910.
(120) VANLITH, RICHARD FORMER KEY EMPLOYEE	50.00 0.00						X	235,784.	0.	31,062.
(121) CLARK, CNO, SUSAN VICE PRESIDENT - COASTAL CARE	3.00 50.00			X				0.	221,413.	44,324.
(122) ESPINOSA, ALEXIS COO - CC FLA HEALTH SYS	50.00 0.00				X			245,316.	0.	18,677.
(123) MULLEN, RN, MBA, KAREN PRESIDENT, DIRECTOR - VNS	50.00 0.00	X		X				258,870.	0.	4,463.
(124) EIGHMY, GEORGE DIRECTOR, TREAS - INDIAN RIVER	50.00 0.00	X		X				247,909.	0.	11,748.
(125) FUNK, MD, JONATHAN R. FORMER OFFICER	50.00 0.00						X	220,022.	0.	38,719.
(126) FRIGO, DAVID DIRECTOR, TREASURER - AGP	50.00 0.00	X		X				207,617.	0.	44,290.
Total to Part VII, Section A, line 1c .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) SAUER, MARY CNO - AVON	50.00 0.00				X			219,714.	0.	31,964.
(128) BAILEY, DAWN CNO - EUCLID HOSPITAL	50.00 0.00				X			198,970.	0.	51,851.
(129) THOBURN, MARY BETH CNO - FAIRVIEW	50.00 0.00				X			226,959.	0.	21,510.
(130) LOWERY, RICHARD CNO - EUCLID HOSPITAL	50.00 0.00				X			161,696.	0.	84,515.
(131) BIBENS, TODD FORMER KEY EMPLOYEE	50.00 0.00						X	236,971.	0.	8,034.
(132) OBLANDER, JASON ASST. SEC - CCF & REGIONALS	50.00 0.00			X				220,413.	0.	23,119.
(133) WALTON, LINDA CNO - INDIAN RIVER	50.00 0.00				X			233,247.	0.	8,150.
(134) WILLIAMS, EMILY DIRECTOR, SECRETARY - AGP	50.00 0.00	X		X				232,719.	0.	8,276.
(135) SCHUSTER, JANET CNO - LUTHERAN HOSPITAL	50.00 0.00				X			217,762.	0.	23,423.
(136) FETTO, JULIE TRUSTEE - UNION, CNO - MEDINA	50.00 0.00	X						221,543.	0.	17,389.
(137) STEPP, LEONARD COO - EUCLID	50.00 0.00				X			212,896.	0.	22,582.
(138) ROME, MD, ELLEN TRUSTEE - CCCHR, PHYSICIAN	50.00 0.00	X						195,868.	0.	38,085.
(139) KOCSIS, DANA CNO - UNION	50.00 0.00				X			208,324.	0.	14,833.
(140) VIDMAR, ERICK ADMIN DIRECTOR - CC NV	50.00 0.00				X			195,461.	0.	27,231.
(141) VANHORN, AMANDA FORMER OFFICER	50.00 0.00						X	198,819.	0.	19,609.
(142) KANE, PERCIVAL COO - MARYMOUNT HOSP	50.00 0.00				X			197,973.	0.	16,074.
(143) CRAIG, ROBERT FORMER OFFICER	50.00 0.00						X	182,406.	0.	26,008.
(144) FULLER, WARREN FORMER KEY EMPLOYEE	50.00 0.00						X	168,011.	0.	38,746.
(145) SCHMIEDEL, JUSTIN FORMER KEY EMPLOYEE	50.00 0.00						X	185,023.	0.	16,324.
(146) SMITH, DARWIN K. FORMER OFFICER	50.00 0.00						X	168,283.	0.	29,093.
Total to Part VII, Section A, line 1c .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) GRUBB, MICHELLE DIRECTOR - PPG, FHC ADMIN	50.00 0.00	X						176,031.	0.	20,111.
(148) MODIC, MD, MICHAEL DIRECTOR, VP KMA	50.00 0.00	X		X				109,916.	0.	81,992.
(149) MADASZ, MD, JIM DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						165,288.	0.	21,452.
(150) BECK, CHRIS FORMER OFFICER	50.00 0.00						X	164,946.	0.	17,815.
(151) MATTNER, MATTHEW COO - LUTHERAN HOSPITAL	50.00 0.00				X			167,429.	0.	14,667.
(152) BAKER, JOHN T. VP NURSING & OPS LODI	50.00 0.00				X			156,983.	0.	26,272.
(153) SAHADI, LEE DIRECTOR - PPG, MEDICAL STAFF ADMIN	50.00 0.00	X						131,362.	0.	49,544.
(154) MORRIS, DELESA SR. DIRECTOR OF PHILANTHROPY	3.00 50.00			X				0.	125,836.	53,373.
(155) ALVAREZ, MD, BENITO PRESIDENT - PPG	50.00 0.00			X				159,773.	0.	8,926.
(156) CULLEY, MD, CARL A., JR. TRUSTEE - LAKEWOOD, PHYSICIAN	50.00 0.00	X						143,328.	0.	22,358.
(157) BRUNER, LISBETH FORMER OFFICER - IR	50.00 0.00						X	154,249.	0.	10,490.
(158) MAU, KATHLEEN DIRECTOR, SECRETARY - MEDINA	50.00 0.00	X		X				128,626.	0.	35,259.
(159) LYTLE, MD, BRUCE W. FORMER KEY EMPLOYEE (RETIRED)	0.00 0.00						X	118,200.	0.	44,110.
(160) FINDING, MSN, MBA, DONIELLE DIRECTOR, SEC - MEDINA HOSP FD.	50.00 0.00	X		X				122,046.	0.	35,998.
(161) ELLIOTT, SARAH DIRECTOR - PPG, ADMINISTRATOR	50.00 0.00	X						131,957.	0.	20,061.
(162) HAHN, MD, JOSEPH FORMER OFFICER (RETIRED)	0.00 0.00						X	148,394.	0.	-375.
(163) BOYD, DIANA FORMER OFFICER	50.00 0.00						X	116,803.	0.	18,615.
(164) EMMELHAINZ, LARRY FORMER KEY EMPLOYEE (RETIRED)	0.00 0.00						X	134,213.	0.	1,175.
(165) LITMAN, MD, GEORGE DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						119,640.	0.	10,298.
(166) EDELMAN, DO, DAN DIR - COASTAL CARE, PHYSICIAN	3.00 50.00	X						0.	94,606.	23,991.
<b>Total to Part VII, Section A, line 1c</b>										



# 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			
(167) BERNICK, MD, CHARLES DIRECTOR-KMA, PHYSICIAN	50.00 0.00	X						97,206.	0.	12,035.
(168) BROWN, MD, HAL DIRECTOR- IRMHI, PHYSICIAN	3.00 0.00	X						63,988.	0.	0.
(169) RAMDEV, MD, PRANAY DIRECTOR - IRMHI, PHYSICIAN	3.00 0.00	X						9,000.	0.	0.
(170) SOEHNLEN, MD, MICHAEL W. TRUSTEE-UNION HOSP ASSOC, PHYSICIAN	3.00 0.00	X						8,625.	0.	0.
(171) TABBAA, MOUSAB TRUSTEE - LAKEWOOD, PHYSICIAN	3.00 0.00	X						1,850.	0.	0.
(172) ABER, ROBERTA DIRECTOR, VICE CHAIR - VNS	3.00 0.00	X		X				0.	0.	0.
(173) ALEMAGNO, PHD, SONIA DIR, VICE CHAIR - AGMC, LODI	5.00 0.00	X		X				0.	0.	0.
(174) ANDREAS, LOIS DIRECTOR, BD CHAIR - UHCHF	3.00 0.00	X		X				0.	0.	0.
(175) BRYZTWA, ELLEN TRUSTEE, BD CHAIR - LAKEWD	3.00 0.00	X		X				0.	0.	0.
(176) CARRINO, FRANK DIR, VICE CHAIR - MEDINA HOSP FD	3.00 0.00	X		X				0.	0.	0.
(177) CARTER, THERESA DIRECTOR, CHAIR - AGMC	5.00 0.00	X		X				0.	0.	0.
(178) GABLE, THOMAS J. TRUSTEE, BOARD CHAIR - LKWD	5.00 0.00	X		X				0.	0.	0.
(179) HERZIG, JOHN DIRECTOR, SECRETARY - UHCHF	3.00 0.00	X		X				0.	0.	0.
(180) HORN, ROBERT A. TRUSTEE, CHAIR - UNION	5.00 0.00	X		X				0.	0.	0.
(181) HUNTER, ELLEN DIRECTOR, BD CHAIR - MEDINA HOSP FD	3.00 0.00	X		X				0.	0.	0.
(182) KAY, HARVEY TRUSTEE, VICE CHAIR - CCCHR	3.00 0.00	X		X				0.	0.	0.
(183) LAUGHLIN, CRAIG B. TRUSTEE, VICE CHAIR, TREAS - UNION	5.00 0.00	X		X				0.	0.	0.
(184) MOONEY, BETH E. DIR, BD CHAIR - CCF, CCEF, REG HOSPS	5.00 0.00	X		X				0.	0.	0.
(185) MORRIS, JAMES PUBLIC TRUSTEE, PRES- LORD FDN	3.00 0.00	X		X				0.	0.	0.
(186) NEVILLE, JAMES R. TRUSTEE, ASST SEC - CCCHR	3.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) O'BRIEN, TIMOTHY TRUSTEE, BOARD CHAIR - CCCHR	3.00 0.00	X		X				0.	0.	0.
(188) PLAZEK, RONALD DIRECTOR, TREAS - MEDINA	3.00 0.00	X		X				0.	0.	0.
(189) RICE, JAMES DIRECTOR, PRESIDENT - LODI	5.00 0.00	X		X				0.	0.	0.
(190) RICH, ROBERT E., JR. DIRECTOR, BOARD CHAIR- CCF	5.00 0.00	X		X				0.	0.	0.
(191) RUVO, LARRY DIRECTOR, CHAIRMAN - KMA	5.00 0.00	X		X				0.	0.	0.
(192) RUVO, CAMILLE DIR, VICE CHAIRMAN - KMA	3.00 0.00	X		X				0.	0.	0.
(193) SCAMINACE, JOSEPH M. DIR, BD VICE CHAIR - CCF, CCEF, REG	5.00 0.00	X		X				0.	0.	0.
(194) SELBY, SANDRA DIRECTOR, CHAIR - VNS	3.00 0.00	X		X				0.	0.	0.
(195) SWIGART, AGNES K. DIRECTOR, PRESIDENT - UCHF	3.00 0.00	X		X				0.	0.	0.
(196) BAREFOOT, BRIAN DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0.	0.	0.
(197) BAUCHMAN, ROBERT W. DIRECTOR, ASST SEC - IRHFI	3.00 0.00	X		X				0.	0.	0.
(198) CLIFFORD, J. CHRISTOPHER DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0.	0.	0.
(199) CROWDER-MCCOY, NANCY DIRECTOR, SECRETARY - MMFI	3.00 0.00	X		X				0.	0.	0.
(200) DALY, JAMES J. DIRECTOR, ASST SECRETARY - IRHFI	3.00 0.00	X		X				0.	0.	0.
(201) GRAY, KEVIN DIRECTOR, CHAIR OF BD (UNION)	5.00 0.00	X		X				0.	0.	0.
(202) GULLQUIST, HERBERT DIRECTOR, ASST TREASURER - IRHFI	3.00 0.00	X		X				0.	0.	0.
(203) HAMMES, MICHAEL J. DIRECTOR, VICE CHAIR - IRMHI	3.00 0.00	X		X				0.	0.	0.
(204) HOCKMEYER, PH.D., WAYNE DIRECTOR, CHAIR - IRMHI	5.00 0.00	X		X				0.	0.	0.
(205) HUSTON, WILLIAM DIR, VICE CHAIR - MED HOSP FD	3.00 0.00	X		X				0.	0.	0.
(206) KELLER, JOHN DIRECTOR, CHAIRMAN - MMFI	3.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) LAFAGE, JUDITH DIRECTOR, SECRETARY - IRHFI	3.00 0.00	X		X				0.	0.	0.
(208) LICHTENBERGER, WILLIAM DIRECTOR, VICE CHAIR (MARTIN)	5.00 0.00	X		X				0.	0.	0.
(209) MAROONE, MICHAEL DIR, CHAIR - CC FLA REG HEALTH SYS	5.00 0.00	X		X				0.	0.	0.
(210) MONDELLO, JAMES DIRECTOR, VICE CHAIR - MMFI	3.00 0.00	X		X				0.	0.	0.
(211) ROGERS, JR, CB DIR, CHAIRMAN EMERITUS- IRHFI	3.00 0.00	X		X				0.	0.	0.
(212) SALERNO, FREDERIC DIRECTOR, CHAIR - MMHSI	5.00 0.00	X		X				0.	0.	0.
(213) SCULLY, WILLIAM P. DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0.	0.	0.
(214) TANSILL, DOUGLAS T. DIRECTOR, ASST TREASURER - IRHFI	3.00 0.00	X		X				0.	0.	0.
(215) TREIER, J. BRIET DIR, VICE CHAIR - AGMC, LODI	5.00 0.00	X		X				0.	0.	0.
(216) WEBB, THEORA DIRECTOR, SECRETARY - MMHSI	5.00 0.00	X		X				0.	0.	0.
(217) WOODRUFF, ANTHONY C. DIRECTOR, CHAIR - IRHFI	5.00 0.00	X		X				0.	0.	0.
(218) ZIELSDORF, ROBERT L. DIRECTOR, TREASURER - IRHFI	3.00 0.00	X		X				0.	0.	0.
(219) AMOS, RET. GEN., JAMES PUBLIC TRUSTEE - LORD FDN	3.00 0.00	X						0.	0.	0.
(220) AULETTA, PATRICK V. DIRECTOR - CCF, CCEF & REGIONALS	5.00 0.00	X						0.	0.	0.
(221) BENZ, MICHAEL DIRECTOR - CCF, CCEF & REG HOSP	5.00 0.00	X						0.	0.	0.
(222) BILLOW, CHARLES DIR - AGMC, LODI, VNS	5.00 0.00	X						0.	0.	0.
(223) BRADFORD, JOHN DIRECTOR - PPG	3.00 0.00	X						0.	0.	0.
(224) BROSKY, CURTIS M. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(225) BROWN, KATHRYN DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(226) BROWN, STEPHEN TRUSTEE - CCCHR	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			
(227) CAPORALE, MICHAEL DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(228) CHACK, DENNIS M. DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(229) CHERKALA, BRIAN DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(230) CHIN, JENNIFER TRUSTEE - CCCHR	3.00 0.00	X						0.	0.	0.
(231) COLE, ALLISON TRUSTEE - CCCHR	3.00 0.00	X						0.	0.	0.
(232) CORWIN, RUSSELL DIRECTOR - MED HOSP FDN	3.00 0.00	X						0.	0.	0.
(233) COURY, THOMAS J. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(234) CRAWFORD, DEBORAH DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(235) CROUSE, JAMES DIRECTOR - VNS	3.00 0.00	X						0.	0.	0.
(236) CULP, LAURA DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(237) DAVIS, CAROL DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(238) DAVIS, MARK DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(239) DUNN, LISA A. DIRECTOR - MEDINA	3.00 0.00	X						0.	0.	0.
(240) EBERT, PHD, ROBERT DIRECTOR - REGIONAL HOSPITALS	5.00 0.00	X						0.	0.	0.
(241) FALCONI, RONALD DIRECTOR - MEDINA	3.00 0.00	X						0.	0.	0.
(242) FANCHER, JON M., REV. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(243) FEDELI, UMBERTO P. DIRECTOR - CCF, CCEF & REGIONALS	5.00 0.00	X						0.	0.	0.
(244) FEDOROVICH, RICHARD DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(245) FETH, WILLAM DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(246) GEIB, ANNE E. TRUSTEE - UNION	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			
(247) GOLDSTEIN, SHERRY DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(248) GORTON, WILLIAM R. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(249) GRICE, TERRY DIRECTOR - MEDINA	3.00 0.00	X						0.	0.	0.
(250) GUNNING, DAVID TRUSTEE - CCCHR	3.00 0.00	X						0.	0.	0.
(251) GUTWALD, DENNIS DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(252) HABER, KENNETH TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(253) HARRIS, RICHARD DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(254) HAYEK, MD, ANTHONY DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(255) HERSHBERGER, PERRY TRUSTEE - UNION	3.00 0.00	X						0.	0.	0.
(256) HOOVER, CAROLE DIRECTOR - CCF	5.00 0.00	X						0.	0.	0.
(257) JOHNSON, CINDY DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(258) KNISELY, JAMES E. TRUSTEE - UNION HOSP ASSOC	3.00 0.00	X						0.	0.	0.
(259) KOHL, STEWART DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(260) KRAMER, RICHARD DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(261) LERNER, MARK DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(262) LERNER, NORMA DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(263) LONG, JARROD DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(264) MACDONALD, WILLIAM, III DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(265) MARKS, JEANNINE DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(266) MATTHEWS, THOMAS (T.J.) DIRECTOR - KMA	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			
(267) MCGORRAY, KATHLEEN T. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(268) MIKSCH, DONALD DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(269) MILLER, PAMELA DIRECTOR - REG HOSPITALS	5.00 0.00	X						0.	0.	0.
(270) MILLER, SAMUEL H. DIR-CCF, CCEF & REG HOSP (PART YR)	5.00 0.00	X						0.	0.	0.
(271) MILLER-DAWSON, DIANE DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(272) MORINO, MARIO DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(273) MULROY, PATRICIA DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(274) NANCE, FREDERICK DIRECTOR - CCEF, CCF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(275) NANN, VICKY DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(276) O'LEARY, BS, MPA, ANTHONY DIRECTOR - VNS	3.00 0.00	X						0.	0.	0.
(277) PATTON, REBECCA TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(278) PETIT, DAN DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(279) PETRAS, JR., MICHAEL DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(280) POHL, PAUL M. PUBLIC TRUSTEE - LORD FDN	3.00 0.00	X						0.	0.	0.
(281) POLLOCK, LARRY DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(282) PRITTS, GARY TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(283) RATCLIFFE, GEORGE DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(284) REISER, MATTHEW DIRECTOR - IRMHI	3.00 0.00	X						0.	0.	0.
(285) RICE, RONALD TRUSTEE - CCCHR	3.00 0.00	X						0.	0.	0.
(286) ROCHE, DENNIS J. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(287) ROGICH, SIGMOND DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(288) ROSS, MD, RONALD J. DIRECTOR - REGIONAL HOSPS	5.00 0.00	X						0.	0.	0.
(289) SALEK, ANN DIRECTOR - MEDINA	3.00 0.00	X						0.	0.	0.
(290) SCOTT, HAROLD "LEE" DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(291) SEVERINO, MICHAEL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(292) SNYDER, JEROME F. DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(293) STEELMAN, PAUL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(294) STEINBERG, DAVID DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(295) STEVENS, MARK DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(296) STURM, ROLAND DIRECTOR - KMA, LRBI	5.00 0.00	X						0.	0.	0.
(297) TAFFER, JON DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(298) TRUNDLE, SYLVIA DIRECTOR - PPG	3.00 0.00	X						0.	0.	0.
(299) VEGA, LORRAINE DIRECTOR - REGIONAL HOSPITALS	5.00 0.00	X						0.	0.	0.
(300) WARTHER, PAT A. TRUSTEE - UNION HOSP ASSOC	3.00 0.00	X						0.	0.	0.
(301) WEBER, ROBERT DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(302) WEINBERG, RONALD DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(303) WEISS, MORRY DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(304) WEXLER, NANCY DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(305) ALDEN, JOHN W. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(306) BALLARD, REV., KAREN DIRECTOR - VNS	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			
(307) BARROW, CHRISOPHER T. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(308) BERES, STEVEN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(309) BOUSQUETTE, MARGARET DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(310) BOYLE, RICHARD DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(311) CROCE, KAREN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(312) CUNNINGHAM, MARYBETH DIRECTOR - IRMHI	3.00 0.00	X						0.	0.	0.
(313) DAKERS, KAREN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(314) DOCKERY, JOSEPH DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(315) DOODY, JOHN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(316) DOOLING, JOHN E. (JACK) TRUSTEE - UNION	3.00 0.00	X						0.	0.	0.
(317) FEINOUR, EUGENE P. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(318) FORDE, JOHN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(319) GINSBURG, MERLE DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(320) GRIMM, PETER DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(321) HAYES, SAMUEL DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(322) HEIDENREICH, PER DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(323) JOHNSON, MD, NATHAN TRUSTEE - UNION HOSP ASSOC	3.00 0.00	X						0.	0.	0.
(324) KEMP III, JOHN B. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(325) KILBANE, CATHERINE DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(326) KNAPP, JULES DIRECTOR - MMFI	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			
(327) LAMBERT, WILLIAM DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(328) LEVITT, MARYLIN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(329) LOMAX-HOMIER, MD, JULIETTE DIRECTOR - IRMHI	3.00 0.00	X						0.	0.	0.
(330) LYTLE, TOM DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(331) MEYER, ROSEMARY DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(332) MILSTEN, MD, RICHARD DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(333) MUNN, WILLIAM H. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(334) NICHOLS, ANNA P. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(335) O'NEILL, JOHN TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(336) PALOMBI, MARK DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(337) PFEIFFER, MD, ERIC DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(338) ROHRBACH, N. JACK DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(339) SAMETH, RICHARD E. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(340) SARNER, GEORGE DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(341) SCHEER, RUTH C. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(342) SHERWOOD, EMILY DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(343) SHROPSHIRE, DONALD DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(344) TAYLOR, NANCYANN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(345) WEISSMAN, ROBERT DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(346) WONG, NANCY DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>	18,628,419.			
	<b>d</b> Related organizations .....	<b>1d</b>	22,203,130.			
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	124,079,521.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	162,906,143.			
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 13,565,601.			
	<b>h Total.</b> Add lines 1a-1f .....		327,817,213.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICES	Business Code 612990	5,380,332,181.	5,354,936,968.	25,395,213.	
	<b>b</b> MEDICARE/MEDICAID PAYM	921990	4,151,917,864.	4,151,917,864.		
	<b>c</b> OTHER PROGRAM SERVICES	900099	603,766,239.	585,027,844.	18,738,395.	
	<b>d</b> PARKING, PHONE & OTHER	900099	57,717,934.		18,171,840.	
	<b>e</b> MANAGEMENT FEES	561000	30,918,088.	30,918,088.		
	<b>f</b> All other program service revenue .....	900099	4,813,957.	4,739,800.	74,157.	
	<b>g Total.</b> Add lines 2a-2f .....		10,229,466,263.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		98,978,988.		98,978,988.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....		33,706,063.		33,706,063.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	32,199,281.		
			(ii) Personal			
			<b>6b</b> Less: rental expenses ...	0.		
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	32,199,281.			
	<b>d</b> Net rental income or (loss) .....		32,199,281.	226,797.	31,972,484.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	9533184875.	2,373,004.	
			(ii) Other			
			<b>7b</b> Less: cost or other basis and sales expenses .....	9070609865.	26,697,453.	
			<b>7c</b> Gain or (loss) .....	462,575,010.	-24,324,449.	
	<b>d</b> Net gain or (loss) .....		438,250,561.		438,250,561.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 18,628,419. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		2,129,229.		
			<b>8b</b> Less: direct expenses .....	6,475,744.		
<b>c</b> Net income or (loss) from fundraising events .....				-4,346,515.		-4,346,515.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		15,210.			
		<b>9b</b> Less: direct expenses .....	42,732.			
		<b>c</b> Net income or (loss) from gaming activities .....		-27,522.		-27,522.
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
		<b>10b</b> Less: cost of goods sold .....				
		<b>c</b> Net income or (loss) from sales of inventory .....				
<b>Miscellaneous Revenue</b>	<b>11 a</b> INC ON HEDGE FUND INV	Business Code 523000	279,307,436.		279,307,436.	
	<b>b</b> INVESTMENT IN AFFILIAT	523000	158,355,944.	1,255,285.	157,100,659.	
	<b>c</b> FOREIGN CURRENCY	525990	286,197.		286,197.	
	<b>d</b> All other revenue .....	525990	-35,455,531.		-35,455,531.	
	<b>e Total.</b> Add lines 11a-11d .....		402,494,046.			
	<b>12 Total revenue.</b> See instructions .....		11,558,538,378.	10,127,540,564.	63,861,687.	1039318914.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

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

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

Check here  if following SOP 98-2 (ASC 958-720)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

GROUP RETURN

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

Form **990** (2019)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2019)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	11,558,538,378.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	10,174,700,285.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	1,383,838,093.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	9,753,942,029.
<b>5</b>	Net unrealized gains (losses) on investments .....	<b>5</b>	399,419,688.
<b>6</b>	Donated services and use of facilities .....	<b>6</b>	
<b>7</b>	Investment expenses .....	<b>7</b>	
<b>8</b>	Prior period adjustments .....	<b>8</b>	68,673,030.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	76,750,779.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	11,682,623,619.

## Part XII Financial Statements and Reporting

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		x
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			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	x	
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			
<b>c</b> 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? .....	<b>2c</b>	x	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>	x	
<b>b</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 .....	<b>3b</b>	x	

Form **990** (2019)



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	284,947,202.	302,252,529.	297,153,216.	317,989,021.	327,817,213.	1530159181.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	284,947,202.	302,252,529.	297,153,216.	317,989,021.	327,817,213.	1530159181.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1530159181.

### Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	284,947,202.	302,252,529.	297,153,216.	317,989,021.	327,817,213.	1530159181.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	109,699,336.	124,406,638.	160,820,856.	128,454,359.	164,884,332.	688,265,521.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	398,836.			1,686,203.	769,871.	2,854,910.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	115,282,299.	104,055,964.	127,186,173.	187,750,642.	437,964,438.	972,239,516.
<b>11 Total support.</b> Add lines 7 through 10						3193519128.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,127,540,564.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

### Section C. Computation of Public Support Percentage

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	47.91 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	54.17 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

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

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

### Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

### Section B. Total Support

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

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

### Section C. Computation of Public Support Percentage

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

### Section D. Computation of Investment Income Percentage

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

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

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

	Yes	No
<b>1</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> 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 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9a</b> 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>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10a</b> 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 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input type="checkbox"/>

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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 or 990-EZ) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 GROUP RETURN

91-2153073

Page 7

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 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

2015 AMOUNT: \$ 70,959,640.

2016 AMOUNT: \$ 103,453,582.

2017 AMOUNT: \$ 126,762,607.

2018 AMOUNT: \$ 138,561,020.

2019 AMOUNT: \$ 279,307,436.

#### FOREIGN CURRENCY

2015 AMOUNT: \$ 610,292.

2016 AMOUNT: \$ 73,310.

2017 AMOUNT: \$ 273,145.

2019 AMOUNT: \$ 286,197.

#### INCOME FROM FUNDRAISING/GAMING EVENTS

2016 AMOUNT: \$ 397,995.

2018 AMOUNT: \$ 13,597.

#### DERIVATIVE INCOME

2018 AMOUNT: \$ 689,834.

#### LIFE INSURANCE TRUST

2015 AMOUNT: \$ 183,292.

2016 AMOUNT: \$ 131,077.

2017 AMOUNT: \$ 150,421.

2019 AMOUNT: \$ 14,861.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 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.)

### INVESTMENT IN AFFILIATES

2015 AMOUNT: \$ 43,529,075.

2018 AMOUNT: \$ 48,486,191.

2019 AMOUNT: \$ 158,355,944.

### PART I, PUBLIC CHARITY STATUS

WHILE THE LARGEST NUMBER OF ORGANIZATIONS ARE CLASSIFIED AS HOSPITALS

UNDER IRS SECTION 509(A)(1) AND IRS SECTION 170(B)(1)(A)(III), ALL OF

THE ORGANIZATIONS MAINTAIN PUBLIC CHARITY STATUS PURSUANT TO IRS

SECTION 509(A).

### PART 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.

### LINE 12F

THE TOTAL NUMBER OF SUPPORTED ORGANIZATIONS: 9

### LINE 12G

THE FOLLOWING INFORMATION IS PROVIDED ABOUT THE SUPPORTED

932028 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 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.)

ORGANIZATIONS: NAME OF SUPPORTED ORGANIZATION, EIN, TYPE OF

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

SUPPORTED ORGANIZATION IS LISTED IN THE GOVERNING DOCUMENTS OF THE

SUPPORTING ORGANIZATION, AMOUNT OF MONETARY SUPPORT AND SUPPORTING

ORGANIZATION.

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

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

LYNDHURST PROPERTY CORP., CCF LYNDHURST PROPERTY II CORP., CCF NEW YORK

MEDICAL SERVICES, P.C., CCF TENNESSEE MEDICAL SERVICES, P.C., CLEVELAND

CLINIC FLORIDA, CLEVELAND CLINIC FLORIDA HOSPITAL, CLEVELAND CLINIC

HOME CARE SERVICES, INC., CLEVELAND CLINIC MEDICAL SERVICES DBA ALLOGEN

LABORATORIES, CLEVELAND CLINIC NEVADA, CLEVELAND CLINIC SUPPORT

SERVICES, CLINIC CARE, INC., LORD FOUNDATION OF OHIO, LOU RUVO BRAIN

INSTITUTE, THE CORONARY CLUB, KEEP MEMORY ALIVE, CLEVELAND CLINIC

HEALTH SERVICES PROFESSIONAL ASSOCIATION, CLEVELAND CLINIC FLORIDA

REGIONAL HEALTH SYSTEM AND THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION.

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

YES, \$0, PEDIATRIC MEDICAL MANAGEMENT, INC.

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

CLEVELAND CLINIC HOME CARE, INC.

AKRON GENERAL MEDICAL CENTER, 34-0714478, 3, YES, \$0, AKRON GENERAL

HEALTH SYSTEM, AKRON GENERAL PARTNERS AND PARTNERS PHYSICIAN GROUP.



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 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.)

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

SYSTEM.

CLEVELAND CLINIC FLORIDA, 65-0003177, 12A, YES, \$0, CLEVELAND CLINIC

FLORIDA PHARMACY SERVICES.

INDIAN RIVER MEMORIAL HOSPITAL, INC., 59-2496294, 3, YES, \$0, INDIAN

RIVER HEALTH SERVICES, INC. AND HEALTH SYSTEMS OF INDIAN RIVER, INC.

MARTIN MEMORIAL HEALTH SYSTEM, INC., 59-2307522, 12A, YES, \$0, COASTAL

CARE CORPORATION.

CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION,

83-2249666, 12A, YES, \$0, MARTIN MEMORIAL HEALTH SYSTEM, INC.

PART IV, SECTION A AND SECTION B

PURSUANT TO THE INSTRUCTIONS, THE FOLLOWING INFORMATION FOR SECTIONS A

AND B IS BEING PROVIDED:

PART IV -SECTION A - LINE 1 - THERE ARE 2 SUPPORTING ORGANIZATIONS THAT

DO NOT LIST THE SUPPORTED ORGANIZATION IN IT'S GOVERNING DOCUMENTS.

INSTEAD, THE GOVERNING DOCUMENTS INDICATE THAT IF THE ENTITY WERE TO

DISSOLVE, THE SUPPORTED ORGANIZATION WOULD CONTROL THE ASSETS OF THE

SUPPORTING ORGANIZATION.

PART IV -SECTION A - LINE 2 - THERE ARE 3 ORGANIZATIONS THAT SUPPORT

OTHER 509(A)(3) SUPPORTING ORGANIZATIONS WHOSE PURPOSE IS TO SUPPORT

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 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.)

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

# PUBLIC INSPECTION COPY

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number

91-2153073

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 20,549,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 18,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 8,973,753.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 8,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,415,124.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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, 990-EZ, or 990-PF) (2019)

Page **2**

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
7	_____	\$ 1,889,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 1,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 939,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 661,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 599,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
13		\$ 588,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 567,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
19		\$ 495,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 463,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 429,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 399,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
25	WALTER HENRY FREYGANG FOUNDATION  <hr/> <hr/> <hr/>	\$ <u>382,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>350,497.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>326,790.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>311,949.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>306,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
31		\$ 304,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 287,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 285,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 271,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 261,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
37		\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 251,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 248,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 211,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 201,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  91-2153073
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 191,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 163,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 155,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 153,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
49		\$ 152,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 134,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 132,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 131,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 131,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 129,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
55		\$ 125,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 120,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 116,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 113,959.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 108,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
61		\$ 108,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 107,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 104,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 100,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 100,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 100,700.	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, 990-EZ, or 990-PF) (2019)

Page **2**

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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	_____	\$ 100,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____	\$ 100,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____	\$ 100,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____	\$ 100,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 99,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 99,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 99,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 97,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 90,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 88,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 80,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ 69,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ 67,195.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ 67,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

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
91		\$ 64,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 53,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 52,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 52,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107		\$ 44,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108		\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 41,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110		\$ 40,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 38,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 37,116.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 35,895.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 34,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 33,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 31,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



# PUBLIC INSPECTION COPY

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		\$ 28,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 26,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138		\$ 22,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 22,066.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 20,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ 16,409.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146		\$ 15,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149		\$ 12,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150		\$ 11,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 10,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152		\$ 10,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
153		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 8,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

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		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 8,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 7,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 7,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



# PUBLIC INSPECTION COPY

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
26	SHARES OF ISHARES RUSSELL1000 GROWTH ET	\$ 347,219.	05/02/19
29	SHARES OF PAYPAL HOLDINGS INC.	\$ 200,000.	05/28/19
41	SHARES OF APPLE, INC.	\$ 211,035.	05/03/19
58	IN-KIND MERCHANDISE OF FURNITURE	\$ 113,959.	11/22/19
62	TWENTY XBOX ONE SYSTEMS AND 1000 XBOX GAME PASSES FOR 12-MONTH SUBSCRIPTIONS	\$ 107,600.	12/01/19
85	445 SHARES OF INVESCO QQQ TRUST SERIES 1	\$ 80,736.	05/15/19

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **3**

Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	<b>Employer identification number</b>  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
88	54 SHARES MASTERCARD INC, 227 SHARES MICROSOFT CORP, 13 SHARES TEXAS INSTR. & 128 SHARES ZOETIS, INC	\$ 67,195.	12/10/19
152	SHARES OF BECTON DICKINSON AND CO.	\$ 10,326.	12/05/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **4**

Name of organization <b>THE CLEVELAND CLINIC FOUNDATION</b> GROUP RETURN	Employer identification number  91-2153073
--	--

**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	
(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	
(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	
(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	



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

LUTHERAN HOSPITAL	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0714684
THE UNION HOSPITAL ASSOCIATION	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0714771
VISITING NURSE SERVICE INC	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0714779
LODI COMMUNITY HOSPITAL	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0718390
MEDINA HOSPITAL	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0733166
CLINIC CARE INC	6100 W CREEK RD STE 25 - INDEPENDENCE, OH 44131	34-0777619
AKRON GENERAL FOUNDATION	1 AKRON GENERAL AVENUE - AKRON, OH 44307	34-1127047
LORD FOUNDATION OF OHIO	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-1298884
CLEVELAND CLINIC HOME CARE	6801 BRECKSVILLE ROAD, SUITE 20, RK 15 - INDEPENDENCE, OH 44131	34-1435257
LAKEWOOD HOSPITAL ASSOCIATION	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-1542312
AKRON GENERAL HEALTH SYSTEM	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-1546466
MEDINA HOSPITAL FOUNDATION	1000 E WASHINGTON ST - MEDINA, OH 44256	34-1657989
CLEVELAND CLINIC HOME CARE SERVICES	6801 BRECKSVILLE ROAD, SUITE 20, RK 15 - INDEPENDENCE, OH 44131	34-1720934
PEDIATRIC MEDICAL MANAGEMENT INC	6801 BRECKSVILLE ROAD, SUITE 20, RK 15 - INDEPENDENCE, OH 44131	34-1837018
PARTNERS PHYSICIAN GROUP	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-1843403
CLEVELAND CLINIC SUPPORT SERVICES	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	45-5384998
CLEVELAND CLINIC FLORIDA PHARMACY SERVICES NONPROFIT CORPORATION	2950 CLEVELAND CLINIC BLVD - WESTON, FL 33331	46-2633774

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

CLEVELAND CLINIC AVON HOSPITAL	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	47-4442902
INDIAN RIVER HOSPITAL FOUNDATION INC	1000 36TH ST - VERO BEACH, FL 32960	59-0760215
MARTIN MEMORIAL HEALTH SYSTEMS INC	PO BOX 9033 - STUART, FL 34995	59-2307522
COASTAL CARE CORPORATION	PO BOX 9033 - STUART, FL 34995	59-2333374
MARTIN MEMORIAL FOUNDATION INC	PO BOX 9033 - STUART, FL 34995	59-2343938
INDIAN RIVER MEMORIAL HOSPITAL, INC.	1000 36TH ST - VERO BEACH, FL 32960	59-2496294
CLEVELAND CLINIC FLORIDA A NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-0003177
INDIAN RIVER HEALTH SERVICES INC	1000 36TH ST - VERO BEACH, FL 32960	65-0029298
CLEVELAND CLINIC FLORIDA HOSPITAL A NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-0172168
HEALTH SYSTEMS OF INDIAN RIVER, INC	1000 36TH ST - VERO BEACH, FL 32960	65-0705680
CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-0844880
CLEVELAND CLINIC FLORIDA FOUNDATION NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-1133985
CLEVELAND CLINIC HEALTH SERVICES PROFESSIONAL ASSOCIATION INC	9500 EUCLID AVENUE RK 15 - CLEVELAND, OH 44195	82-1803735
UNION HOSPITAL COMMUNITY HEALTH FOUNDATION	659 BOULEVARD ST - DOVER, OH 44622	82-4952635
UNION HEALTH SYSTEM	6801 BRECKSVILLE RD STE 20 - INDEPENDENCE, OH 44131	82-5279835
CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD RK15 - INDEPENDENCE, OH 44131	83-2249666
KEEP MEMORY ALIVE	888 BONNEVILLE AVE - LAS VEGAS, NV 89106	88-0515534

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

CLEVELAND CLINIC RESEARCH  
FOUNDATION

6801 BRECKSVILLE ROAD, RK-85 -  
INDEPENDENCE, OH 44131

91-2156376

# PUBLIC INSPECTION COPY

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

## Political Campaign and Lobbying Activities

OMB No. 1545-0047

# 2019

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990 or 990-EZ) 2019 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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		630,216.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		630,216.												
<b>d</b> Other exempt purpose expenditures .....		10,294,617,093.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		10,295,247,309.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

Schedule C (Form 990 or 990-EZ) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990 or 990-EZ) 2019 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
<b>1</b> 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: <ul style="list-style-type: none"> <li><b>a</b> Volunteers? .....</li> <li><b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..</li> <li><b>c</b> Media advertisements? .....</li> <li><b>d</b> Mailings to members, legislators, or the public? .....</li> <li><b>e</b> Publications, or published or broadcast statements? .....</li> <li><b>f</b> Grants to other organizations for lobbying purposes? .....</li> <li><b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....</li> <li><b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....</li> <li><b>i</b> Other activities? .....</li> <li><b>j</b> Total. Add lines 1c through 1i .....</li> </ul>			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>		

**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."**

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

**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.

PART II-B, AFFILIATED GROUP RETURN STATEMENT:

NAME/EIN: THE CLEVELAND CLINIC FOUNDATION, 34-0714585

ADDRESS: 9500 EUCLID AVENUE, CLEVELAND, OH 44195

TOTAL LOBBYING EXPENSES: \$623,866

EXCESS EXPENSES: \$0; SEC. 501(H) ELECTION: NO

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990 or 990-EZ) 2019 GROUP RETURN

91-2153073

Page 4

**Part IV** Supplemental Information (continued)

NAME/EIN: MARTIN MEMORIAL MEDICAL CENTER, INC., 59-0637874

ADDRESS: PO BOX 9010, STUART, FL 34995

TOTAL LOBBYING EXPENSES: \$6,350

EXCESS EXPENSES: \$0; SEC. 501(H) ELECTION: YES

NAME/EIN: OTHER EXEMPT AFFILIATES, 91-2153073

ADDRESS: 9500 EUCLID AVENUE, CLEVELAND, OH 44195

TOTAL LOBBYING EXPENSES: \$0

EXCESS EXPENSES: \$0; SEC. 501(H) ELECTION: NO

SCHEDULE C - PART II-A

THE TAXPAYER ACQUIRED MARTIN MEMORIAL MEDICAL CENTER, INC., EIN

59-0637874, IN 2019. MARTIN MEMORIAL MEDICAL CENTER, INC. FILES A

SEPARATE FORM 990, IS A 501(C)(3) ORGANIZATION AND FILED FORM 5768

(ELECTION UNDER 501(H)).

# PUBLIC INSPECTION COPY

## SCHEDULE D (Form 990)

Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

Open to Public Inspection

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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

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

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a 5
b Total acreage restricted by conservation easements .....	2b 60.13
c Number of conservation easements on a certified historic structure included in (a) .....	2c 0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

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

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

Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 13,620.

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

Yes  No

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

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

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

1a If the organization elected, as permitted under 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 .....

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

Schedule D (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) 2019

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):

- |   |  |
|---|--|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange program</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|--|

**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
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**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 on Part XIII

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

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

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

- a** Board designated or quasi-endowment ▶           .00           %
- b** Permanent endowment ▶           100.00           %
- c** Term endowment ▶           .00           %

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

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

- (i)** Unrelated organizations .....
- (ii)** Related organizations .....

	Yes	No
<b>3a(i)</b>	x	
<b>3a(ii)</b>		x
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

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

Schedule D (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) 2019

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) HEDGE FUNDS	2,017,844,680.	COST
(B) PRIVATE EQUITY	1,259,139,712.	COST
(C) REAL ESTATE	300,337,557.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,577,321,949.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	1,008,894.
(2) DEFERRED ANNUITY TRUST	1,082,837.
(3) OTHER LIABILITIES	411,006,787.
(4) FUTURE GIFT ANNUITY PAYMENTS	13,986,991.
(5) INTEREST RATE SWAPS	129,880,019.
(6) ACCRUED PENSION	626,755,281.
(7) ACCRUED BENEFITS	204,960,695.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,388,681,504.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) 2019

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.

<b>1</b> Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b> Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b> Donated services and use of facilities .....	<b>2b</b>		
<b>c</b> Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

**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.

<b>1</b> Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b> Donated services and use of facilities .....	<b>2a</b>		
<b>b</b> Prior year adjustments .....	<b>2b</b>		
<b>c</b> Other losses .....	<b>2c</b>		
<b>d</b> Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b> Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**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; AKRON, OH; AND WESTON, FLORIDA. THESE

EASEMENTS ARE NOT REQUIRED TO BE REPORTED ON THE BALANCE SHEET SEPARATE

FROM THE VALUE OF THE LAND. EXPENSES TO MONITOR, INSPECT, AND PROTECT

THIS LAND ARE REFLECTED IN THE STATEMENT OF EXPENSES.

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.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) 2019

GROUP RETURN

91-2153073

Page 5

**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

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

AT DECEMBER 31, 2019 AND 2018, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$1.0 MILLION AND \$0.9 MILLION, RESPECTIVELY. THE SYSTEM DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE IN UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS. THE SYSTEM RECOGNIZES INTEREST AND PENALTIES ACCRUED RELATED TO THE LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS.



# PUBLIC INSPECTION COPY

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

2019

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I 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	2,120,000.
NORTH AMERICA	2	1	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	46,559,000.
EUROPE	2	16	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	223,016,000.
MIDDLE EAST & NORTH AFRICA	1	59	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	5,151,000.
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	8,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	67,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	40,000.
EUROPE	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	17,000.
<b>3 a Subtotal</b> .....	5	76			276,978,000.
<b>b Total from continuation sheets to Part I</b> .....	0	0			2,671,426,000.
<b>c Totals</b> (add lines 3a and 3b) .....	5	76			2,948,404,000.

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

Schedule F (Form 990) 2019

# 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
SOUTH ASIA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	42,000.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	31,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	277,000.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,267,000.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,038,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	438,000.
RUSSIA & NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	1,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	136,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	86,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	6,000.
<b>Totals</b> .....					

# 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
CENTRAL AMERICA & THE CARIBBEAN	0	0	FUNDRAISING		0.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		0.
EUROPE	0	0	FUNDRAISING		70,000.
MIDDLE EAST & NORTH AFRICA	0	0	FUNDRAISING		17,000.
NORTH AMERICA	0	0	FUNDRAISING		5,000.
SOUTH AMERICA	0	0	FUNDRAISING		0.
SOUTH ASIA	0	0	FUNDRAISING		22,000.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		0.
EUROPE	0	0	INVESTING		283,862,000.
SUB-SAHARAN AFRICA	0	0	INVESTING		33,766,000.
<b>Totals</b> .....					

# 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
MIDDLE EAST & NORTH AFRICA	0	0	INVESTING		2,419,000.
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTING		2,347,943,000.
<b>Totals</b> .....					2,671,426,000.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) 2019

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)
		NORTH AMERICA	RESEARCH	35,800.	CHECK	0.		
		NORTH AMERICA	RESEARCH	21,792.	CHECK	0.		
		EUROPE	RESEARCH	56,473.	CHECK	0.		
		NORTH AMERICA	RESEARCH	10,000.	CHECK	0.		
		EUROPE	RESEARCH	23,712.	CHECK	0.		
		EUROPE	RESEARCH	325,141.	CHECK	0.		
		NORTH AMERICA	RESEARCH	6,002.	CHECK	0.		
		NORTH AMERICA	RESEARCH	9,375.	CHECK	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ 11

**3** Enter total number of other organizations or entities ..... ▶ 16

Schedule F (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Page 2

Schedule F (Form 990)

<b>Part II</b> 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	5,819.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	55,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	91,548.	CHECK	0.		
		NORTH AMERICA	RESEARCH	9,934.	CHECK	0.		
		SOUTH AMERICA	RESEARCH	45,912.	CHECK	0.		
		SUB-SAHARAN AFRICA	RESEARCH	5,600.	CHECK	0.		
		NORTH AMERICA	RESEARCH	267,529.	CHECK	0.		
		NORTH AMERICA	RESEARCH	162,055.	CHECK	0.		

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Schedule F (Form 990) 2019

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	EUROPE	1	12,500.	CHECK	0.		
RESEARCH	EAST ASIA AND THE PACIFIC	1	6,000.	CHECK	0.		
RESEARCH	EAST ASIA AND THE PACIFIC	1	5,115.	CHECK	0.		
RESERACH	EUROPE	1	34,000.	CHECK	0.		
RESEARCH	NORTH AMERICA	1	11,991.	CHECK	0.		
RESEARCH	RUSSIA & NEIGHBORING STATES	1	5,728.	CHECK	0.		
RESEARCH	EUROPE	1	8,000.	CHECK	0.		
RESEARCH	EUROPE	1	9,921.	CHECK	0.		
RESEARCH	EAST ASIA AND THE PACIFIC	1	8,025.	CHECK	0.		

Schedule F (Form 990) 2019





# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) 2019 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.



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule G (Form 990 or 990-EZ) 2019 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))
		KEEP MEMORY ALIVE GALA	VELOSANO	17	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	9,303,229.	4,987,548.	6,466,871.	20,757,648.
	<b>2</b> Less: Contributions .....	8,089,889.	4,873,569.	5,664,961.	18,628,419.
	<b>3</b> Gross income (line 1 minus line 2) .....	1,213,340.	113,979.	801,910.	2,129,229.
Direct Expenses	<b>4</b> Cash prizes .....			8,868.	8,868.
	<b>5</b> Noncash prizes .....			11,218.	11,218.
	<b>6</b> Rent/facility costs .....	390,466.	142,163.	339,127.	871,756.
	<b>7</b> Food and beverages .....	509,785.	138,116.	690,238.	1,338,139.
	<b>8</b> Entertainment .....	1,476,785.	78,837.	463,929.	2,019,551.
	<b>9</b> Other direct expenses .....	316,560.	978,272.	931,380.	2,226,212.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				6,475,744.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-4,346,515.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			15,210.
Direct Expenses	<b>2</b> Cash prizes .....			10,000.	10,000.
	<b>3</b> Noncash prizes .....			1,735.	1,735.
	<b>4</b> Rent/facility costs .....			7,100.	7,100.
	<b>5</b> Other direct expenses .....			23,897.	23,897.
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					42,732.
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					<27,522.>

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

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

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

**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 or 990-EZ) 2019 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 | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ROBERT F. WAITKUS

Address ▶ 6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ N/A

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART III, LINE 9B, EXPLANATION:

THE STATE OF OHIO DOES NOT REQUIRE A LICENSE FOR A RAFFLE  
 CONDUCTED BY AN IRC SECTION 501(C)(3) ORGANIZATION. THE STATE OF NEVADA  
 ALSO DOES NOT REQUIRE A LICENSE, PROVIDED THE ORGANIZATION REGISTERS  
 WITH THE NEVADA GAMING CONTROL BOARD AND THE PRIZES DO NOT EXCEED  
 \$500,000. BOTH PROVISIONS REQUIRED BY THE STATE OF NEVADA HAVE BEEN MET  
 BY THE ORGANIZATION.



# PUBLIC INSPECTION COPY

**SCHEDULE H  
(Form 990)**

## Hospitals

OMB No. 1545-0047

# 2019

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	X	
<b>b</b> If "Yes," was it a written policy? .....	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> 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: .....	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other    250 %		
<b>b</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: .....	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other    _____ %		
<b>c</b> 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.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			147,148,063.	6,000,000.	141,148,063.	1.42%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			1271816199.	764,432,313.	507,383,886.	5.11%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			0.	0.		.00%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			1418964262.	770,432,313.	648,531,949.	6.53%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			27,081,505.	126,152.	26,955,353.	.27%
<b>f</b> Health professions education (from Worksheet 5) .....			365,622,510.	65,157,396.	300,465,114.	3.02%
<b>g</b> Subsidized health services (from Worksheet 6) .....			130,149,317.	105,285,518.	24,863,799.	.25%
<b>h</b> Research (from Worksheet 7) .....			258,074,299.	169,265,332.	88,808,967.	.89%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			12,912,032.	412,328.	12,499,704.	.13%
<b>j Total.</b> Other Benefits .....			793,839,663.	340,246,726.	453,592,937.	4.56%
<b>k Total.</b> Add lines 7d and 7j .....			2212803925.	1110679039.	1102124886.	11.09%





# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

GROUP RETURN

91-2153073

Page 3

## Part V Facility Information

### Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 22

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

	Licensed hospital	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 AKRON GENERAL MEDICAL CENTER 1 AKRON GENERAL AVENUE AKRON, OH 44307 WWW.CLEVELANDCLINIC.ORG OHIO STATE ID 1276AHR	X	X		X		X	X			A
3 FAIRVIEW HOSPITAL 18101 LORAIN AVENUE CLEVELAND, OH 44111 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1145AHR	X	X		X		X	X			A
4 HILLCREST HOSPITAL 6780 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1019AHR	X	X		X		X	X			A
5 CLEVELAND CLINIC WESTON HOSPITAL 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331 WWW.CLEVELANDCLINIC.ORG FL LICENSE NUMBER 4299	X	X		X		X	X			A
6 INDIAN RIVER MEMORIAL HOSPITAL 1000 36TH STREET VERO BEACH, FL 32960 WWW.CLEVELANDCLINIC.ORG FL LICENSE 4029	X	X					X			
7 CLEVELAND CLINIC AVON HOSPITAL 33300 CLEVELAND CLINIC BOULEVARD AVON, OH 44011 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1531AHR	X	X		X		X	X			A
8 MARYMOUNT HOSPITAL 12300 MCCracken GARFIELD HEIGHTS, OH 44125 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1136AHR	X	X		X		X	X			A
9 SOUTH POINTE HOSPITAL 20000 HARVARD ROAD WARRENSVILLE HTS, OH 44122 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1297AHR	X	X		X		X	X			A
10 MEDINA HOSPITAL 1000 E WASHINGTON STREET MEDINA, OH 44256 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1236AHR	X	X		X		X	X			A

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

GROUP RETURN

91-2153073

Page 3

## Part V Facility Information

### Section A. Hospital Facilities

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

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

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 LUTHERAN HOSPITAL 1730 WEST 25TH STREET CLEVELAND, OH 44113 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1149AHR	X	X		X		X	X			A
12 THE UNION HOSPITAL ASSOCIATION 659 BOULEVARD DOVER, OH 44622 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1285AHR	X	X					X			
13 EUCLID HOSPITAL 18901 LAKESHORE BOULVARD EUCLID, OH 44119 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1133AHR	X	X		X		X	X			A
14 CLEV CLINIC CHILDREN'S HOSP FOR REHAB 2801 MARTIN LUTHER KING DRIVE CLEVELAND, OH 44104 WWW.CLEVELANDCLINIC.ORG OH STATE ID 0153RF	X	X	X	X		X				A
15 LODI COMMUNITY HOSPITAL 225 ELYRIA STREET LODI, OH 44254 WWW.CLEVELANDCLINIC.ORG OHIO STATE ID 1234AHR	X	X			X		X			A
16 CLEVELAND CLINIC REHAB - BEACHWOOD 3025 SCIENCE PARK DRIVE BEACHWOOD, OH 44012 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1906	X									B
17 SELECT SPECIALTY - FAIRHILL 11900 FAIRHILL ROAD CLEVELAND, OH 44195 WWW.SELECTMEDICAL.COM OH STATE ID 1468	X									B
18 CLEVELAND CLINIC REHAB - EDWIN SHAW 4389 MEDINA ROAD COPLEY, OH 44321 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1905	X									B
19 CLEVELAND CLINIC REHABILITATION-AVON 33355 HEALTH CAMPUS BOULEVARD AVON, OH 44011 WWW.CLEVELANDCLINIC.ORG OHIO STATE ID 1522AHR	X									B
20 SELECT SPECIALTY - REGENCY WEST 6990 ENGLE ROAD MIDDLEBURG HEIGHTS, OH 44130 WWW.SELECTMEDICAL.COM OH STATE ID 1478	X									B



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 FACILITY REPORTING GROUP - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15

		Yes	No
<b>Community Health Needs Assessment</b>			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1		x
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2		x
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	x	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	x	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	x	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b		x
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	x	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
b <input type="checkbox"/> Other website (list url): _____			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	x	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	x	
a If "Yes," (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b		
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? \$			

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 FACILITY REPORTING GROUP - A

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

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

GROUP RETURN

91-2153073

Page 6

**Part V Facility Information** *(continued)*

**Billing and Collections**

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	x	
<b>18</b> 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		
<b>19</b> 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)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	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) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 FACILITY REPORTING GROUP - A

	Yes	No
<p><b>22</b> 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.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> 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</p> <p><b>c</b> <input checked="" type="checkbox"/> 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</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	x
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	x

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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): 16, 17, 18, 19, 20, 21, 22

		Yes	No
<b>Community Health Needs Assessment</b>			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1		x
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2		x
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	x	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	x	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	x	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b		x
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	x	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
b <input type="checkbox"/> Other website (list url): _____			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	x	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 17</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	x	
a If "Yes," (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b		
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? \$			



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 financial assistance policy that:			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	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):			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <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			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <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			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	x	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</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)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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

	Yes	No
<p><b>22</b> 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.</p> <p><b>a</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> 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</p> <p><b>c</b> <input type="checkbox"/> 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</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	x
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	x

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 THE UNION HOSPITAL ASSOCIATION

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

		Yes	No
<b>Community Health Needs Assessment</b>			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1		x
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	x	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	x	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	x	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	x	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	x	
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	x	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
b <input type="checkbox"/> Other website (list url): _____			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	x	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	x	
a If "Yes," (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b		
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? \$			

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 THE UNION HOSPITAL ASSOCIATION

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>200</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance status			
<b>g</b> <input type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	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):			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <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			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.CLEVELANDCLINIC.ORG</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <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)			
<b>f</b> <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)			
<b>g</b> <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			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <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			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

GROUP RETURN

91-2153073

Page 6

**Part V Facility Information** *(continued)*

**Billing and Collections**

Name of hospital facility or letter of facility reporting group THE UNION HOSPITAL ASSOCIATION

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	x	
<b>18</b> 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		
<b>19</b> 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)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	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) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 THE UNION HOSPITAL ASSOCIATION

	Yes	No
<p><b>22</b> 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.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input checked="" type="checkbox"/> 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</p> <p><b>c</b> <input type="checkbox"/> 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</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	x
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	x

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 INDIAN RIVER MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

		Yes	No
<b>Community Health Needs Assessment</b>			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1		x
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	x	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	x	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	x	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a		x
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	x	
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	x	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.INDIANRIVERMEDICALCENTER.COM</u>			
b <input type="checkbox"/> Other website (list url): _____			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	x	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	x	
a If "Yes," (list url): <u>WWW.INDIANRIVERMEDICALCENTER.COM</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? \$			



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 INDIAN RIVER MEMORIAL HOSPITAL

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

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

GROUP RETURN

91-2153073

Page 6

**Part V Facility Information** *(continued)*

**Billing and Collections**

Name of hospital facility or letter of facility reporting group INDIAN RIVER MEMORIAL HOSPITAL

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	x	
<b>18</b> 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		
<b>19</b> 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)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	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) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 INDIAN RIVER MEMORIAL HOSPITAL

	Yes	No
<p><b>22</b> 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.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> 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</p> <p><b>c</b> <input checked="" type="checkbox"/> 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</p> <p><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>23</b>	x
<p><b>24</b> 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? .....</p> <p>If "Yes," explain in Section C.</p>	<b>24</b>	x

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

THE UNION HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 5: UNION HOSPITAL IS A MEMBER OF ACCESS

TUSCARAWAS, A COLLABORATION OF TUSCARAWAS COUNTY HEALTHCARE AND COMMUNITY

BASED AGENCIES. DURING 2018, ACCESS TUSCARAWAS PROVIDED COORDINATION OF

THE COMMUNITY SURVEY AND DATA ANALYSIS, AND CONDUCTED THE COMMUNITY HEALTH

NEEDS ASSESSMENT WITH SUPPORT OF THE NORTHWEST HOSPITAL ASSOCIATION OF

OHIO. THE RESULTS OF THAT ASSESSMENT PROVIDED THE DATA NECESSARY FOR UNION

HOSPITAL TO IDENTIFY THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IT

SERVES. TO TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE

COMMUNITY, INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME, OR MINORITY

POPULATIONS, ACCESS TUSCARAWAS CREATED A PANEL WHICH INCLUDED

REPRESENTATIVES FROM UNITED WAY, LOCAL FAMILY PHYSICIANS, DENTISTS, MENTAL

HEALTH AND ADDICTION COUNSELORS FROM THE ALCOHOL, DRUG, ADDICTION AND

MENTAL HEALTH SERVICES ("ADAMHS") BOARD, REPRESENTATIVES FROM THE LOCAL

SCHOOL DISTRICTS, REPRESENTATIVES FROM COUNTY AND CITY HEALTH DEPARTMENTS,

LOCAL YMCA LEADERS, AND HOSPITAL LEADERS. UNION HOSPITAL ALSO COLLABORATED

WITH OTHER CLEVELAND CLINIC HOSPITALS TO ALIGN CHNA DATA AND RESOURCES.

INDIAN RIVER MEMORIAL HOSPITAL:

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

KEY INFORMATION SURVEYS WHICH TOOK PLACE IN 2018. TO TAKE INTO ACCOUNT

INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, INCLUDING MEDICALLY

UNDERSERVED, LOW-INCOME, OR MINORITY POPULATIONS, A LIST OF RECOMMENDED

PARTICIPANTS WAS PROVIDED BY INDIAN RIVER MEDICAL CENTER; THIS LIST

INCLUDED NAMES AND CONTACT INFORMATION FOR A PHYSICIAN, A PUBLIC HEALTH

REPRESENTATIVE, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN

BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS

WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE

SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE. IN ALL, 23

COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY.

UPON COMPLETION OF THE SURVEY, A GROUP OF MORE THAN 30 COMMUNITY

STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND

ORGANIZATIONS) MET TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES FOR

COMMUNITY, BASED ON THE FINDINGS OF THE SURVEY. REFER TO PAGE 11 OF THE

CHNA REPORT AT [WWW.INDIANRIVERMEDICALCENTER.COM](http://WWW.INDIANRIVERMEDICALCENTER.COM) FOR A LIST OF

ORGANIZATIONS THAT PARTICIPATED.

THE UNION HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 6A: UNION HOSPITAL CONDUCTED A COMMUNITY HEALTH

NEEDS ASSESSMENT WITH TRINITY TWIN CITY HOSPITAL, AN UNRELATED ENTITY, AND

COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS,

INCLUDING: AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S

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

CLEVELAND CLINIC FOUNDATION, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI

COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL

AND SOUTH POINTE HOSPITAL.

THE UNION HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 6B: UNION HOSPITAL CONDUCTED A COMMUNITY HEALTH

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

NEEDS ASSESSMENT WITH TUSCARAWAS COUNTY HEALTH DEPARTMENT, ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES BOARD, TUSCARAWAS COUNTY SENIOR

CENTER, UNITED WAY OF TUSCARAWAS COUNTY, ACCESS TUSCARAWAS PERSONAL FAMILY

AND COUNSELING SERVICES, GUIDESTONE, EAST CENTRAL OHIO EDUCATIONAL

SERVICES CENTER, NEW PHILADELPHIA CITY HEALTH DEPARTMENT, PERSONAL FAMILY

AND COUNSELING SERVICES, T4C, TUSCARAWAS YMCA, TUSCARAWAS CLINIC FOR THE

WORKING UNINSURED, TUSCARAWAS COUNTY ANTI-DRUG COALITION

INDIAN RIVER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B: INDIAN RIVER MEMORIAL HOSPITAL INC.'S MOST

RECENT CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING

ORGANIZATIONS THAT ARE NOT HOSPITAL FACILITIES: INDIAN RIVER COUNTY FIRE &

RESCUE, INDIAN RIVER SHORES EMS, AMERICAN HEART ASSOCIATION, TREASURE

COAST COMMUNITY HEALTH, FLORIDA DEPARTMENT OF HEALTH, VISITING NURSE

ASSOCIATION OF THE TREASURE COAST, SENIOR RESOURCE ASSOCIATION, AND INDIAN

RIVER HOSPITAL DISTRICT.

THE UNION HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 2: IN APRIL 2018, THE CLEVELAND CLINIC

FOUNDATION THROUGH A SUBSIDIARY BECAME THE SOLE MEMBER OF THE UNION

HOSPITAL ASSOCIATION ("UNION HOSPITAL").

INDIAN RIVER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 2: IN JANUARY 2019, THE CLEVELAND CLINIC

FOUNDATION THROUGH A SUBSIDIARY BECAME THE SOLE MEMBER OF INDIAN RIVER

MEMORIAL HOSPITAL.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

THE UNION HOSPITAL ASSOCIATION:

PART V, SECTION B, LINE 11: THE UNION HOSPITAL ASSOCIATION'S ("UNION")

COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED THE FOLLOWING KEY NEEDS:

ACCESS TO AFFORDABLE HEALTHCARE, ADDICTION (INCLUDES ADULT AND YOUTH DRUG

USE AND OVERDOSE DEATHS), CHRONIC DISEASE (INCLUDES ADULT AND YOUTH

OBESITY, AS IT IMPACTS CHRONIC DISEASES SUCH AS DIABETES AND HEART

DISEASE), INFANT MORTALITY, MENTAL HEALTH (INCLUDES ADULT AND YOUTH

DEPRESSION AND SUICIDE) AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS

IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL ADDRESS EACH NEED IS

DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION

STRATEGY REPORT.

INDIAN RIVER MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: THE HOSPITAL FACILITY IS ADDRESSING THE

SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA BY (A)

ADOPTION OF AN IMPLEMENTATION STRATEGY THAT ADDRESSES EACH OF THE

COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CHNA, (B) EXECUTION OF THE

IMPLEMENTATION STRATEGY, (C) PARTICIPATION IN THE DEVELOPMENT OF A

COMMUNITY-WIDE PLAN, (D) PARTICIPATION IN THE EXECUTION OF A

COMMUNITY-WIDE PLAN, (E) ADOPTION OF A BUDGET FOR PROVISION OF SERVICES

THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA, (F) PRIORITIZATION OF

HEALTH NEEDS IN ITS COMMUNITY, AND (G) PRIORITIZATION OF SERVICES THAT THE

HOSPITAL FACILITY WILL UNDERTAKE TO MEET HEALTH NEEDS IN ITS COMMUNITY.

INDIAN RIVER WILL ADDRESS THE FOLLOWING NEEDS IDENTIFIED AS PRIORITIES:

SKIN CANCER, MENTAL HEALTH, AND STROKE. THE OTHER NEEDS IDENTIFIED AS

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

PRIORITIES BY THE CHNA WILL NOT BE ADDRESSED BY INDIAN RIVER AS THE

INITIATIVE WILL BE LED BY OTHER FACILITIES AND OTHER ORGANIZATIONS IN

COLLABORATION WITH OUR HOSPITAL. PLEASE REFER TO PAGE 2 OF THE FACILITIES

COMMUNITY HEALTH IMPROVEMENT PLAN AT WWW.INDIANRIVERMEDICAL.COM.

INDIAN RIVER MEMORIAL HOSPITAL:

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

INDIAN RIVER MEMORIAL HOSPITAL:

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

INDIAN RIVER MEMORIAL HOSPITAL:

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

ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

ASSISTANCE PROGRAM AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE

ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL

ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED

ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE DETAILED

INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE

SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS,

INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL

COUNSELORS WHO ARE PRESENT ON-SITE AT EACH FLORIDA HOSPITAL TO ASSIST

PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL

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

AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

INDIAN RIVER MEMORIAL HOSPITAL:

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

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 4: HILLCREST HOSPITAL

- FACILITY 5: CLEVELAND CLINIC WESTON HOSPITAL

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 8: MARYMOUNT HOSPITAL
- FACILITY 9: SOUTH POINTE HOSPITAL
- FACILITY 11: LUTHERAN HOSPITAL
- FACILITY 10: MEDINA HOSPITAL
- FACILITY 13: EUCLID HOSPITAL
- FACILITY 14: CLEV CLINIC CHILDREN'S HOSP FOR REHAB
- FACILITY 15: LODI COMMUNITY HOSPITAL
- FACILITY 2: AKRON GENERAL MEDICAL CENTER
- FACILITY 7: CLEVELAND CLINIC AVON HOSPITAL

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH  
KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER  
2018.

THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP  
AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH  
FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR  
PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED  
PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL  
PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT  
THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF  
SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF  
MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE  
HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH  
PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

APPENDIX H OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS,

INCLUDING: AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S

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

HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL,

LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE

HOSPITAL, AND CLEVELAND CLINIC WESTON HOSPITAL. CLEVELAND CLINIC

FOUNDATION MAIN CAMPUS ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL

CENTER AND GLENBEIGH.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018.

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

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF

MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 6B: CCHS COLLABORATES WITH THE STATE'S DEPARTMENT

OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC HEALTH, AND NONPROFIT

ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG ADDICTION AND MENTAL

HEALTH SERVICES TO DEVELOP AND SHARE DATA IN PRIORITIZING HEALTH NEEDS AND

IDENTIFYING STRATEGIES TO FURTHER IMPROVE THE COMMUNITY HEALTH NEEDS

ASSESSMENT PROCESS

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE  
FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL  
ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT  
REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT  
ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO  
ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND  
FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR  
INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT  
REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

### GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 20E: IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS  
NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN  
COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR  
DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL CUSTOMER SERVICE,  
AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

### GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH  
KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER  
2018.  
THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S LEADERSHIP  
AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH  
FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA REPORT. THEY WERE  
SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR  
PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED  
PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF

SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF

MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL

CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S

HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, THE

CLEVELAND CLINIC FOUNDATION, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL,

MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL

AND CLEVELAND CLINIC WESTON HOSPITAL. HILLCREST HOSPITAL ALSO

COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 4 -- HILLCREST HOSPITAL

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

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

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC WESTON HOSPITAL COLLABORATED

WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON

GENERAL MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND

CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW

HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL,

MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL

AND THE CLEVELAND CLINIC FOUNDATION. CLEVELAND CLINIC WESTON HOSPITAL

ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 5 -- CLEVELAND CLINIC WESTON HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

ON-SITE AT EACH CLEVELAND CLINIC FLORIDA HOSPITAL TO ASSIST PATIENTS IN

QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE.

A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING

INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND

WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL

CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S

HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST

HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, THE CLEVELAND CLINIC

FOUNDATION, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL AND

CLEVELAND CLINIC WESTON HOSPITAL. MARYMOUNT HOSPITAL ALSO COLLABORATED

WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 5: INPUT FROM THE COMMUNITY WAS RECEIVED THROUGH

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL

CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S

HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST

HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL,

MEDINA HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, UNION HOSPITAL AND

CLEVELAND CLINIC WESTON HOSPITAL. SOUTH POINTE HOSPITAL ALSO COLLABORATED

WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 6B: CLEVELAND CLINIC HEALTH SYSTEM COLLABORATES

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 9 -- SOUTH POINTE HOSPITAL

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 13 -- EUCLID HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 13 -- EUCLID HOSPITAL

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL

CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S

HOSPITAL FOR REHABILITATION, THE CLEVELAND CLINIC FOUNDATION, FAIRVIEW

HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL,

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL

AND CLEVELAND CLINIC WESTON HOSPITAL. EUCLID HOSPITAL ALSO COLLABORATED

WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 13 -- EUCLID HOSPITAL

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 13 -- EUCLID HOSPITAL

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 13 -- EUCLID HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 13 -- EUCLID HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 13 -- EUCLID HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 13 -- EUCLID HOSPITAL

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 20E: IN ADDITION TO ITEMS LISTED IN 20A-D, CCHS

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S

HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL,

HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, THE CLEVELAND CLINIC

FOUNDATION, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL,

UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. LUTHERAN HOSPITAL

ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 11 -- LUTHERAN HOSPITAL

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 10 -- MEDINA HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 10 -- MEDINA HOSPITAL

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL

CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC CHILDREN'S

HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL,

HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT

HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, SOUTH POINTE HOSPITAL, UNION

HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. MEDINA HOSPITAL ALSO

COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 10 -- MEDINA HOSPITAL

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 10 -- MEDINA HOSPITAL

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 10 -- MEDINA HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 10 -- MEDINA HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 10 -- MEDINA HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 10 -- MEDINA HOSPITAL

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX H OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

REHABILITATION COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM

HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL CENTER, CLEVELAND CLINIC

CHILDREN'S HOSPITAL, THE CLEVELAND CLINIC FOUNDATION, EUCLID HOSPITAL,

FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN

HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL,

UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. CLEVELAND CLINIC

CHILDREN'S HOSPITAL FOR REHABILITATION ALSO COLLABORATED WITH ASHTABULA

COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 14 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL

PART V, SECTION B, LINE 6A: LODI COMMUNITY HOSPITAL COLLABORATED WITH

OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL

MEDICAL CENTER, CLEVELAND CLINIC CHILDREN'S HOSPITAL, CLEVELAND CLINIC

CHILDREN'S HOSPITAL FOR REHABILITATION, THE CLEVELAND CLINIC FOUNDATION,

EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LUTHERAN HOSPITAL,

MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL

AND CLEVELAND CLINIC WESTON HOSPITAL. LODI COMMUNITY HOSPITAL ALSO

COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER, GLENBEIGH, SUMMA HEALTH

SYSTEM, AND AKRON CHILDREN'S HOSPITAL.

GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION, AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 15 -- LODI COMMUNITY HOSPITAL

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018. THE KEY INFORMANTS WERE IDENTIFIED BY EACH HOSPITAL FACILITY'S

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED IN THE RELEVANT CHNA

REPORT. THEY WERE SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

INCLUDED PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH;

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

ABOUT THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES

OF SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS

OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

WITH OTHER CLEVELAND CLINIC HOSPITALS INCLUDING: CLEVELAND CLINIC MAIN

CAMPUS, CLEVELAND CLINIC CHILDREN'S, CLEVELAND CLINIC CHILDREN'S HOSPITAL

FOR REHABILITATION, AKRON GENERAL MEDICAL CENTER, EUCLID HOSPITAL,

FAIRVIEW HOSPITAL, HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN

HOSPITAL, MARYMOUNT HOSPITAL, MEDINA HOSPITAL, SOUTH POINTE HOSPITAL,

UNION HOSPITAL AND CLEVELAND CLINIC WESTON.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC

HEALTH, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 11: IN GENERAL THE KEY NEEDS IDENTIFIED IN ALL

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 7 -- CLEVELAND CLINIC AVON HOSPITAL

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018.

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

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF

SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF

MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. EACH KEY

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

HEALTHCARE CONSULTING, LLC, USING THE SAME SET OF QUESTIONS FOR EACH

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

PART V, SECTION B, LINE 6A: AKRON GENERAL MEDICAL CENTER COLLABORATED WITH

OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: MAIN CAMPUS,

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

FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL, HILLCREST

HOSPITAL, LODI COMMUNITY HOSPITAL, LUTHERAN HOSPITAL, MARYMOUNT HOSPITAL,

MEDINA HOSPITAL, SOUTH POINTE HOSPITAL, UNION HOSPITAL, AND CLEVELAND

CLINIC WESTON HOSPITAL. AKRON GENERAL MEDICAL CENTER ALSO COLLABORATED

WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

WITH THE STATE'S DEPARTMENT OF HEALTH, LOCAL COUNTIES' BOARDS OF PUBLIC



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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, AND NONPROFIT ORGANIZATIONS SUCH AS UNITED WAY AND ALCOHOL, DRUG

ADDICTION AND MENTAL HEALTH SERVICES TO DEVELOP AND SHARE DATA IN

PRIORITIZING HEALTH NEEDS AND IDENTIFYING STRATEGIES TO FURTHER IMPROVE

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

CCHS HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND

MANAGEMENT, INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS

EDUCATION AND SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR ANNUAL FAMILY

INCOME.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

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

DETERMINES THROUGH THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION

FOR CONSIDERATION.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN

COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

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

932098 11-19-19

Schedule H (Form 990) 2019

169

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 REPORTING GROUP B CONSISTS OF:

- FACILITY 19: CLEVELAND CLINIC REHABILITATION-AVON
- FACILITY 20: SELECT SPECIALTY - REGENCY WEST
- FACILITY 21: SELECT SPECIALTY - REGENCY EAST
- FACILITY 17: SELECT SPECIALTY - FAIRHILL
- FACILITY 22: SELECT SPECIALTY - GATEWAY
- FACILITY 18: CLEVELAND CLINIC REHAB - EDWIN SHAW
- FACILITY 16: CLEVELAND CLINIC REHAB - BEACHWOOD

GROUP B-FACILITY 19 -- CLEVELAND CLINIC REHABILITATION- AVON

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

KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017.

SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018.

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

PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF

SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF

MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF

EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL

FACILITY'S CHNA.

GROUP B-FACILITY 19 -- CLEVELAND CLINIC REHABILITATION- AVON

932098 11-19-19

Schedule H (Form 990) 2019

170

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 6A: CLEVELAND CLINIC REHABILITATION - AVON

COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE

FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION -

BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW, SELECT SPECIALTY

HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND

GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF

CLEVELAND WEST.

GROUP B-FACILITY 19 -- CLEVELAND CLINIC REHABILITATION- AVON

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

CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO

AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND

SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS

DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION

STRATEGY REPORT.

CLEVELAND CLINIC REHABILITATION - AVON CANNOT DIRECTLY ADDRESS THOSE

COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO

DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR

NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO

ADDRESS. ALTHOUGH CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS

THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN

THEIR EFFORTS TO HELP WITH THESE NEEDS.

CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THE FOLLOWING

COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT:

SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES,

CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED

SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION -AVON IS NOT

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT

DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH

THESE NEEDS. CLEVELAND CLINIC REHABILITATION - AVON SERVICES POPULATIONS

ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH

ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 19 -- CLEVELAND CLINIC REHABILITATION- AVON

PART V, SECTION B, LINE 20D: PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE

THROUGHOUT ANY POINT IN THE CARE PROCESS.

GROUP B-FACILITY 20 -- SELECT SPECIALTY - REGENCY WEST

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

KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017.

SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018.

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

PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF

SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF

MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF

EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL

FACILITY'S CHNA.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 20 -- SELECT SPECIALTY - REGENCY WEST

PART V, SECTION B, LINE 6A: SELECT SPECIALTY - REGENCY WEST COLLABORATED

WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT

MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT

SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND

EAST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC

REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.

GROUP B-FACILITY 20 -- SELECT SPECIALTY - REGENCY WEST

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

CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO

AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND

SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS

DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION

STRATEGY REPORT.

SELECT SPECIALTY - REGENCY WEST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY

NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER

HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT

ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

ALTHOUGH SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THESE NEEDS

DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS

TO HELP WITH THESE NEEDS.

SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THE FOLLOWING COMMUNITY

NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC

CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR

POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL

SERVICES). ALTHOUGH SELECT SPECIALTY - REGENCY WEST IS NOT DIRECTLY

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES

SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH

THESE NEEDS. SELECT SPECIALTY - REGENCY WEST SERVICES POPULATIONS ACROSS

NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS

HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 20 -- SELECT SPECIALTY - REGENCY WEST

PART V, SECTION B, LINE 20D: PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE

THROUGHOUT ANY POINT IN THE CARE PROCESS.

GROUP B-FACILITY 21 -- SELECT SPECIALTY - REGENCY EAST

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

KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017.

SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018.

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

PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF

SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF

MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF

EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL

FACILITY'S CHNA.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 21 -- SELECT SPECIALTY - REGENCY EAST

PART V, SECTION B, LINE 6A: SELECT SPECIALTY - REGENCY EAST COLLABORATED

WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT

MEDICAL HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, SELECT

SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL OF CLEVELAND

WEST, CLEVELAND CLINIC REHABILITATION - AVON, CLEVELAND CLINIC

REHABILITATION - BEACHWOOD, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.

GROUP B-FACILITY 21 -- SELECT SPECIALTY - REGENCY EAST

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

CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO

AFFORDABLE HEALTHCARE; CHRONIC DISEASE AND OTHER HEALTH CONDITIONS; ACCESS

TO AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND

SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS

DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION

STRATEGY REPORT.

SELECT SPECIALTY - REGENCY EAST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY

NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER

HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT

ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

ALTHOUGH SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THESE NEEDS

DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS

TO HELP WITH THESE NEEDS.

SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THE FOLLOWING COMMUNITY

NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC

CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR

POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

SERVICES). ALTHOUGH SELECT SPECIALTY - REGENCY EAST IS NOT DIRECTLY

INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES

SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH

THESE NEEDS. SELECT SPECIALTY - REGENCY EAST SERVICES POPULATIONS ACROSS

NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS

HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 21 -- SELECT SPECIALTY - REGENCY EAST

PART V, SECTION B, LINE 20D: PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE

THROUGHOUT ANY POINT IN THE CARE PROCESS.

GROUP B-FACILITY 17 -- SELECT SPECIALTY - FAIRHILL

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

KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017.

SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018.

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

PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF

SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF

MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF

EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL

FACILITY'S CHNA.

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 17 -- SELECT SPECIALTY - FAIRHILL

PART V, SECTION B, LINE 6A: SELECT SPECIALTY - FAIRHILL COLLABORATED WITH

THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL

HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND GATEWAY, REGENCY HOSPITAL

OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND CLINIC

REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD,

CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.

GROUP B-FACILITY 17 -- SELECT SPECIALTY - FAIRHILL

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

CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO

AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND

SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS

DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION

STRATEGY REPORT.

SELECT SPECIALTY - FAIRHILL CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS

THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH

CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT

ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

ALTHOUGH SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THESE NEEDS DIRECTLY,

IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP

WITH THESE NEEDS.

SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED

IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC

CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR

POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

SERVICES). ALTHOUGH SELECT SPECIALTY - FAIRHILL IS NOT DIRECTLY INVOLVED

WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT

GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS.

SELECT SPECIALTY - FAIRHILL SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND

THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO

SUPPORT PATIENT CARE.

GROUP B-FACILITY 17 -- SELECT SPECIALTY - FAIRHILL

PART V, SECTION B, LINE 20D: PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE

THROUGHOUT ANY POINT IN THE CARE PROCESS.

GROUP B-FACILITY 22 -- SELECT SPECIALTY - GATEWAY

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

KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017.

SUPPLEMENTAL INTERVIEWS WERE CONDUCTED AUGUST THROUGH DECEMBER 2018.

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

PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

THE HEALTH NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF

SOCIAL SERVICE ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF

MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF

EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL

FACILITY'S CHNA.

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 -- SELECT SPECIALTY - GATEWAY

PART V, SECTION B, LINE 6A: SELECT SPECIALTY - GATEWAY COLLABORATED WITH

THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE FOLLOWING SELECT MEDICAL

HOSPITALS: SELECT SPECIALTY HOSPITAL - CLEVELAND FAIRHILL, REGENCY

HOSPITAL OF CLEVELAND WEST, REGENCY HOSPITAL OF CLEVELAND EAST, CLEVELAND

CLINIC REHABILITATION - AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD,

CLEVELAND CLINIC REHABILITATION - EDWIN SHAW.

GROUP B-FACILITY 22 -- SELECT SPECIALTY - GATEWAY

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

CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO

AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND

SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS

DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION

STRATEGY REPORT.

SELECT SPECIALTY - GATEWAY CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS

THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO DELIVER HEALTH

CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR NONPROFIT

ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

ALTHOUGH SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THESE NEEDS DIRECTLY,

IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP

WITH THESE NEEDS.

SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED

IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC

CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR

POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

SERVICES). ALTHOUGH SELECT SPECIALTY - GATEWAY IS NOT DIRECTLY INVOLVED

WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT

GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS.

SELECT SPECIALTY - GATEWAY SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND

THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO

SUPPORT PATIENT CARE.

GROUP B-FACILITY 22 -- SELECT SPECIALTY - GATEWAY

PART V, SECTION B, LINE 20D: PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE

THROUGHOUT ANY POINT IN THE CARE PROCESS.

GROUP B-FACILITY 18 -- CLEVELAND CLINIC REHAB - EDWIN SHAW

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

KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN AUGUST AND DECEMBER 2018, AND

SUPPLEMENTAL INTERVIEWS IN MARCH 2019. KEY INFORMANTS WERE IDENTIFIED BY

THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT

REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED

IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR

INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL

COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL

KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH

DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH

NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE

ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY

UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL

FACILITY'S CHNA.

932098 11-19-19

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 18 -- CLEVELAND CLINIC REHAB - EDWIN SHAW

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

COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE

FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION -

AVON, CLEVELAND CLINIC REHABILITATION - BEACHWOOD, SELECT SPECIALTY

HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND

GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF

CLEVELAND WEST.

GROUP B-FACILITY 18 -- CLEVELAND CLINIC REHAB - EDWIN SHAW

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

CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO

AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND

SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS

DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION

STRATEGY REPORT.

CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT DIRECTLY ADDRESS THOSE

COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE HOSPITAL'S MISSION TO

DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER GOVERNMENTAL AND/OR

NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO

ADDRESS. ALTHOUGH CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT

ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER

AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS.

CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT ADDRESS THE FOLLOWING

COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT:

SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES,

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED

SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION - EDWIN SHAW IS

NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS,

IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP

WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION -EDWIN SHAW SERVICES

POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC

IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 18 -- CLEVELAND CLINIC REHAB - EDWIN SHAW

PART V, SECTION B, LINE 20D: PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE

THROUGHOUT ANY POINT IN THE CARE PROCESS.

GROUP B-FACILITY 16 -- CLEVELAND CLINIC REHAB - BEACHWOOD

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

KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN AUGUST AND DECEMBER 2018, AND

SUPPLEMENTAL INTERVIEWS IN MARCH 2019. KEY INFORMANTS WERE IDENTIFIED BY

THE HOSPITAL FACILITY'S LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT

REPRESENTED THE BROAD INTERESTS OF EACH FACILITY'S COMMUNITY, AS DEFINED

IN THE RELEVANT CHNA REPORT. THEY WERE SELECTED BASED ON THEIR

INVOLVEMENT WITH THE COMMUNITY AND THEIR PARTICIPATION IN OVERALL

COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED PERSONS WITH SPECIAL

KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH; LOCAL PUBLIC HEALTH

DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT THE HEALTH

NEEDS AND SOCIAL NEEDS OF THE COMMUNITY; REPRESENTATIVES OF SOCIAL SERVICE

ORGANIZATIONS; AND LEADERS, REPRESENTATIVES, AND MEMBERS OF MEDICALLY

UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. A LIST OF EACH

PARTICIPANT ORGANIZATION IS IDENTIFIED IN APPENDIX C OF THE HOSPITAL

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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'S CHNA.

GROUP B-FACILITY 16 -- CLEVELAND CLINIC REHAB - BEACHWOOD

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

COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE

FOLLOWING SELECT MEDICAL HOSPITALS: CLEVELAND CLINIC REHABILITATION -

AVON, CLEVELAND CLINIC REHABILITATION - EDWIN SHAW, SELECT SPECIALTY

HOSPITAL - CLEVELAND FAIRHILL, SELECT SPECIALTY HOSPITAL - CLEVELAND

GATEWAY, REGENCY HOSPITAL OF CLEVELAND EAST, AND REGENCY HOSPITAL OF

CLEVELAND WEST.

GROUP B-FACILITY 16 -- CLEVELAND CLINIC REHAB - BEACHWOOD

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

CLEVELAND CLINIC/SELECT HOSPITAL FACILITIES WERE THE FOLLOWING: ACCESS TO

AFFORDABLE HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND

SOCIOECONOMIC CONCERNS. HOW THE FACILITY WILL ADDRESS EACH NEED IS

DESCRIBED IN DETAIL IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION

STRATEGY REPORT.

CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT DIRECTLY ADDRESS THOSE

COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE REHABILITATION

HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER

GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE

EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH CLEVELAND CLINIC

REHABILITATION - BEACHWOOD CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES

SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH

THESE NEEDS.

CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT ADDRESS THE FOLLOWING

932098 11-19-19

Schedule H (Form 990) 2019



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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.

COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT:

SOCIOECONOMIC CONCERNS (INCLUDING HIGH RATES OF POVERTY, HOUSING ISSUES, CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION - BEACHWOOD IS NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION - BEACHWOOD SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 16 -- CLEVELAND CLINIC REHAB - BEACHWOOD

PART V, SECTION B, LINE 20D: PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE THROUGHOUT ANY POINT IN THE CARE PROCESS.

PART V - SECTION B - LINE 9 - REPORTING GROUP A & B

THE IMPLEMENTATION STRATEGY REPORT THAT CORRESPONDS WITH THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS ADOPTED IN 2020. FOR PURPOSES OF THE 2019 FORM 990, THE MOST CURRENT IMPLEMENTATION STRATEGY REPORT ADOPTED AT THE TIME WAS 2017.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

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

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

	Name and address	Type of Facility (describe)
11	AKRON GENERAL HEALTH & WELLNESS CENT 4125 MEDINA ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
12	WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND ROAD WOOSTER, OH 44691	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	HILLCREST MEDICAL OFFICE I & II 6803 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
16	AKRON GENERAL HEALTH & WELLNESS CENT 4300 ALLEN ROAD STOW, OH 44224	OUTPATIENT PHYSICIAN CLINIC
17	AKRON GENERAL HEALTH CENTER 676 S BROADWAY STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
18	AKRON GENERAL HEALTH & WELLNESS CENT 1940 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
19	LAKEWOOD FAMILY HEALTH CENTER 14601 DETROIT AVENUE LAKEWOOD, OH 44107	FAMILY HEALTH CENTER
20	CLEVELAND CLINIC CANCER CENTERS 1125 ASPIRA COURT MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

	Name and address	Type of Facility (describe)
21	SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE ROAD SOLON, OH 44139	FAMILY HEALTH CENTER
22	ELYRIA FAMILY HEALTH & SURGERY CENTE 303 CHESTNUT COMMONS DRIVE ELYRIA, OH 44035	FAMILY HEALTH CENTER
23	TOMSICH HEALTH AND MEDICAL CENTER OF 525 OKEECHOBEE BOULEVARD, CITY PLACE WEST PALM BEACH, FL 33401	FAMILY HEALTH CENTER
24	WESTLAKE PHYSICIANS CENTER 805 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
25	FAIRVIEW HOSPITAL MEDICAL OFFICE 24700 LORAIN AVENUE NORTH OLMSTED, OH 44070	OUTPATIENT PHYSICIAN CLINIC
26	MARYMOUNT MEDICAL CENTER 2001 E ROYALTON ROAD BROADVIEW HTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
27	VERO RADIOLOGY ASSOCIATES 3725 11TH CIRCLE VERO BEACH, FL 32960	DIAGNOSTIC CENTER
28	CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022	FAMILY HEALTH CENTER
29	SHEFFIELD FAMILY HEALTH CENTER 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	FAMILY HEALTH CENTER
30	LANDERBROOK OFFICE AND ENDOSCOPY CEN 5900 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
31 AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER
32 NORTH OHIO GASTROENTEROLOGY 30701 CLEMENS ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
33 SKILLED NURSING SOUTH 6011 SE TOWER ROAD STUART, FL 34997	HOME CARE SERVICES
34 STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVENUE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
35 CCF CONSULTANTS IN GASTROENTEROLOGY 7530 FREDLE DRIVE CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC
36 AMHERST FAMILY HEALTH CENTER 5172 LEAVITT ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
37 SUMMIT GASTROENTEROLOGY ASSOCIATES 3939 S CLEVELAND MASSILLON ROAD BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
38 CLEVELAND CLINIC LOU RUVO CENTER FOR 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106	OUTPATIENT PHYSICIAN CLINIC
39 AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN ROAD AVON LAKE, OH 44012	FAMILY HEALTH CENTER
40 CLEVELAND CLINIC SUMMIT OPHTHALMOLOG 1 PARK WEST BOULEVARD, STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
41 AKRON GENERAL PHYSICIAN OFFICE 224 W EXCHANGE STREET AKRON, OH 44307	OUTPATIENT PHYSICIAN CLINIC
42 CLEVELAND CLINIC ADMINISTRATIVE CAMP 3275 SCIENCE PARK DRIVE, BLDG 5 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
43 MENTOR MEDICAL OFFICE 7060 WAYSIDE DRIVE MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
44 AKRON GENERAL TALLMADGE HEALTH CENTE 33 NORTH AVENUE TALLMADGE, OH 44278	OUTPATIENT PHYSICIAN CLINIC
45 MENTOR REHABILITATION AND SPORTS THE 7533 CENTER STREET MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
46 OHIO RENAL CARE, CLEVELAND EAST 2429 MARTIN LUTHER KING JR. DR CLEVELAND, OH 44104	DIALYSIS CENTER
47 SOUTHSIDE MEDICAL BUILDING 5595 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
48 MIDDLEBURG HEIGHTS ORTHOPAEDICS 7010 ENGLE ROAD STE 105 MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
49 COMMUNITY PEDIATRICS 8254 MAYFIELD ROAD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC
50 MADISON MEDICAL OFFICE 2999 MCMACKIN ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

	Name and address	Type of Facility (describe)
51	PALM BEACH GARDENS 4520 DONALD ROSS ROAD STE 200 PALM BEACH GARDENS, FL 33418	OUTPATIENT PHYSICIAN CLINIC
52	CLEVELAND CLINIC FLORIDA WELLINGTON 2789 S STATE RD 7, STE 100/200 WELLINGTON, FL 33414	OUTPATIENT PHYSICIAN CLINIC
53	OLMSTED TOWNSHIP PRIMARY CARE 27089 BAGLEY ROAD OLMSTED TOWNSHIP, OH 44138	OUTPATIENT PHYSICIAN CLINIC
54	PARKLAND 7857 N. UNIVERSITY DRIVE STE 401 PARKLAND, FL 33067	OUTPATIENT PHYSICIAN CLINIC
55	TWINSBURG MEDICAL OFFICE 2365 EDISON BOULEVARD TWINSBURG, OH 44087	OUTPATIENT PHYSICIAN CLINIC
56	FAIRLAWN UROLOGY 2651 W MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
57	CLEVELAND CLINIC COLE EYE OF STREETS 9424 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT PHYSICIAN CLINIC
58	ASHLAND OPHTHALMOLOGY/SUGARBUSH EYE 21 SUGARBUSH COURT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
59	COMMUNITY PEDIATRICS 2001 CROCKER ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
60	SUMMIT OPHTHALMOLOGY 1587 BOETTLER ROAD GREEN, OH 44685	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

	Name and address	Type of Facility (describe)
61	GEMINI RECREATION CENTER 21225 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
62	BAINBRIDGE URGENT CARE 17747 CHILLICOTHE ROAD, STE 100 BAINBRIDGE, OH 44023	OUTPATIENT PHYSICIAN CLINIC
63	UNION MEDICAL OFFICE 3 400 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
64	EAST OHIO ORTHOPAEDICS 515 UNION AVENUE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
65	OHIO RENAL CARE GROUP, WESTLAKE 26024 DETROIT AVENUE WESTLAKE, OH 44145	DIALYSIS CENTER
66	MARYMOUNT REHABILITATION AND SPORTS 2525 EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
67	MAYFIELD VILLAGE PEDIATRICS 6559 WILSON MILLS RD, STE101-D MAYFIELD VILLAGE, OH 44143	OUTPATIENT PHYSICIAN CLINIC
68	SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE ROAD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
69	BROOKPARK COMPREHENSIVE FAMILY CARE 14401 SNOW ROAD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC
70	WADSWORTH PRIMARY CARE ONE PARK CENTER DRIVE WADSWORTH, OH 44281	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
71 WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
72 BRUNSWICK EMERGENCY CARE 3724 CENTER ROAD BRUNSWICK, OH 44212	OUTPATIENT PHYSICIAN CLINIC
73 UNION HOSPITAL FIRSTCARE URGENT CARE 110 DUBLIN DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
74 OHIO RENAL CARE GROUP, HERITAGE 1160 E BROAD ST ELYRIA, OH 44035	DIALYSIS CENTER
75 OHIO RENAL CARE GROUP, WEST 14670 SNOW ROAD BROOKPARK, OH 44142	DIALYSIS CENTER
76 CLEVELAND CLINIC CANCER CENTERS 509 W. MCPHERSON HIGHWAY CLYDE, OH 43410	OUTPATIENT PHYSICIAN CLINIC
77 CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
78 SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD ROAD WARRENSVILLE HEIGHTS, OH 44122	OUTPATIENT PHYSICIAN CLINIC
79 OHIO RENAL CARE GROUP, GARFIELD HEIG 9729 GRANGER RD GARFIELD HTS, OH 44125	DIALYSIS CENTER
80 EUCLID MEDICAL OFFICE 99 NORTHLINE CIRCLE EUCLID, OH 44119	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
81 RIDGE PARK OBSTETRICS AND GYNECOLOGY 7575 NORTHCLIFF AVENUE, #302 BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
82 NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
83 OHIO RENAL CARE GROUP, EUCLID 26450 EUCLID AVENUE EUCLID, OH 44132	DIALYSIS CENTER
84 AKRON GENERAL EXPRESS CARE CLINIC 4494 STATE ROUTE 43 KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
85 BRECKSVILLE EXPRESS CARE 8805 BRECKSVILLE ROAD BRECKSVILLE, OH 44141	OUTPATIENT PHYSICIAN CLINIC
86 CHARDON REHABILITATION AND SPORTS TH 325 CENTER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
87 CLEVELAND CLINIC URGENT CARE, ROCKY 19895 DETROIT ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
88 MACEDONIA EXPRESS AND OUTPATIENT CAR 8210 MACEDONIA COMMONS BOULEVARD MACEDONIA, OH 44056	OUTPATIENT PHYSICIAN CLINIC
89 CLEVELAND CLINIC CHILDREN'S CENTER F 21016 HILLIARD BOULEVARD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
90 OHIO RENAL CARE GROUP, SOLON 6020 ENTERPRISE PARKWAY SOLON, OH 44139	DIALYSIS CENTER

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
91 OHIO RENAL CARE GROUP, AMHERST 1168 CLEVELAND AVE AMHERST, OH 44001	DIALYSIS CENTER
92 OHIO RENAL CARE GROUP, OHIO ACUTES 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	DIALYSIS CENTER
93 CLEVELAND CLINIC DIABETES AND ENDOCR 3733 PARK EAST DRIVE, STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
94 OHIO RENAL CARE GROUP, FARNSWORTH 3764 PEARL RD CLEVELAND, OH 44109	DIALYSIS CENTER
95 CLEVELAND CLINIC SUPERIOR MEDICAL CA 1959 COOPER FOSTER PARK ROAD AMHERST, OH 44053	DIAGNOSTIC CENTER
96 EXPRESS CARE 82 WEST STREETSBORO STREET HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
97 UNION PHYSICIAN SERVICES CENTRAL 205 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
98 NEWCOMERSTOWN UNION PHYSICIAN SERVIC 60881 COUNTY ROAD 9 #1 NEWCOMERSTOWN, OH 43832	OUTPATIENT PHYSICIAN CLINIC
99 CANFIELD ORTHOPAEDICS AND REHABILITA 3736 BOARDMAN CANFIELD ROAD CANFIELD, OH 44406	OUTPATIENT PHYSICIAN CLINIC
100 OHIO RENAL CARE GROUP, MENTOR 8840 TYLER BLVD MENTOR, OH 44060	DIALYSIS CENTER

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
101 SEVERANCE MEDICAL ARTS 5 SEVERANCE CIRCLE CLEVELAND HEIGHTS, OH 44118	OUTPATIENT PHYSICIAN CLINIC
102 BEDFORD DIALYSIS CENTER 5035 RICHMOND ROAD BEDFORD HEIGHTS, OH 44146	DIALYSIS CENTER
103 AKRON GENERAL REHABILITATION AND SPO 585 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT REHABILITATION
104 MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC
105 OHIO RENAL CARE GROUP, ELYRIA 5316 HOAG DR SHEFFILED, OH 44035	DIALYSIS CENTER
106 OHIO RENAL CARE GROUP, LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44109	DIALYSIS CENTER
107 OHIO RENAL CARE GROUP, WHITE POND 690 WHITE POND DR AKRON, OH 44320	DIALYSIS CENTER
108 OHIO RENAL CARE GROUP, WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
109 MADISON REHABILITATION AND SPORTS TH 2622 HUBBARD ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
110 WELLINGTON MEDICAL OFFICE 805 PATRIOT DRIVE, UNIT E WELLINGTON, OH 44090	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
111 MEDICAL OFFICE PAVILION 1946 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
112 OHIO RENAL CARE GROUP, SOUTHPOINT DI 4200 WARRENSVILLE CENTER RD, STE 100 WARRENSVILLE HTS, OH 44122	DIALYSIS CENTER
113 CLEVELAND CLINIC EXPRESS CARE 7580 NORTHCLIFF AVENUE BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
114 COLE EYE INSTITUTE 2000 AUBURN DRIVE, STE 100 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
115 COLE EYE SOLON 32901 STATION STREET SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
116 OBERLIN OPHTHALMOLOGY 309 WEST LORAIN STREET OBERLIN, OH 44074	OUTPATIENT PHYSICIAN CLINIC
117 UNION HOSPITAL FAMILY MEDICINE 155 GARLAND DRIVE SW NEW PHILADELPHIA, OH 44663	OUTPATIENT PHYSICIAN CLINIC
118 MOHICAN EYE CENTER 637 NORTH UNION STREET LOUDONVILLE, OH 44842	OUTPATIENT PHYSICIAN CLINIC
119 OHIO RENAL CARE GROUP, CUYAHOGA FALL 320 BROADWAY ST E E CUYAHOGA FALLS, OH 44221	DIALYSIS CENTER
120 BELDEN CENTER 4677 FULTON DRIVE NW CANTON, OH 44718	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
121 ALPINE FAMILY MEDICINE 126 1/2 NORTH BROADWAY SUGARCREEK, OH 44681	OUTPATIENT PHYSICIAN CLINIC
122 MARYMOUNT/CCF PAIN MANAGEMENT CENTER 12000 MCCRACKEN RD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
123 MEDINA MEDICAL OFFICE 970 E WASHINGTON MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
124 SAGAMORE HILLS MEDICAL OFFICE II 885 WEST AURORA RD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
125 LAKEWOOD MEDICAL BUILDING 1450 BELLE AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
126 LAKEWOOD MEDICAL OFFICE 16215 MADISON AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
127 SAGAMORE HILLS MEDICAL CENTER I 863 WEST AURORA ROAD SAGAMORE HILLS, OH 44067	OUTPATIENT PHYSICIAN CLINIC
128 THE LANGSTON HUGHES CENTER CLEVELAND 2390 E 79TH ST. CLEVELAND, OH 44104	OUTPATIENT PHYSICIAN CLINIC
129 FAIRVIEW HOSPITAL WELLNESS CENTER 3035 WOOSTER ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
130 AKRON GENERAL GAMMA KNIFE CENTER 762 S CLEVELAND-MASSILLON RD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
131 STOW-FALLS MEDICAL OUTPATIENT CENTER 857 GRAHAM RD STOW, OH 44221	OUTPATIENT PHYSICIAN CLINIC
132 WESTLAKE MEDICAL CAMPUS A 850 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC & DIAGNOSTIC CTR
133 THERAPY SERVICES WEST 826 WESTPOINT PKWY, STE 1200 WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
134 AKRON GENERAL JUSTIN T. ROGERS HOSPI 3358 RIDGEWOOD ROAD AKRON, OH 44333	HOSPICE
135 ACCESS TO CARE 29000 AURORA ROAD SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
136 AGMC - PPG - CAMERON PRACTICE 551 WABASH AVENUE NW NEW PHILADELPHIA, OH 44663	OUTPATIENT PHYSICIAN CLINIC
137 AGMC - PPG - STEINBERGER PRACTICE 2708 CRAWFIS BLVD FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
138 AGMC - PPG - SUMMIT CENTER FOR BEHAV 3200 W MARKET ST FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
139 AKRON GENERAL OBSTETRICS AND GYNECOL 3636 YELLOW CREEK ROAD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
140 AKRON GENERAL OBSTETRICS AND GYNECOL 1355 CORPORATE DRIVE HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
141 AKRON GENERAL OBSTETRICS AND GYNECOL 1622 E. TURKEYFOOT LAKE ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
142 AKRON GENERAL OBSTETRICS AND GYNECOL 3634 WEST MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
143 AKRON GENERAL ORTHOPEDICS 43 SOUTH MAIN STREET MUNROE FALLS, OH 44262	OUTPATIENT PHYSICIAN CLINIC
144 AKRON GENERAL REHABILITATION AND SPO 1500 AKRON CANTON RD AKRON, OH 44312	OUTPATIENT REHABILITATION
145 AKRON GENERAL SPINE & PAIN INSTITUTE 2603 W MARKET ST #200-210 AKRON, OH 44313	OUTPATIENT PHYSICIAN CLINIC
146 ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
147 BOARDMAN STAR IMAGING 7067 TIFFANY BOULEVARD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
148 CCF GASTROENTEROLOGY 3700 PARK EAST DRIVE BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
149 CENTER FOR ARTHRITIS 1716 NORTH ROAD SE WARREN, OH 44484	OUTPATIENT PHYSICIAN CLINIC
150 CENTER FOR UROLOGIC HEALTH 320 W EXCHANGE STREET AKRON, OH 44302	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
151 CHARLESTON AREA MEDICAL CENTER 1201 WASHINGTON STREET EAST, STE 100 CHARLESTON, WV 25301	OUTPATIENT PHYSICIAN CLINIC
152 CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVENUE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
153 CLEVELAND CLINIC HEART & VASCULAR 1400 WEST MAIN STREET (BELLEVUE HOSP BELLEVUE, OH 44811	OUTPATIENT PHYSICIAN CLINIC
154 CLEVELAND CLINIC INDIAN RIVER AMBULA 3650 10TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
155 CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD ROAD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
156 CLUB VIEW VISION CENTER OPTOMETRIC 1650 E. MANSFIELD STREET BUCYRUS, OH 44820	OUTPATIENT PHYSICIAN CLINIC
157 COLUMBUS STAR IMAGING 1550 KENNY ROAD COLUMBUS, OH 43212	DIAGNOSTIC CENTER
158 COLUMBUS STAR IMAGING 921 JASONWAY AVENUE COLUMBUS, OH 43214	DIAGNOSTIC CENTER
159 COLUMBUS STAR IMAGING, BEECHER 425 BEECHER ROAD COLUMBUS, OH 43230	DIAGNOSTIC CENTER
160 COMMUNITY MENTAL HEALTH, INC. 201 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
161 CORAL SPRINGS FAMILY HEALTH CENTER 5701 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067	FAMILY HEALTH CENTER
162 DAYTON STAR IMAGING 5529 FAR HILLS AVENUE DAYTON, OH 45429	DIAGNOSTIC CENTER
163 DOWNTOWN EXPRESS CARE 315 EUCLID AVENUE, STE 2 CLEVELAND, OH 44114	OUTPATIENT PHYSICIAN CLINIC
164 ERADIOLOGY (WESTON TOWN CENTER) 1792 BELL TOWER LANE WESTON, FL 33326	DIAGNOSTIC CENTER
165 FIRELANDS PEDIATRIC SUBSPECIALTY CLI 1111 HAYES AVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
166 FORT LAUDERDALE CONCIERGE MEDICINE 1301 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33301	OUTPATIENT PHYSICIAN CLINIC
167 INDIAN RIVER BARIATRIC AND WEIGHT LO 920 37TH PLACE VERO BEACH, FL 32961	OUTPATIENT PHYSICIAN CLINIC
168 INDIAN RIVER BEHAVIORAL HEALTH CENTE 1190 37TH STREET VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
169 INDIAN RIVER CARDIOLOGY 3607 15TH AVENUE VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
170 INDIAN RIVER HEALTH & WELLNESS CENTE 3450 11TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
171 INDIAN RIVER MEDICAL CENTER CARDIOVA 13885 US HIGHWAY 1 SEBASTIAN, FL 32958	OUTPATIENT PHYSICIAN CLINIC
172 INDIAN RIVER PRIMARY CARE SOUTH 4165 9TH STREET SW VERO BEACH, FL 32968	OUTPATIENT PHYSICIAN CLINIC
173 KRUPA CENTER 3250 MERIDIAN PARKWAY WESTON, FL 33331	OUTPATIENT PHYSICIAN CLINIC
174 LAKEWEST MEDICAL BUILDING 36100 EUCLID AVENUE STE 280 WILLOUGHBY, OH 44094	OUTPATIENT PHYSICIAN CLINIC
175 LAKEWOOD FAMILY MEDICINE - ROCKPORT 11851 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
176 LAKEWOOD LAKE POINTE LAB DRAW SITE 15800 DETROIT AVENUE LAKEWOOD, OH 44107	DIAGNOSTIC CENTER
177 LAKEWOOD YMCA 16915 DETROIT AVENUE LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
178 LORAIN ORTHOPAEDICS 5800 COOPER FOSTER PARK ROAD LORAIN, OH 44053	OUTPATIENT PHYSICIAN CLINIC
179 LUTHERAN HOSPITAL MEDICAL OFFICES 6412 FRANKLIN BOULEVARD CLEVELAND, OH 44102	OUTPATIENT PHYSICIAN CLINIC
180 MONTROSE SLEEP CENTER 4880 S. MAIN STREET AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
181 NILES STAR IMAGING 650 YOUNGSTOWN-WARREN ROAD NILES, OH 44446	DIAGNOSTIC CENTER
182 NORTHEASTERN OHIO MEDICAL SPECIALIST 470 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
183 NPCS - BEACHWOOD 26110 EMERY ROAD WARRENSVILLE HEIGHTS, OH 44128	OUTPATIENT PHYSICIAN CLINIC
184 PARTNERS IN WOMEN'S HEALTH 1050 37TH PLACE VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
185 POINTE WEST MEDICAL OFFICE 1960 POINTE WEST DRIVE VERO BEACH, FL 32966	OUTPATIENT PHYSICIAN CLINIC
186 PORTAGE HILLS FAMILY MEDICINE 754 S CLEVELAND AVE MOGADORE, OH 44260	OUTPATIENT PHYSICIAN CLINIC
187 ROCKSIDE I 6100 WEST CREEK ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
188 ROCKSIDE MEDICAL CENTER 6701 ROCKSIDE ROAD INDEPENDENCE, OH 44131	OUTPATIENT PHYSICIAN CLINIC
189 SCULLY WELSH CANCER CENTER 3555 10TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
190 SEBASTIAN MEDICAL SUITES 801 WELLNESS WAY SEBASTIAN, FL 32958	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
191 SLEEP DISORDERS CENTER 24901 COUNTRY CLUB BOULEVARD NORTH OLMSTED, OH 44070	DIAGNOSTIC CENTER
192 SLEEP DISORDERS CENTER 3750 ORANGE PLACE BEACHWOOD, OH 44122	DIAGNOSTIC CENTER
193 SLEEP DISORDERS CENTER 8971 WILCOX DRIVE TWINSBURG, OH 44087	DIAGNOSTIC CENTER
194 SLEEP DISORDERS CENTER 5051 WEST CREEK ROAD INDEPENDENCE, OH 44131	DIAGNOSTIC CENTER
195 SLEEP DISORDERS CENTER 3122 EASTPOINTE DRIVE MEDINA, OH 44256	DIAGNOSTIC CENTER
196 SOUTHEASTERN OHIO REGIONAL MEDICAL C 1341 CLARK STREET CAMBRIDGE, OH 43725	OUTPATIENT PHYSICIAN CLINIC
197 SPINE & PAIN INSTITUTE 307 W MAIN ST #C KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
198 SPINE & PAIN INSTITUTE 265 WEST MAIN STREET KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
199 SPORTS HEALTH CENTER 5555 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
200 STAR IMAGING DUBLIN 333 W. BRIDGE STREET DUBLIN, OH 43017	DIAGNOSTIC CENTER

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
201 SUBURBAN HEALTH FAMILY PHYSICIANS 2818 S. ARLINGTON ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
202 SUMMIT MEDICAL 3600 WEST MARKET STREET AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
203 SUMMIT VASCULAR SPECIALISTS 1761 BEALL AVENUE WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
204 THERAPY SERVICES SOUTH 17800 JEFFERSON PARK DRIVE, STE 101 MIDDLEBURG HTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
205 TUSCARAWAS VALLEY REGIONAL CANCER CE 659 BOULEVARD ST DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
206 UNION HOSPITAL HEALTHPLEX 500 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
207 UNION HOSPITAL MAMMOGRAPHY 101 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
208 UNION HOSPITAL REGIONAL CANCER CENTE 300 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
209 UNION HOSPITAL TUSCARAWAS AMBULATORY 320 OXFORD STREET DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
210 UNION MEDICAL OFFICE 1 200 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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? 219

Name and address	Type of Facility (describe)
211 UPS CARE COORDINATION CENTER 301 WEST THIRD STREET DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
212 VALLEY CITY FAMILY MEDICINE 6605 CENTER ROAD VALLEY CITY, OH 44280	OUTPATIENT PHYSICIAN CLINIC
213 WEST PARK LEARNING CENTER 15531 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
214 WEST VALLEY MEDICAL 20455 LORAIN ROAD, #301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
215 WESTOWN PHYSICIAN CENTER 10654 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
216 WILLOUGHBY HILLS REHABILITATION AND 29017 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
217 WOOSTER MILLTOWN SPECIALTY & SURGERY 721 EAST MILLTOWN ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
218 WOOSTER WOMEN'S HEALTH CENTER 1739 CLEVELAND ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
219 YMCA SOUTH FLORIDA 20201 SADDLE CLUB ROAD WESTON, FL 33327	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2019

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 financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

CCHS PROVIDES MEDICALLY NECESSARY SERVICES TO ALL PATIENTS, REGARDLESS OF

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

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

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

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

UNDER THE POLICY, 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.



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

## Part VI Supplemental Information (Continuation)

PART I, LINE 7G:

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

PART I, LN 7 COL(F):

THE PROPORTIONATE SHARE OF TOTAL JV EXPENSES AND BAD DEBT EXPENSES ARE FACTORED IN FOR PURPOSES OF CALCULATING THE PERCENTAGES.

PART I, LINE 6A

SCH H PART I, LINE 6A - AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR THE HEALTH SYSTEM AS A WHOLE, WHICH INCLUDES THE PARENT ORGANIZATION AND RELATED AFFILIATES.

PART I, LINE 7

THE NET COMMUNITY BENEFIT EXPENSE FIGURE REPORTED FOR UNREIMBURSED MEDICAID IS NET OF CCHS'S HCAP BENEFIT OF \$5,085,745.

PART I, LINE 7

NOTE THAT THE TOTAL AMOUNT OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS OF \$1,102,124,886 AS REPORTED ON PART I, LINE 7 DIFFERS FROM THE TOTAL COMMUNITY BENEFIT FOR CLEVELAND CLINIC HEALTH SYSTEM AS REPORTED IN THE SYSTEM'S COMMUNITY BENEFIT REPORT. THE AMOUNT DIFFERS IN TWO RESPECTS:

1) IRS DOES NOT CONSIDER COMMUNITY BUILDING ACTIVITIES AS REPORTED IN PART II TO BE COMMUNITY BENEFIT WHERE THESE ACTIVITIES ARE INCLUDED IN COMMUNITY BENEFIT PER CHA GUIDELINES, AND

2) THE PROPORTIONATE SHARE OF JOINT VENTURE COMMUNITY BENEFIT IS

Schedule H (Form 990)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

## Part VI Supplemental Information (Continuation)

INCLUDED IN LINE 7.

### PART I, LINE 2

EFFECTIVE APRIL 2018, THE CLEVELAND CLINIC FOUNDATION, THROUGH A

SUBSIDIARY BECAME THE SOLE MEMBER OF THE UNION HOSPITAL ASSOCIATION

("UNION HOSPITAL"). UNION HOSPITAL HAS ITS OWN FINANCIAL ASSISTANCE

POLICY, WHICH COMPLIES WITH ALL 501(R) REGULATIONS.

CLEVELAND CLINIC REHABILITATION AND SELECT FACILITIES HAVE THEIR OWN

FINANCIAL ASSISTANCE POLICIES, WHICH COMPLY WITH ALL 501(R)

REGULATIONS.

### 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 #3 ON PG. 13 OF

THE AUDITED FINANCIAL STATEMENTS.

Schedule H (Form 990)

932271 04-01-19

209

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

## Part VI Supplemental Information (Continuation)

PART III, LINE 8:

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

CCHS HAS USED THE CHA METHODOLOGY FOR REPORTING COMMUNITY BENEFIT SINCE

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

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

CHA MODEL DOES NOT INCLUDE MEDICARE SHORTFALL AS COMMUNITY BENEFIT.

PART III, LINE 9B:

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

TO QUALIFY FOR FINANCIAL ASSISTANCE PROGRAMS OR BEFORE REASONABLE EFFORTS

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

EASILY DETERMINED WHETHER OR NOT A PATIENT QUALIFIES FOR FINANCIAL

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

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

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

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

SUPPLYING OUR APPLICATION FOR FINANCIAL ASSISTANCE.

PART III, LINES 5, 6, & 7

IN ADDITION TO THE MEDICARE PROGRAMS REFLECTED IN THE COST REPORTS,

CCHS INCURS COSTS AND RECEIVES REIMBURSEMENT FOR OTHER MEDICARE

ELIGIBLE SERVICES. THE TOTAL REVENUE RECEIVED AND COSTS ASSOCIATED

WITH THE ADDITIONAL MEDICARE SERVICES ARE \$1,656,638,762 AND

\$2,152,965,340 RESPECTIVELY. THIS RESULTS IN MEDICARE SHORTFALL OF

\$496,326,578 WHICH ADDED TO THE SHORTFALL OF \$23,437,627 AS REPORTED ON

THE COST REPORTS, BRINGS THE TOTAL MEDICARE SHORTFALL TO \$519,764,205.

Schedule H (Form 990)

932271 04-01-19

210

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 2:

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

PART VI, LINE 3:

INFORMING THE PUBLIC THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM AND THE CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATIONS WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON THE CLEVELAND CLINIC WEBSITE. PATIENT BILLS INCLUDE INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY AND AN INSERT DESCRIBING THE FINANCIAL ASSISTANCE PROGRAM IS INCLUDED WITH BILLING STATEMENTS. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT REGISTRATION AREAS, ONLINE, AND WITH FINANCIAL COUNSELORS WHO ARE PRESENT ON-SITE AT EACH CLEVELAND CLINIC HOSPITAL AND OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

PART VI, LINE 4:

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

Schedule H (Form 990)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

## Part VI Supplemental Information (Continuation)

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

COMMUNITY IS DEFINED BY THE HOSPITAL FACILITY'S IMMEDIATELY CONTIGUOUS

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

MAJORITY OF DISCHARGED INPATIENTS RESIDE. ADDITIONALLY, THE COMMUNITY

INCLUDES PATIENTS WHO REQUIRE THE EXPERTISE AND SPECIALIZED SERVICES OF

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

THE PUBLIC AT LARGE. ADDITIONAL DETAIL DESCRIBING THE COMMUNITY THE

ORGANIZATION SERVES CAN BE FOUND IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

PART VI, LINE 5:

ONE OF THE HALLMARKS OF A CHARITABLE ORGANIZATION IS THAT THE ORGANIZATION

SERVES A BROAD, INDEFINITE CHARITABLE CLASS. ONE OF THE KEY INDICATORS

THAT AN ORGANIZATION SERVES THE BROADER COMMUNITY IS CONTROL OF THE

ORGANIZATION BY INDEPENDENT COMMUNITY LEADERS. CCF AND ITS NORTHEAST OHIO

REGIONAL HOSPITAL GOVERNING BOARDS ARE MADE UP OF MEMBERS OF THE COMMUNITY

WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT THE MISSION OF CCF AND ITS

SUBORDINATES. TRUSTEES/DIRECTORS ARE SELECTED ON THE BASIS OF THEIR

EXPERTISE AND EXPERIENCE IN A VARIETY OF AREAS BENEFICIAL TO THE CLEVELAND

CLINIC AND THE HEALTH SYSTEM AND ARE NOT COMPENSATED FOR THEIR SERVICES.

ANOTHER HALLMARK OF A CHARITABLE ORGANIZATION IS THAT SURPLUS FUNDS ARE

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

AND ITS SUBORDINATES ARE REINVESTED AND USED TO CARRY OUT THE

ORGANIZATION'S EXEMPT MISSION -- PATIENT CARE, RESEARCH, AND EDUCATION.

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

Schedule H (Form 990)

932271 04-01-19

212

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990)

GROUP RETURN

91-2153073

Page 10

**Part VI** Supplemental Information (Continuation)

SCHOOL, COMMUNITY HOSPITALS, FAMILY HEALTH CENTERS, VARIOUS ANCILLARY SERVICES, AND A LARGE GROUP OF EMPLOYED PHYSICIANS AND PHYSICIAN RESEARCHERS.

PART VI, LINE 7

AFTER FILING THE FORM 990, A COPY OF THE SCHEDULE H FOR THE CLEVELAND CLINIC FOUNDATION AND ALL SUBORDINATES IS SUBMITTED TO THE STATE OF OHIO.

# PUBLIC INSPECTION COPY

**SCHEDULE I  
(Form 990)**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

# 2019

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Employer identification number**  
91-2153073

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 44307	34-1087615	501(C)(3)	7,500.	0.			COMMUNITY SUPPORT
AKRON COMMUNITY SERVICE CENTER AND URBAN LEAGUE, INC - 440 VERNON ODOM BLVD - AKRON, OH 44307	34-0714520	501(C)(3)	10,500.	0.			COMMUNITY SUPPORT
AKRON ROUNDTABLE PO BOX 1051 CUYAHOGA FALLS, OH 44223	34-1249338	501(C)(3)	12,400.	0.			SUPPORT EDUCATIONAL ACTIVITIES
ALICE FLAHERTY EXCELLENCE IN NURSING SCHOLARSHIP FUND, INC - 24179 AMBOUR DR - NORTH OLMSTED, OH 44070	47-0974372	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	13-1788491	501(C)(3)	66,890.	0.			HEALTHCARE RESEARCH & EDUCATION
AMERICAN HEART ASSOCIATION, INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	70,863.	0.			HEALTHCARE RESEARCH & EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 101.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 8.

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

Schedule I (Form 990) (2019)

# 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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LIVER FOUNDATION 39 BROADWAY, 27TH FL NEW YORK, NY 10006	36-2883000	501(C)(3)	24,000.	0.			HEALTHCARE RESEARCH & EDUCATION
AMERICAN LUNG ASSOCIATION 55 WEST WACKER DRIVE CHICAGO, IL 60601	13-1632524	501(C)(3)	14,625.	0.			COMMUNITY SUPPORT
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
ARTHRITIS FOUNDATION, INC 1355 PEACHTREE ST NE, STE 600 CLEVELAND, OH 44104	58-1341679	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
ATHLETES AND CAUSES INC 12551 FRANKLIN ROAD THONOTOSASSA, FL 33592	47-2377003	501(C)(3)	423,675.	0.			COMMUNITY SUPPORT
AUTISM SOCIETY GREATER AKRON 580 GRANT ST AKRON, OH 44311	47-1129984	501(C)(3)	11,500.	0.			COMMUNITY SUPPORT
AXESSPOINTE COMMUNITY HEALTH CENTERS - 500 FISHERS LANE - ROCKVILLE, MD 20857	34-1735884	501(C)(3)	1,635,169.	0.			COMMUNITY SUPPORT
BIRTHING BEAUTIFUL COMMUNITIES 1416 EAST 105TH ST CLEVELAND, OH 44106	47-4453278	501(C)(3)	10,000.	0.			HEALTHCARE RESEARCH & EDUCATION
BURTEN BELL CARR DEVELOPMENT, INC 7201 KINSMAN RD CLEVELAND, OH 44104	34-1657533	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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT RD CLEVELAND, OH 44106	34-1018992	501(C)(3)	42,627.	0.			SUPPORT EDUCATIONAL ACTIVITIES
CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVE CLEVELAND, OH 44102	34-1908590	501(C)(3)	5,300.	0.			COMMUNITY SUPPORT
CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON - 1 PERKINS SQUARE - AKRON, OH 44308	34-0714357	501(C)(3)	7,633.	0.			HEALTHCARE RESEARCH & EDUCATION
CITY CLUB OF CLEVELAND 850 EUCLID AVE, 2ND FLOOR CLEVELAND, OH 44114	34-0144897	501(C)(3)	15,543.	0.			COMMUNITY SUPPORT
CITY OF AKRON 166 S HIGH ST AKRON, OH 44308	34-6000020	501(C)(1)	12,500.	0.			COMMUNITY SUPPORT
CITY OF AVON 36080 CHESTER RD AVON, OH 44011	34-6000165	501(C)(1)	10,000.	0.			COMMUNITY SUPPORT
CITY OF LAKEWOOD 12650 DETROIT AVE LAKEWOOD, OH 44107	34-6001633	501(C)(1)	1,101,500.	0.			COMMUNITY SUPPORT
CITY OF WARRENSVILLE HEIGHTS 4743 RICHMOND RD WARRENSVILLE HEIGHTS, OH 44128	34-6002992	501(C)(1)	27,345.	0.			COMMUNITY SUPPORT
CLEVELAND CENTER FOR ARTS AND TECHNOLOGY - 3634 EUCLID AVE, NO 100 - CLEVELAND, OH 44115	27-1193704	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES

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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND INTERNATIONAL FILM FESTIVAL, INC - 2510 MARKET AVE - CLEVELAND, OH 44113	34-1262368	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
CLEVELAND LEADERSHIP CENTER 1375 EAST 9TH ST, STE 1100 CLEVELAND, OH 44114	34-1927317	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CLEVELAND METROPARKS 4101 FULTON PARKWAY CLEVELAND, OH 44144	34-6000704	501(C)(3)	76,141.	0.			HEALTHCARE RESEARCH & EDUCATION
CLEVELAND METROPOLITAN SCHOOL DISTRICT - 1111 SUPERIOR AVE EAST, STE 1800 - CLEVELAND, OH 44114	34-6000662	501(C)(3)	11,200.	0.			HEALTHCARE RESEARCH & EDUCATION
CLEVELAND SCHOOL OF SCIENCE & MEDICINE - 2075 STOKES BLVD - CLEVELAND, OH 44106	34-3740643	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	34-0966056	501(C)(3)	7,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
CLINIC MEDICAL SERVICES 1450 BELLE AVE LAKEWOOD, OH 44107	34-1932969	501(C)(3)	5,569.	0.			COMMUNITY SUPPORT
COASTAL CARE CORPORATION PO BOX 9033 STUART, FL 34995	59-2333374	501(C)(3)	90,985.	0.			COMMUNITY SUPPORT
COLLEGE NOW GREATER CLEVELAND, INC 50 PUBLIC SQUARE, STE 1800 CLEVELAND, OH 44113	34-6580096	501(C)(3)	16,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES

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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY WEST FOUNDATION 800 SHARON DR, STE C WESTLAKE, OH 44145	34-1456398	501(C)(3)	32,175.	0.			COMMUNITY SUPPORT
CROHNS & COLITIS FOUNDATION OF AMERICA - 23366 COMMERCE PARK RD - BEACHWOOD, OH 44122	13-6193105	501(C)(3)	23,000.	0.			HEALTHCARE RESEARCH & EDUCATION
CUYAHOGA COMMUNITY COLLEGE FOUNDATION - 700 CARNEGIE AVE - CLEVELAND, OH 44115	23-7320719	501(C)(3)	7,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
CUYAHOGA VALLEY SCENIC RAILROAD 1630 MILL ST WEST PENINSULA, OH 44264	23-7198801	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD, STE 6 PARMA, OH 44134	26-2300532	501(C)(3)	26,250.	0.			COMMUNITY SUPPORT
DEMOCRACY COLLABORATIVE FOUNDATION, INC - 1422 EUCLID AVE, STE 1652 - CLEVELAND, OH 44115	20-0387511	501(C)(3)	40,000.	0.			COMMUNITY SUPPORT
EMERIL LAGASSE FOUNDATION 829 ST. CHARLES AVE NEW ORLEANS, LA 70130	42-1536915	501(C)(3)	80,000.	0.			HEALTHCARE RESEARCH & EDUCATION
EPILEPSY FOUNDATION OF FLORIDA, INC - 7300 N KENDALL DR, NO 760 - MIAMI, FL 33156	59-2164525	501(C)(3)	7,500.	0.			HEALTHCARE RESEARCH & EDUCATION
FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION - 8111 QUINCY AVE, STE 100 - CLEVELAND, OH 44104	34-1706856	501(C)(3)	323,220.	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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMICOS FOUNDATION, INC 1325 ANSEL RD CLEVELAND, OH 44106	34-1053534	501(C)(3)	10,175.	0.			COMMUNITY SUPPORT
FATIMA FAMILY CENTER 6600 LEXINGTON AVE CLEVELAND, OH 44103	26-1323950	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
FIRE CHIEFS ASSOCIATION OF BROWARD COUNTY - 6919 W BROWARD BLVD - PLANTATION, FL 33317	91-1909626	501(C)(3)	5,125.	0.			COMMUNITY SUPPORT
FLASHES OF HOPE, INC 36 SOUTH FRANKLIN ST CHAGRIN FALLS, OH 44022	04-3648694	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
FRIENDS OF BREAKTHROUGH SCHOOL 3615 SUPERIOR AVE, STE 3103A CLEVELAND, OH 44114	20-4948838	501(C)(3)	13,400.	0.			SUPPORT EDUCATIONAL ACTIVITIES
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 44122	34-1879035	501(C)(3)	92,500.	0.			COMMUNITY SUPPORT
GREATER AKRON CHAMBER OF COMMERCE 388 S MAIN ST, STE 205 AKRON, OH 44311	34-1156576	501(C)(6)	7,250.	0.			COMMUNITY SUPPORT
GREATER BOCA RATON CHAMBER OF COMMERCE - 1800 NORTH DIXIE HIGHWAY - BOCA RATON, FL 33432	59-0667561	501(C)(6)	6,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
GREATER CLEVELAND FOOD BANK, INC 15500 S WATERLOO RD CLEVELAND, OH 44110	34-1292848	501(C)(3)	10,500.	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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER CLEVELAND HABITAT FOR HUMANITY - 2110 W 110TH ST - CLEVELAND, OH 44102	31-1209423	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
HEALTH POLICY INSTITUTE OF OHIO 10 WEST BROAD ST COLUMBUS, OH 43215	30-0186863	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
INDIAN RIVER MEMORIAL HOSPITAL, INC - 1000 36TH ST - VERO BEACH, FL 32960	59-2496294	501(C)(3)	1,554,706.	0.			COMMUNITY SUPPORT
KAMMS CORNERS DEVELOPMENT CORP 17407 LORAIN AVE, STE 200 CLEVELAND, OH 44111	34-1254542	501(C)(3)	14,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
KEEP MEMORY ALIVE 888 W BONNEVILLE AVE LAS VEGAS, NV 89105	88-0515534	501(C)(3)	65,672.	0.			HEALTHCARE RESEARCH & EDUCATION
KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	31-6402079	501(C)(3)	13,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
LAKWOOD COMMUNITY SERVICES CENTER, INC - 14230 MADISON AVE - LAKWOOD, OH 44107	34-1446497	501(C)(3)	63,503.	0.			HEALTHCARE RESEARCH & EDUCATION
LAND STUDIO, INC 1939 WEST 25TH ST, STE 200 CLEVELAND, OH 44113	34-1212421	501(C)(3)	35,000.	0.			COMMUNITY SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR, STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	90,500.	0.			HEALTHCARE RESEARCH & EDUCATION

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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAIN STREET MEDINA 39 PUBLIC SQUARE, STE 305 MEDINA, OH 44256	26-1802645	501(C)(3)	13,500.	0.			HEALTHCARE RESEARCH & EDUCATION
MAKE-A-WISH FOUNDATION OF OHIO KENTUCKY AND INDIANA, INC - 2545 FARMERS DRIVE, STE 300 - COLUMBUS, OH 43235	34-1471131	501(C)(3)	18,000.	0.			COMMUNITY SUPPORT
MARCH OF DIMES, INC 1550 CRYSTAL DRIVE, STE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	5,400.	0.			COMMUNITY SUPPORT
MARTIN MEMORIAL MEDICAL CENTER, INC - PO BOX 9010 - STUART, FL 34995	59-0637874	501(C)(3)	6,705,908.	0.			COMMUNITY SUPPORT
MEDINA COMMUNITY RECREATION CENTER 855 WEYMOUTH RD MEDINA, OH 44256	34-6001856	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
MEDINA HOSPITAL FOUNDATION 1000 E WASHINGTON ST MEDINA, OH 44256	34-1657989	501(C)(3)	6,250.	0.			HEALTHCARE RESEARCH & EDUCATION
MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112	34-1903712	501(C)(3)	10,000.	2,845,681.	ESTIMATED VALUE	MEDICAL SUPPLIES	HEALTHCARE RESEARCH & EDUCATION
MEDWORKS 1950 RICHMOND RD LYNDHURST, OH 44124	26-3858369	501(C)(3)	12,500.	0.			HEALTHCARE RESEARCH & EDUCATION
NAMI GREATER CLEVELAND 2012 W 25TH ST, STE 600 CLEVELAND, OH 44113	20-2254268	501(C)(3)	10,400.	0.			HEALTHCARE RESEARCH & EDUCATION

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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPLES HEART RHYTHM 8340 COLLIER BLVE, STE 301 NAPLES, FL 34114	26-0868499	501(C)(3)	60,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
NATIONAL KIDNEY FOUNDATION 30 E 33RD ST NEW YORK, NY 10016	13-1673104	501(C)(3)	5,500.	0.			HEALTHCARE RESEARCH & EDUCATION
NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE, STE 302 CLEVELAND, OH 44120	34-1812026	501(C)(3)	33,500.	0.			COMMUNITY SUPPORT
OHIO & ERIE CANALWAY COALITION 47 W EXCHANGE ST AKRON, OH 44308	34-1636766	501(C)(3)	9,200.	0.			COMMUNITY SUPPORT
OHIO CITY INCORPORATED 2525 MARKET AVE, STE A CLEVELAND, OH 44113	34-1372076	501(C)(3)	20,315.	0.			COMMUNITY SUPPORT
OHIO GUIDESTONE 202 EAST BAGLEY ROAD BEREA, OH 44017	34-0720558	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	50,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
PGA TOUR, INC 100 PGA TOUR BLVD POINTE VEDRA BEACH, FL 32082	52-0999206	501(C)(6)	13,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
PORTAGE COUNTRY CLUB 240 NORTH PORTAGE PATH AKRON, OH 44303	34-0468390	501(C)(7)	27,360.	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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRAISE PLACE 6026 KALAMAZOO AVE, STE 108 KENTWOOD, MI 49508	91-2078271	501(C)(3)	13,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
RIVERSIDE THEATRE, INC 3250 RIVERSIDE PARK DR VERO BEACH, FL 32963	59-1764305	501(C)(3)	15,700.	0.			COMMUNITY SUPPORT
RONALD MCDONALD HOUSE OF CLEVELAND, INC - 10415 EUCLID AVE - CLEVELAND, OH 44106	34-1269123	501(C)(3)	10,000.	0.			HEALTHCARE RESEARCH & EDUCATION
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103	52-2401852	501(C)(3)	113,552.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SCHOLARSHIP AMERICA, INC PO BOX 240 ST PETER, MN 56082	04-2296967	501(C)(3)	28,259.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SOCIETY OF GYNECOLOGIC SURGEONS 1061 EAST MAIN STREET, STE 300 EAST DUNDEE, IL 60118	74-2307811	501(C)(3)	25,000.	0.			COMMUNITY SUPPORT
SUMMIT METRO PARKS 975 TREATY LINE RD AKRON, OH 44313	34-6553677	501(C)(3)	15,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SUSAN G KOMEN BREAST CANCER FOUNDATION - 26210 EMERY RD, STE 307 - CLEVELAND, OH 44128	34-1793460	501(C)(3)	5,250.	0.			HEALTHCARE RESEARCH & EDUCATION
THE CENTERS FOR FAMILIES AND CHILDREN - 3929 ROCKY RIVER DRIVE - CLEVELAND, OH 44111	23-7084455	501(C)(3)	15,000.	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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION - 9500 EUCLID AVE - CLEVELAND, OH 44195	34-0714553	501(C)(3)	20,549,700.	0.			HEALTHCARE RESEARCH & EDUCATION
THE CLEVELAND FOUNDATION 1422 EUCLID AVE, STE 1300 CLEVELAND, OH 44115	34-0714588	501(C)(3)	250,000.	0.			COMMUNITY SUPPORT
THE COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE, STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	61,713.	0.			HEALTHCARE RESEARCH & EDUCATION
THE MANDEL JEWISH COMMUNITY CENTER OF CLEVELAND - 26001 SOUTH WOODLAND RD - BEACHWOOD, OH 44122	34-0714439	501(C)(3)	16,330.	0.			COMMUNITY SUPPORT
THE MARFAN FOUNDATION, INC 22 MANHASSET AVE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	5,300.	0.			SUPPORT EDUCATIONAL ACTIVITIES
THE MUSICAL ARTS ASSOCIATION 11001 EUCLID AVE CLEVELAND, OH 44106	34-0714468	501(C)(3)	12,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
THE OHIO STATE UNIVERSITY 281 WEST LANE AVE COLUMBUS, OH 43210	31-6025986	501(C)(3)	12,200.	0.			COMMUNITY SUPPORT
THE ORANGE BOWL COMMITTEE, INC 14360 NW 77TH COURT MIAMI LAKES, FL 33016	59-0384382	501(C)(3)	30,792.	0.			SUPPORT EDUCATIONAL ACTIVITIES
THE SALVATION ARMY 440 W NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)(3)	11,000.	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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE THORACIC SURGERY FOUNDATION 633 N ST CLAIR STREET CHICAGO, IL 60611	36-3635910	501(C)(3)	10,000.	0.			HEALTHCARE RESEARCH & EDUCATION
TOWARDS EMPLOYMENT, INC 1255 EUCLID AVE, STE 300 CLEVELAND, OH 44115	34-1578831	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
TRINITY SUPPORT SERVICES 12425 GRANGER RD GARFIELD HTS, OH 44125	26-3704435	501(C)(3)	24,258.	0.			SUPPORT EDUCATIONAL ACTIVITIES
UNITED JEWISH COMMUNITY OF BROWARD COUNTY, INC - 5890 SOUTH PINE ISLAND ROAD - DAVIE, FL 33328	59-0967823	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33316	59-0624402	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	34-6516654	501(C)(3)	7,063.	0.			COMMUNITY SUPPORT
UNITED WAY OF SUMMIT COUNTY 90 N PROSPECT ST AKRON, OH 44304	34-1169257	501(C)(3)	21,500.	0.			COMMUNITY SUPPORT
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	40,000.	0.			COMMUNITY SUPPORT
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVE CLEVELAND, OH 44115	34-0720563	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES

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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URSULINE COLLEGE 2550 LANDER ROAD PEPPER PIKE, OH 44124	34-0714777	501(C)(3)	5,200.	0.			HEALTHCARE RESEARCH & EDUCATION
WILDCAT COMMUNITY FOUNDATION 1101 SOM CENTER RD MAYFIELD HEIGHTS, OH 44124	27-3158155	501(C)(3)	16,200.	0.			COMMUNITY SUPPORT
WOMEN IN DISTRESS OF BROWARD COUNTY, INC - PO BOX 50187 - LIGHTHOUSE POINT, FL 33074	59-1592524	501(C)(3)	7,500.	0.			HEALTHCARE RESEARCH & EDUCATION
YMCA OF BROWARD COUNTY FLORIDA 20201 SADDLE CLUB ROAD WESTON, FL 33327	59-0624463	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990) (2019)

GROUP RETURN

91-2153073

Page 2

**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	226	8,423,834.	0.		
FELLOWSHIPS	1887	92,649,939.	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



# PUBLIC INSPECTION COPY

**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

# 2019

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**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 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONLEY, MD, BRIAN FORMER OFF - CCF, CC LONDON - CEO	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	951,936.	0.	1,957,875.	28,000.	784,727.	3,722,538.	
(2) MIHALJEVIC, MD, TOMISLAV DIRECTOR, PRES & CEO - CCF	(i)	2,965,469.	0.	297,949.	28,000.	17,449.	3,308,867.	
	(ii)	0.	0.	0.	0.	0.	0.	
(3) KRANYAK, MD, MARGARET RETIRED PHYSICIAN (PART YR)	(i)	144,418.	0.	1,781,754.	779,324.	4,187.	2,709,683.	
	(ii)	0.	0.	0.	0.	0.	0.	
(4) BROOKS, MD, PETER PHYSICIAN - CCF	(i)	1,335,161.	0.	133,311.	809,973.	17,565.	2,296,010.	
	(ii)	0.	0.	0.	0.	0.	0.	
(5) SURI, MD, RAKESH CEO CCAD	(i)	1,309,542.	0.	623,533.	28,000.	133,121.	2,094,196.	
	(ii)	0.	0.	0.	0.	0.	0.	
(6) PEACOCK, WILLIAM DIRECTOR - CC FLA REG HS, COO - CCF	(i)	1,680,404.	0.	147,274.	30,874.	17,072.	1,875,624.	
	(ii)	0.	0.	0.	0.	0.	0.	
(7) TUZCU, MD, E. MURAT CHIEF ACADEMIC OFF-CCAD	(i)	1,150,972.	0.	509,662.	28,000.	121,972.	1,810,606.	
	(ii)	0.	0.	0.	0.	0.	0.	
(8) GLASS, STEVEN C. DIRECTOR, CFO & TREAS-CCF	(i)	1,578,904.	0.	154,587.	40,369.	18,572.	1,792,432.	
	(ii)	0.	0.	0.	0.	0.	0.	
(9) NAJM, MD, HANI PHYSICIAN -CCF	(i)	1,554,304.	0.	152,830.	28,000.	18,572.	1,753,706.	
	(ii)	0.	0.	0.	0.	0.	0.	
(10) ROWAN, DAVID DIR, SEC, CHIEF GOV OFF, CHIEF LEGAL	(i)	1,524,968.	0.	159,883.	28,000.	19,508.	1,732,359.	
	(ii)	0.	0.	0.	0.	0.	0.	
(11) SVENSSON, MD, LARS CHAIR HVI - CCF	(i)	1,528,979.	0.	153,277.	28,000.	18,247.	1,728,503.	
	(ii)	0.	0.	0.	0.	0.	0.	
(12) WIEDEMANN, MD, HERBERT DIR, CHIEF OF STAFF - CCF	(i)	997,545.	0.	83,492.	581,950.	19,931.	1,682,918.	
	(ii)	0.	0.	0.	0.	0.	0.	
(13) BARSOUM, MD, WAEL DIR, CEO, PRES- CC FLA REG HOSPS	(i)	1,321,697.	0.	137,959.	28,000.	13,626.	1,501,282.	
	(ii)	0.	0.	0.	0.	0.	0.	
(14) MARTIN, MD, DANIEL INST CHAIR - COLE EYE	(i)	1,312,229.	0.	129,714.	28,000.	18,247.	1,488,190.	
	(ii)	0.	0.	0.	0.	0.	0.	
(15) ERZURUM, MD, SERPIL FORMER OFFICER	(i)	671,000.	0.	44,951.	751,559.	1,500.	1,469,010.	
	(ii)	0.	0.	0.	0.	0.	0.	
(16) GUTIERREZ, MD, JAMES DIR-CCF, CCEF, REG HOSP, PHYSICIAN	(i)	247,443.	0.	921,505.	28,000.	195,061.	1,392,009.	
	(ii)	0.	0.	0.	0.	0.	0.	

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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 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) IANNOTTI, MD, JOSEPH	(i)	1,157,453.	0.	117,950.	28,000.	13,410.	1,316,813.	0.
DIR-CC FLA REG, MARTIN, IRMH, CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) LORD, ROBERT	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR, PRESIDENT - MARTIN	(ii)	748,644.	0.	429,255.	98,302.	33,556.	1,309,757.	428,966.
(19) PARKER, MD, RICHARD	(i)	817,140.	0.	81,686.	378,639.	19,336.	1,296,801.	0.
HOS PRES - HILLCREST & EAST REGION	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) CLEAVER, CHARLES	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER/CFO/ ASST TREAS (MARTIN)	(ii)	152,256.	65,000.	376,496.	675,089.	15,182.	1,284,023.	85,979.
(21) MACHADO, MD, ANDRE	(i)	1,029,904.	0.	98,440.	28,000.	20,822.	1,177,166.	0.
DIRECTOR - KMA, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) SABANEKH, MD, EDMUND	(i)	987,549.	0.	99,715.	28,000.	17,938.	1,133,202.	0.
DIR, PRES, CC MAIN, REG HOSPS, FHCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) MUAKKASSA, MD, FARID	(i)	1,006,859.	0.	45,562.	54,603.	21,501.	1,128,525.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) SMALL, DEBORAH	(i)	157,274.	0.	806,704.	28,226.	126,979.	1,119,183.	0.
FORMER KEY EMPLOYEE - FAIRVIEW	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) YOUNG, MD, JAMES P.	(i)	885,591.	0.	101,547.	28,000.	18,394.	1,033,532.	0.
CHIEF ACADEMIC OFF - CCF & CCEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) MCHUGH, LINDA	(i)	866,857.	0.	87,754.	43,765.	17,619.	1,015,995.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) MILLER, MD, CHARLIE	(i)	854,140.	0.	88,866.	28,000.	17,836.	988,842.	0.
CHIEF MEDICAL OFFICER - CCMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) COSGROVE, MD, DELOS	(i)	823,428.	0.	0.	118,937.	0.	942,365.	202,433.
FORMER CCF CEO, EXEC ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) DEWS, MD, TERESA	(i)	543,004.	0.	51,161.	340,598.	19,472.	954,235.	0.
HOSPITAL PRESIDENT - EUCLID HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) BORDEN, MD, BRAD	(i)	817,654.	0.	84,840.	28,000.	17,072.	947,566.	0.
TRUSTEE - CCCHR, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) MALONE, JR., MD, DONALD	(i)	440,508.	0.	42,644.	439,724.	17,987.	940,863.	0.
HOSPITAL PRESIDENT - LUTHERAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) RASMUSSEN, MD, PETER	(i)	805,558.	0.	77,455.	28,000.	18,458.	929,471.	0.
DIRECTOR, PRESIDENT - CCHSPA	(ii)	0.	0.	0.	0.	0.	0.	0.



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) BLANDON, MD, RODOLFO TRUSTEE, PRESIDENT - WESTON	(i)	776,816.	0.	74,666.	28,000.	16,126.	895,608.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) NOGUERAS, MD, JUAN FORMER OFFICER	(i)	563,247.	0.	55,986.	239,589.	12,695.	871,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) ROSENTHAL, MD, RAUL FORMER OFFICER	(i)	774,407.	0.	54,908.	28,000.	13,100.	870,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) ABDENOUR, STEPHEN FORMER KEY EMPLOYEE	(i)	354,707.	0.	391,352.	62,923.	47,803.	856,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) BERAN, JOSETTE DIR-CC FLA REG, UNION, STRATEGY OFF	(i)	694,627.	0.	63,761.	51,749.	20,603.	830,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) HARTE, MD, BRIAN DIR, PRESIDENT - AGMC & SOUTH REG	(i)	651,754.	0.	60,452.	28,000.	19,722.	759,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) ROSENCRANCE, MD, J. GREGORY DIRECTOR, PRESIDENT - INDIAN RIVER	(i)	649,105.	0.	68,198.	28,000.	12,838.	758,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) STARCK, MD, REBECCA HOSPITAL PRESIDENT - AVON	(i)	616,404.	0.	57,978.	36,741.	17,072.	728,195.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(41) ISAACSON, MD, J. HARRY DIR-CCF, CCEF & REG HOSP, PHYSICIAN	(i)	327,856.	0.	30,271.	348,907.	18,620.	725,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(42) BOLOGNA, MD, RAYMOND DIR, CHAIR - PPG, PHYSICIAN	(i)	621,295.	0.	47,742.	28,000.	16,589.	713,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(43) HAMILTON, THOMAS FORMER OFFICER	(i)	455,975.	0.	29,891.	194,155.	19,501.	699,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(44) THOMAS, RAMONA ASST SEC - MMHSI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	129,857.	0.	205,727.	334,452.	24,590.	694,626.	34,784.
(45) FLIPPO, LIBBY VP - COASTAL CARE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,956.	0.	471,271.	193,389.	24,111.	690,727.	149,278.
(46) BREAU, MD, TODD DIR - AGMC, LODI, PHYSICIAN	(i)	596,272.	0.	46,814.	28,000.	16,460.	687,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(47) PETRY, DO, FERNANDO SECRETARY - COASTAL CARE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	468,665.	0.	155,787.	15,900.	42,571.	682,923.	155,787.
(48) NAPIERKOWSKI, MD, DANIEL PRES -MM & EUCLID (PART YR)	(i)	568,668.	0.	56,921.	28,000.	17,808.	671,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(49) GROOFF, MD, PAUL DIR, PRES, SEC - CCF NY MED SVCS	(i)	548,229.	0.	50,308.	28,000.	18,247.	644,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(50) HORATTAS, MD, MARK DIR - AGMC, LODI, PHYSICIAN	(i)	512,839.	0.	65,192.	34,653.	17,077.	629,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(51) STOLLER, MD, JAMES CCEF CHAIR, EDUCATION INST	(i)	536,222.	0.	36,216.	34,469.	18,254.	625,161.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(52) KALAFATIS, LARA DIR - KMA, PHILANTHROPY CHAIR	(i)	541,212.	0.	21,325.	28,000.	17,072.	607,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(53) LONGVILLE, TIMOTHY DIR- KMA, CAO & CONTROLLER - CCF	(i)	457,721.	0.	21,115.	101,441.	18,500.	598,777.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(54) DEL CASTILLO, BARBARA DIR, ASST SEC, GEN COUNSEL - WESTON	(i)	525,927.	0.	28,198.	28,244.	13,410.	595,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(55) PIEDIMONTE, MD, GIOVANNI FORMER OFFICER	(i)	506,250.	0.	25,800.	28,000.	12,325.	572,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(56) THOMPSON, MD, THOMAS DIR - AGMC, LODI, PHYSICIAN	(i)	490,313.	0.	29,668.	37,447.	13,228.	570,656.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(57) PAPA, ALAN DIRECTOR - AGP, VNS, COO	(i)	474,516.	0.	32,358.	40,121.	16,314.	563,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(58) PETER, MD, DAVID DIRECTOR IRHS, PHYSICIAN	(i)	474,747.	0.	40,659.	30,572.	13,653.	559,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(59) LARCOMBE, VALERIE DIRECTOR, SECRETARY - HSIRI	(i)	142,695.	0.	116,478.	292,683.	5,825.	557,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(60) MCKENZIE, MD, MARGARET DIR, PRES - S POINTE HOSP	(i)	457,904.	0.	44,490.	28,000.	18,572.	548,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(61) SMITH, DO, NEIL PRESIDENT - FAIRVIEW & WEST REG	(i)	436,000.	0.	58,320.	28,000.	15,275.	537,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(62) NILSSON, KEITH DIRECTOR (FLA PHARM), CFO - CCFPS	(i)	465,569.	0.	15,481.	36,448.	17,234.	534,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(63) TALMAGE, MD, LANCE DIR - AGMC, LODI, PHYSICIAN	(i)	484,856.	0.	20,932.	11,200.	15,698.	532,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(64) FENTON, MD, ANDREW DIR, VICE CHAIR - PPG, PHYSICIAN	(i)	430,781.	0.	26,958.	56,861.	13,361.	527,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(65) WRIGHT, MD, DENNIS FORMER KEY EMPLOYEE	(i)	473,452.	0.	10,041.	11,200.	14,396.	509,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(66) DELGADO, OSMEL DIRECTOR, COO - CC FLA REG	(i)	455,374.	0.	8,538.	10,821.	13,640.	488,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(67) DAVIS, MARLEINA ASST. SECRETARY - CCF, CCEF	(i)	403,476.	0.	13,436.	45,932.	16,747.	479,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(68) VICKERS, MD, JEAN DIRECTOR - COASTAL CARE, PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	426,007.	0.	0.	15,900.	31,348.	473,255.	0.
(69) SLIFKO, JESSICA FORMER OFFICER	(i)	403,763.	0.	13,619.	33,748.	16,460.	467,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(70) JAMES, BRUCE TRUSTEE, PRESIDENT - UNION	(i)	358,444.	67,464.	792.	15,000.	25,282.	466,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(71) RUSSELL, MD, REBECCA DIRECTOR - PPG, PHYSICIAN	(i)	401,754.	0.	13,357.	28,000.	19,722.	462,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(72) BARRETT, LISA DIRECTOR, SECRETARY - AGP	(i)	399,570.	0.	16,936.	24,492.	16,853.	457,851.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(73) PAPPAS, MD, RITA TRUSTEE, INTERIM PRES - CCCHR	(i)	383,679.	0.	12,586.	34,004.	22,216.	452,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(74) SABBAGH, MD, MARWAN DIR - KMA, PHYSICIAN	(i)	377,404.	0.	29,474.	28,000.	17,072.	451,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(75) SMITH, BRIAN VICE PRESIDENT - CLINIC CARE	(i)	115,655.	0.	141,464.	171,134.	16,232.	444,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(76) ZINK, MD, JILL DIRECTOR - AGMC, LODI, PHYSICIAN	(i)	410,109.	0.	840.	11,200.	10,763.	432,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(77) MCLAIN, JESSICA DIRECTOR, VP/CPO - MMFI	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	255,926.	0.	108,351.	36,650.	24,824.	425,751.	108,272.
(78) HARRINGTON, MICHAEL DIR-LRBI, CAO/CONTROLLER, ASSOC CFO	(i)	340,865.	0.	28,351.	28,000.	9,474.	406,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(79) SHEERS, MD, TITUS DIR - AGMC, LODI, PHYSICIAN	(i)	325,731.	0.	10,032.	50,289.	17,828.	403,880.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(80) CHHABRA, ANKIT DIR - AGMC, LODI, UNION, OH REG CFO	(i)	326,062.	0.	32,465.	22,052.	18,002.	398,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(81) MEEHAN, MICHAEL J. RECORDING SEC - CCF, REGIONALS	(i)	340,511.	0.	39,264.	-4,645.	17,965.	393,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(82) SHEWBRIDGE, MD, RICHARD HOSPITAL PRESIDENT - MEDINA	(i)	328,404.	0.	7,570.	28,000.	17,072.	381,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(83) LASH-RITTER, MD, TERI TRUSTEE - UNION HOSP, PHYSICIAN	(i)	329,894.	0.	6,395.	28,000.	16,500.	380,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(84) DAVIS, DO, DENNIS PRESIDENT - PPG	(i)	328,909.	0.	6,389.	28,000.	16,747.	380,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(85) MATT-AMARAL, MD, LAURIE DIRECTOR - PPG, PHYSICIAN	(i)	335,239.	0.	20,132.	11,200.	13,413.	379,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(86) CHANDURKAR, DO, ROHIT DIRECTOR - PPG, PHYSICIAN	(i)	337,295.	0.	4,577.	11,200.	19,727.	372,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(87) KOLONICK, RENEE COO - HILLCREST, MARYMOUNT HOSP	(i)	323,048.	0.	6,217.	24,152.	15,384.	368,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(88) MACKETT, MD, CHARLES FORMER KEY EMPLOYEE	(i)	322,378.	0.	19,347.	23,000.	1,367.	366,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(89) FORD, MD, DONALD FORMER OFFICER	(i)	292,360.	0.	25,789.	28,000.	18,116.	364,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(90) BENNETT, KRIS DIR - AGMC, LODI, EXEC DIR REG HOSP	(i)	334,254.	0.	2,430.	8,400.	15,892.	360,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(91) MURRAY, MD, KAREN TRUSTEE, PRESIDENT - CCCHR	(i)	312,055.	0.	11,251.	28,000.	8,599.	359,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(92) BRUYERE, JOHN COO - SOUTH POINTE	(i)	251,792.	0.	5,436.	84,852.	15,107.	357,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(93) FREEMAN, MD, RICHARD B. TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	283,461.	0.	29,568.	28,000.	16,115.	357,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(94) DAVIDSON MD, ELLIOT FORMER OFFICER	(i)	269,983.	0.	23,186.	40,165.	19,193.	352,527.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(95) JUHASZ, DO, ROBERT FORMER OFFICER	(i)	280,261.	0.	26,074.	28,000.	16,465.	350,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(96) TURNER, RALPH DIR- HEALTH SYS OF INDIAN RIVER, COO	(i)	316,590.	10,000.	772.	11,777.	9,652.	348,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(97) MILLS, JOHN COO - FAIRVIEW & AVON	(i)	332,090.	0.	1,445.	10,678.	2,650.	346,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(98) SUSI, JEFFREY FORMER OFFICER (RETIRED)	(i)	102,600.	0.	225,953.	11,616.	5,593.	345,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(99) COLLIER, SUSAN VP NURSING, CNO - HILLCREST	(i)	268,899.	0.	5,931.	58,904.	11,114.	344,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(100) MAJOR, KERRY CNO - CC FLA REGION	(i)	307,468.	0.	5,172.	12,315.	15,046.	340,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(101) MEYERHOEFER, TODD FORMER OFFICER	(i)	239,660.	32,669.	20,916.	15,000.	23,784.	332,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(102) HARLEY, DO, DOUGLAS DIR - AGMC, LODI, PPG, PHYSICIAN	(i)	301,018.	0.	2,816.	11,200.	15,985.	331,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(103) MARKS, DO, MICHELLE TRUSTEE, MED DIR - CCCHR, PHYSICIAN	(i)	277,148.	0.	2,490.	28,000.	20,828.	328,466.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(104) MOEHRING, MICHAEL DIRECTOR - MMFI, ASST TREAS - CCC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	218,498.	0.	192.	49,682.	42,422.	310,794.	0.
(105) BRAMAN, DO, KENNETH DIRECTOR, CHIEF MED OFF - PPG	(i)	274,690.	0.	6,460.	11,200.	17,866.	310,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(106) TULISIAK, MD, THOMAS FORMER OFFICER	(i)	258,726.	0.	4,643.	26,125.	18,000.	307,494.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(107) MENDIOLA, MD, AMANDA DIR - AGMC, LODI, PHYSICIAN	(i)	279,058.	0.	756.	10,978.	14,514.	305,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(108) SNYDER, VICKY DIRECTOR - MED HOSP FDN, COO	(i)	251,072.	0.	3,561.	20,518.	25,000.	300,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(109) GREENE, MD, KATHIE DIRECTOR - PPG, PHYSICIAN	(i)	246,063.	639.	32,691.	8,481.	11,063.	298,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(110) CARROLL, DONALD FORMER KEY EMPLOYEE	(i)	253,978.	0.	5,651.	20,382.	13,965.	293,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(111) MILLER, SHEILA CNO - AGHS	(i)	253,810.	0.	13,420.	9,451.	15,243.	291,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(112) MARKOVICH, MD, RENEE DIRECTOR - PPG, PHYSICIAN	(i)	261,805.	0.	4,148.	10,678.	13,704.	290,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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 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) THORN, III, EUGENE A. FORMER OFFICER	(i)	219,603.	34,041.	792.	13,414.	18,638.	286,488.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(114) SHERIDAN, MD, CATHERINE DIRECTOR- MED HOSP FDN, PHYSICIAN	(i)	243,664.	0.	973.	24,504.	16,854.	285,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(115) RIBLEY, DOUGLAS FORMER KEY EMPLOYEE	(i)	241,740.	0.	8,289.	17,582.	13,373.	280,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(116) BEKENY, MD, JAMES TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	220,576.	0.	23,249.	25,249.	8,619.	277,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(117) ZINNER, BARBARA CNO - MARYMOUNT	(i)	216,967.	0.	9,390.	32,106.	15,874.	274,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(118) CUMMINGS, JEFFREY DIRECTOR - KMA, PHYSICIAN	(i)	269,100.	0.	0.	0.	0.	269,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(119) FOSTER, SUSAN FORMER KEY EMPLOYEE	(i)	204,390.	0.	20,930.	26,666.	15,244.	267,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(120) VANLITH, RICHARD FORMER KEY EMPLOYEE	(i)	207,103.	10,000.	18,681.	23,000.	8,062.	266,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(121) CLARK, CNO, SUSAN VICE PRESIDENT - COASTAL CARE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	221,413.	0.	0.	13,285.	31,039.	265,737.	0.
(122) ESPINOSA, ALEXIS COO - CC FLA HEALTH SYS	(i)	237,770.	0.	7,546.	3,769.	14,908.	263,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(123) MULLEN, RN, MBA, KAREN PRESIDENT, DIRECTOR - VNS	(i)	39,436.	0.	219,434.	4,286.	177.	263,333.	219,423.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(124) EIGHMY, GEORGE DIRECTOR, TREAS - INDIAN RIVER	(i)	183,466.	0.	64,443.	3,173.	8,575.	259,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(125) FUNK, MD, JONATHAN R. FORMER OFFICER	(i)	216,832.	0.	3,190.	21,825.	16,894.	258,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(126) FRIGO, DAVID DIRECTOR, TREASURER - AGP	(i)	202,865.	0.	4,752.	30,524.	13,766.	251,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(127) SAUER, MARY CNO -AVON	(i)	214,222.	0.	5,492.	17,850.	14,114.	251,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(128) BAILEY, DAWN CNO - EUCLID HOSPITAL	(i)	187,225.	0.	11,745.	35,595.	16,256.	250,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(129) THOBURN, MARY BETH CNO - FAIRVIEW	(i)	225,557.	0.	1,402.	8,043.	13,467.	248,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(130) LOWERY, RICHARD CNO - EUCLID HOSPITAL	(i)	158,296.	0.	3,400.	69,097.	15,418.	246,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(131) BIBENS, TODD FORMER KEY EMPLOYEE	(i)	226,043.	10,000.	928.	5,500.	2,534.	245,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(132) OBLANDER, JASON ASST. SEC - CCF & REGIONALS	(i)	215,149.	0.	5,264.	8,382.	14,737.	243,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(133) WALTON, LINDA CNO - INDIAN RIVER	(i)	222,319.	10,000.	928.	5,500.	2,650.	241,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(134) WILLIAMS, EMILY DIRECTOR, SECRETARY - AGP	(i)	230,935.	0.	1,784.	6,198.	2,078.	240,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(135) SCHUSTER, JANET CNO - LUTHERAN HOSPITAL	(i)	211,283.	0.	6,479.	6,570.	16,853.	241,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(136) FETTO, JULIE TRUSTEE - UNION, CNO - MEDINA	(i)	217,097.	0.	4,446.	3,043.	14,346.	238,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(137) STEPP, LEONARD COO - EUCLID	(i)	211,872.	0.	1,024.	6,463.	16,119.	235,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(138) ROME, MD, ELLEN TRUSTEE - CCCHR, PHYSICIAN	(i)	193,661.	0.	2,207.	19,661.	18,424.	233,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(139) KOCISIS, DANA CNO - UNION	(i)	201,928.	0.	6,396.	5,380.	9,453.	223,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(140) VIDMAR, ERICK ADMIN DIRECTOR - CC NV	(i)	195,300.	0.	161.	12,064.	15,167.	222,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(141) VANHORN, AMANDA FORMER OFFICER	(i)	196,995.	0.	1,824.	5,588.	14,021.	218,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(142) KANE, PERCIVAL COO - MARYMOUNT HOSP	(i)	182,195.	0.	15,778.	4,781.	11,293.	214,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(143) CRAIG, ROBERT FORMER OFFICER	(i)	160,586.	20,177.	1,643.	8,892.	17,116.	208,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(144) FULLER, WARREN FORMER KEY EMPLOYEE	(i)	150,827.	0.	17,184.	27,769.	10,977.	206,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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 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				
(145) SCHMIEDEL, JUSTIN FORMER KEY EMPLOYEE	(i)	182,551.	0.	2,472.	5,588.	10,736.	201,347.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(146) SMITH, DARWIN K. FORMER OFFICER	(i)	148,684.	18,807.	792.	9,300.	19,793.	197,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(147) GRUBB, MICHELLE DIRECTOR - PPG,FHC ADMIN	(i)	171,681.	0.	4,350.	5,314.	14,797.	196,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(148) MODIC, MD, MICHAEL DIRECTOR, VP KMA	(i)	109,916.	0.	0.	81,992.	0.	191,908.	109,916.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(149) MADASZ, MD, JIM DIRECTOR - PPG, PHYSICIAN	(i)	157,197.	0.	8,091.	4,931.	16,521.	186,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(150) BECK, CHRIS FORMER OFFICER	(i)	141,731.	22,314.	901.	9,007.	8,808.	182,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(151) MATTNER, MATTHEW COO - LUTHERAN HOSPITAL	(i)	164,594.	0.	2,835.	5,040.	9,627.	182,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(152) BAKER, JOHN T. VP NURSING & OPS LODI	(i)	147,024.	0.	9,959.	5,895.	20,377.	183,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(153) SAHADI, LEE DIRECTOR - PPG, MEDICAL STAFF ADMIN	(i)	126,410.	0.	4,952.	29,378.	20,166.	180,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(154) MORRIS, DELESA SR. DIRECTOR OF PHILANTHROPY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	108,525.	17,311.	0.	12,354.	41,019.	179,209.	0.
(155) ALVAREZ, MD, BENITO PRESIDENT - PPG	(i)	155,908.	0.	3,865.	4,178.	4,748.	168,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(156) CULLEY, MD, CARL A., JR. TRUSTEE - LAKEWOOD, PHYSICIAN	(i)	138,581.	0.	4,747.	13,908.	8,450.	165,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(157) BRUNER, LISBETH FORMER OFFICER - IR	(i)	153,378.	0.	871.	3,200.	7,290.	164,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(158) MAU, KATHLEEN DIRECTOR, SECRETARY - MEDINA	(i)	122,509.	0.	6,117.	20,658.	14,601.	163,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(159) LYTTLE, MD, BRUCE W. FORMER KEY EMPLOYEE (RETIRED)	(i)	118,200.	0.	0.	44,110.	0.	162,310.	118,200.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(160) FINDING, MSN, MBA, DONIELLE DIRECTOR, SEC - MEDINA HOSP FD.	(i)	117,230.	0.	4,816.	20,379.	15,619.	158,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(161) ELLIOTT, SARAH DIRECTOR - PPG, ADMINISTRATOR	(i)	131,480.	0.	477.	3,467.	16,594.	152,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(162) HAHN, MD, JOSEPH FORMER OFFICER (RETIRED)	(i)	148,394.	0.	0.	-375.	0.	148,019.	148,394.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(163) BOYD, DIANA FORMER OFFICER	(i)	97,162.	19,154.	487.	6,159.	12,456.	135,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(164) EMMELHAINZ, LARRY FORMER KEY EMPLOYEE (RETIRED)	(i)	0.	0.	134,213.	0.	1,175.	135,388.	31,952.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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:

CHARLES CLEAVER \$290,308

GEORGE EIGHMY \$63,461

LARRY EMMELHAINZ \$134,401

LIBBY FLIPPO \$321,994

VALERIE LARCOMBE \$47,693

Schedule J (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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.

KAREN MULLEN \$219,435

BRIAN SMITH \$134,396

JEFFREY SUSI \$223,268

RAMONA THOMAS \$170,654

SEVERANCE PAYMENTS ACCRUED IN 2019 BUT NOT YET PAID ARE REPORTED IN PART

VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING

INDIVIDUALS:

CHARLES CLEAVER \$432,502

LIBBY FLIPPO \$192,933

VALERIE LARCOMBE \$287,182

RAMONA THOMAS \$326,214

BRIAN SMITH \$124,440

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

MARGARET KRANYAK - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN. FOR MEDICARE TAX PURPOSES \$1,771,154 OF INCOME REPORTED IN PART VII

Schedule J (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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.

AND SCHEDULE J REPRESENT HER VESTED AMOUNT IN THE PLANS.

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL

NON-QUALIFIED RETIREMENT PLAN:

CHARLES CLEAVER \$85,979

DELOS COSGROVE \$202,433

LIBBY FLIPPO \$149,278

JOSEPH HAHN \$148,394

MARGARET KRANYAK \$101,036

ROBERT LORD \$428,966

BRUCE LYTTLE \$118,200

JESSICA MCLAIN \$108,272

MICHAEL MODIC \$109,916

FERNANDO PETRY \$155,787

RAMONA THOMAS \$34,784

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN AND/OR A QUALIFIED DEFINED BENEFIT PLAN AND THE ANNUAL

Schedule J (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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.

INCREASE OR DECREASE OF THE ACTUARIAL VALUE IS INCLUDED IN SCHEDULE J, PART

II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION:

STEPHEN ABDENOUR - \$34,923 INCREASE, DAWN BAILEY - \$29,765 INCREASE, JOHN

BAKER \$1,223 INCREASE, LISA BARRETT - \$303 INCREASE, JAMES BEKENY - \$1,203

INCREASE, JOSETTE BERAN \$23,749 INCREASE, PETER BROOKS - \$781,973 INCREASE,

JOHN BRUYERE - \$83,941 INCREASE, KATHLEEN (BURNS) MAU - \$16,819 INCREASE,

DONALD CARROLL - \$12,654 INCREASE, ANKIT CHHABRA - \$542 INCREASE, CHARLES

CLEAVER - \$209,012 INCREASE, SUSAN COLLIER - \$50,746 INCREASE, DELOS

COSGROVE - \$118,937 INCREASE, MIGUEL COTY - \$15,494 INCREASE, ELLIOT

DAVIDSON - \$28,965 INCREASE, MARLEINA DAVIS - \$17,932 INCREASE, BARBARA DEL

CASTILLO - \$244 INCREASE, OSMEL DELGADO - \$7,345 INCREASE, THERESA DEWS -

\$312,598 INCREASE, D. EDELMAN - \$8845 INCREASE, SERPIL ERZURUM - \$723,559

INCREASE, ALEXIS ESPINOSA - \$3,769 INCREASE, ANDREW FENTON - \$45,661

INCREASE, JULIE FETTO - \$1,939 INCREASE, DONIELLE FINDING - \$16,674

INCREASE, SUSAN FOSTER - \$18,676 INCREASE, DAVID FRIGO - \$22,201 INCREASE,

WARREN FULLER - \$6,731 INCREASE, STEVE GLASS - \$12,369 INCREASE, JOSEPH

HAHN - \$375 DECREASE, THOMAS HAMILTON - \$166,155 INCREASE, MARK HORATTAS -

\$29,199 INCREASE, J. ISAACSON - \$320,907 INCREASE, RENEE KOLONICK - \$15,752

INCREASE, MARGARET KRANYAK - \$763,927 INCREASE, GEORGE LITMAN - \$1,063

Schedule J (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Schedule J (Form 990) 2019

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.

DECREASE, TIMOTHY LONGVILLE - \$69,023 INCREASE, ROBERT LORD - \$63,402

INCREASE, RICHARD LOWERY - \$64,163 INCREASE, BRUCE LYTLE - \$44,110

INCREASE, KERRY MAJOR - \$3,915 INCREASE, DONALD MALONE - \$411,724 INCREASE,

LINDA MCHUGH - \$15,765 INCREASE, JESSICA MCLAIN - \$1,750 INCREASE, MICHAEL

MEEHAN - \$32,645 DECREASE, JOHN MILLS - \$2,278 INCREASE, MICHAEL MODIC -

\$81,992 INCREASE, MICHAEL MOEHRING - \$38,483 INCREASE, FARID MUAKKASSA -

\$43,403 INCREASE, KAREN MULLEN - \$4,286 INCREASE, KEITH NILSSON - \$28,048

INCREASE, JUAN NOGUERAS - \$211,589 INCREASE, JASON OBLANDER - \$1,766

INCREASE, ALAN PAPA - \$28,921 INCREASE, RITA PAPPAS - \$6,004 INCREASE,

RICHARD PARKER - \$350,639 INCREASE, WILLIAM PEACOCK - \$2,874 INCREASE,

DOUGLAS RIBLEY - \$7,720 INCREASE, LEE SAHADI - \$23,857 INCREASE, MARY SAUER

- \$11,280 INCREASE, TITUS SHEERS - \$39,089 INCREASE, JESSICA SLIFKO -

\$5,748 INCREASE, DEBORAH SMALL - \$226 INCREASE, BRIAN SMITH - \$38,986

INCREASE, VICKY SNYDER - \$12,744 INCREASE, REBECCA STARCK - \$8,741

INCREASE, JAMES STOLLER - \$6,469 INCREASE, JEFFREY SUSI - \$11,616 INCREASE,

MARYBETH THOBURN - \$1,153 INCREASE, THOMAS THOMPSON - \$26,247 INCREASE,

ERICK VIDMAR - \$6,030 INCREASE, HERBERT WIEDEMANN \$553,950 INCREASE,

BARBARA ZINNER - \$25,847 INCREASE.

Schedule J (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2019

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.

FORM 990, PART VII, SECTION A AND SCHEDULE J

THE COMPENSATION OF DR. BRIAN DONLEY AND DEBORAH SMALL, AS REPORTED ON

PART VII, SECTION A AND SCHEDULE J INCLUDES REGULAR WAGES AND TAXABLE

EXPATRIATE BENEFITS.

DR. DELOS COSGROVE'S COMPENSATION AS REPORTED ON PART VII, SECTION A

AND SCHEDULE J INCLUDES COMPENSATION FOR DR. COSGROVE'S ROLE AS

EXECUTIVE ADVISOR AND HIS RETIREMENT COMPENSATION.

# PUBLIC INSPECTION COPY

ENTITY 1

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

**Supplemental Information on Tax-Exempt Bonds**  
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ► Attach to Form 990. ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

Part I 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) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> COLLIER COUNTY HEALTH FACILITIES AUTHORITY	59-2351395	19463LAB9	04/16/03	118,200,000.	BOND 2003C: REFUND FL SERIES 1999; FINANCING WE		X		X		X
<b>B</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AJ37	10/15/08	670,000,000.	BOND 2008B: REFUND 06A, 04A, AND 01A; FACILITY IM		X		X		X
<b>C</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561HU9	11/02/11	208,951,439.	BOND 2011A: REFUND 2003A SERIES		X		X		X
<b>D</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	NONEAVAIL	11/02/11	41,120,000.	BOND 2011B: REFUND 1992A & B AND 1989 SERIES		X		X		X

Part II Proceeds		A		B		C		D	
<b>1</b> Amount of bonds retired		76,295,000.		342,425,000.		109,100,972.		16,220,000.	
<b>2</b> Amount of bonds legally defeased									
<b>3</b> Total proceeds of issue		118,200,000.		670,000,000.		208,951,439.		41,120,000.	
<b>4</b> Gross proceeds in reserve funds									
<b>5</b> Capitalized interest from proceeds								2,302,465.	
<b>6</b> Proceeds in refunding escrows									
<b>7</b> Issuance costs from proceeds		412,525.		1,200,000.		2,003,385.		735,249.	
<b>8</b> Credit enhancement from proceeds									
<b>9</b> Working capital expenditures from proceeds									
<b>10</b> Capital expenditures from proceeds		13,520,714.		324,315,217.					
<b>11</b> Other spent proceeds		104,266,761.		372,706,929.		206,948,054.		38,082,286.	
<b>12</b> Other unspent proceeds									
<b>13</b> Year of substantial completion		2003		2008		2011		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> 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	
<b>15</b> 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
<b>16</b> Has the final allocation of proceeds been made?		X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X	

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

Schedule K (Form 990) 2019



# PUBLIC INSPECTION COPY

ENTITY

2

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

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

**Employer identification number**  
91-2153073

<b>Part I Bond Issues</b>		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) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756A3Z3	05/09/12	519,383,182.	BOND 2012: REFUND 2009, 2003A AND FACILITY IMPROV		X		X		X
<b>B</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756DAY2	05/29/13	309,434,914.	BOND 2013: REFUND 2004B, 2003A AND FACILITY IMPROV		X		X		X
<b>C</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	NONEAVAIL	12/21/17	9,305,000.	BOND 2017C: REFUND 2002 SERIES		X		X		X
<b>D</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561KS0	08/29/17	939,576,748.	BOND 2017A: REFUND 2008A, 2008B, 2009A, 2009B, 201		X		X		X

<b>Part II Proceeds</b>		A		B		C		D	
<b>1</b> Amount of bonds retired		222,415,391.		72,104,660.		750,000.		18,173,191.	
<b>2</b> Amount of bonds legally defeased									
<b>3</b> Total proceeds of issue		519,383,182.		309,434,914.		9,305,000.		939,576,748.	
<b>4</b> Gross proceeds in reserve funds									
<b>5</b> Capitalized interest from proceeds									
<b>6</b> Proceeds in refunding escrows									
<b>7</b> Issuance costs from proceeds		3,825,815.		2,129,301.					
<b>8</b> Credit enhancement from proceeds									
<b>9</b> Working capital expenditures from proceeds									
<b>10</b> Capital expenditures from proceeds		411,300,530.		20,001,498.					
<b>11</b> Other spent proceeds		104,256,837.		287,304,115.		9,305,000.		939,576,748.	
<b>12</b> Other unspent proceeds									
<b>13</b> Year of substantial completion		2012		2013		2017		2017	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> 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
<b>15</b> 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	
<b>16</b> Has the final allocation of proceeds been made?		X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X	

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

Schedule K (Form 990) 2019

# PUBLIC INSPECTION COPY

ENTITY

3

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

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

**Employer identification number**  
91-2153073

Part I 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
<b>A</b> MARTIN COUNTY HEALTH FACILITIES AUTHORITY	59-6000743	573903FZ9	05/09/19	259,345,371.	REFINANCE 2012, 2012B & 2015 MHS BONDS & ACQUIRE		X		X		X
<b>B</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756CDN5	05/09/19	351,450,108.	FUND CAPITAL PROJECTS		X		X		X
<b>C</b> OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561KZ4	05/09/19	380,150,000.	FUND CAPITAL PROJECTS		X		X		X
<b>D</b>											

Part II Proceeds		A		B		C		D	
<b>1</b> Amount of bonds retired .....		307,509.		303,253.		27,000,000.			
<b>2</b> Amount of bonds legally defeased .....									
<b>3</b> Total proceeds of issue .....		259,345,371.		351,450,108.		380,150,000.			
<b>4</b> Gross proceeds in reserve funds .....									
<b>5</b> Capitalized interest from proceeds .....									
<b>6</b> Proceeds in refunding escrows .....									
<b>7</b> Issuance costs from proceeds .....		822,172.		1,125,388.		1,262,472.			
<b>8</b> Credit enhancement from proceeds .....									
<b>9</b> Working capital expenditures from proceeds .....									
<b>10</b> Capital expenditures from proceeds .....		257,297,825.		348,905,103.		378,404,897.			
<b>11</b> Other spent proceeds .....		1,225,373.		1,419,617.		482,631.			
<b>12</b> Other unspent proceeds .....									
<b>13</b> Year of substantial completion .....		2019		2019		2019			
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> 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		
<b>15</b> 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		
<b>16</b> Has the final allocation of proceeds been made? .....		X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....		X		X		X			

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

Schedule K (Form 990) 2019

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

ENTITY 1

Schedule K (Form 990) 2019

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 .....	1.13 %		.52 %		1.13 %		%	
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 %		.02 %		.00 %		%	
6 Total of lines 4 and 5 .....	1.13 %		.54 %		1.13 %		%	
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	

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

ENTITY 2

Schedule K (Form 990) 2019

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 .....		.69 %		.22 %		%		1.51 %
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 .....		.08 %		.00 %		%		.01 %
6 Total of lines 4 and 5 .....		.77 %		.22 %		%		1.52 %
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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

ENTITY 3

Schedule K (Form 990) 2019

91-2153073

Page 2

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X		X			
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			
<b>b</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			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X		X			
<b>d</b> 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			
<b>4</b> 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 %		1.32 %		1.43 %		%
<b>5</b> 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 %		.03 %		.03 %		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		1.35 %		1.46 %		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> 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		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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			

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





# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

ENTITY 3

Schedule K (Form 990) 2019

91-2153073

Page 3

**Part IV Arbitrage** (continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: 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 2011A: REFUND 2003A SERIES

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: BOND 2011B: REFUND 1992A & B AND 1989 SERIES

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE:

BOND 2012: REFUND 2009, 2003A AND FACILITY IMPROVEMENTS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule K (Form 990) 2019

GROUP RETURN

91-2153073

Page 4

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

(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

(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:

REFINANCE 2012, 2012B & 2015 MHS BONDS & ACQUIRE MEMBERSHIP IN MHS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: FUND CAPITAL PROJECTS

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

(F) DESCRIPTION OF PURPOSE: FUND CAPITAL PROJECTS

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

(A) ISSUER NAME: COLLIER COUNTY HEALTH FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 04/16/2018

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/15/2018

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 11/02/2016

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 11/02/2016

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 05/09/2017

(A) ISSUER NAME: OHIO HIGHER EDUCATIONAL FACILITY COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 05/29/2018

# PUBLIC INSPECTION COPY

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

## Transactions With Interested Persons

OMB No. 1545-0047

# 2019

Open To Public  
Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, 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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
D. COSGROVE	FORMER P	INSURANC		X	229,247.	7,756,160.		X	X		X	
<b>Total</b> .....						▶ \$ 7,756,160.						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

SEE PART V FOR CONTINUATIONS

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990 or 990-EZ) 2019 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
DENISE ANGERSTIEN	FAMILY MEMBER OF DE	80,037.	EMPLOYMENT		X
KAREN R. COOPER	FAMILY MEMBER OF ST	173,191.	EMPLOYMENT		X
RYAN OAKLEY	FAMILY MEMBER OF WI	50,600.	EMPLOYMENT		X
KATHERINE MCHUGH	FAMILY MEMBER OF LI	45,013.	EMPLOYMENT		X
CLAIRE CAPPELLE	FAMILY MEMBER OF MA	10,162.	EMPLOYMENT		X
SOPHIA HORATTAS	FAMILY MEMBER OF MA	59,189.	EMPLOYMENT		X
AMBER BRADFORD-SAFFLES	FAMILY MEMBER OF JO	346,662.	EMPLOYMENT		X
JOANNE MCDONALD KILBANE	FAMILY MEMBER OF CA	52,924.	EMPLOYMENT		X
LAURA SWEENEY	FAMILY MEMBER OF TI	85,406.	EMPLOYMENT		X
MICHAEL PETRAS	FAMILY MEMBER OF MI	16,776.	EMPLOYMENT		X

**Part V Supplemental Information.**

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: D. COSGROVE

(B) RELATIONSHIP WITH ORGANIZATION: FORMER PRES/CEO

(C) PURPOSE OF LOAN: INSURANCE PREMIUM PAYMENTS TREATED AS A LOAN

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

(A) NAME OF PERSON: DENISE ANGERSTIEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DENNIS CHACK, AGMC DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 80,037.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH AGMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KAREN R. COOPER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF STEWART KOHL, CCF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 173,191.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990 or 990-EZ)

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).

(A) NAME OF PERSON: RYAN OAKLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF WILLIAM PEACOCK, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 50,600.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATHERINE MCHUGH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF LINDA MCHUGH, FORMER CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 45,013.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CLAIRE CAPPELLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MARGARET MCKENZIE, CCHS EAST OFFICER

(C) AMOUNT OF TRANSACTION \$ 10,162.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCHS EAST

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SOPHIA HORATTAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MARK HORATTAS, AGMC DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 59,189.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH AGMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990 or 990-EZ)

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).

(A) NAME OF PERSON: AMBER BRADFORD-SAFFLES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOHN BRADFORD, PPG DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 346,662.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH PPG

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOANNE MCDONALD KILBANE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CATHERINE KILBANE, CCF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 52,924.

(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 LONGVILLE, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 85,406.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MICHAEL PETRAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MICHAEL PETRAS, JR., CCF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 16,776.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990 or 990-EZ)

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).

(A) NAME OF PERSON: KATHLEEN ISAACSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF HARRY J. ISAACSON, CCF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 26,946.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ILEANA HORATTAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MARK HORATTAS, AGMC DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 16,606.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH AGMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JESSICA SHEERS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TITUS SHEERS, AGMC DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 54,339.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH AGMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ANTHONY O'BRIEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF TIMOTHY O'BRIEN, CCCHR OFFICER & DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 12,313.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCCHR

(E) SHARING OF ORGANIZATION REVENUES? = NO

# PUBLIC INSPECTION COPY

**SCHEDULE M  
(Form 990)**

## Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	10	67,500.	APPRAISAL
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		247,417.	SALE COMPARABLE GOODS
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	212	12,738,142.	AVERAGE HIGH/LOW
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	7	58,308.	COST
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( MEDICAL EQUIP ) .....	X	31	449,542.	SALE COMPARABLE GOOD
26 Other ▶ ( EVENT TICKETS ) .....	X	8	4,692.	COST
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule M (Form 990) 2019 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, LINE 32B:

CLEVELAND CLINIC HEALTH SYSTEM WILL AT TIMES HIRE INDEPENDENT THIRD

PARTIES TO SELL CERTAIN NON-CASH CONTRIBUTIONS SUCH AS AUCTION ITEMS OR

REAL ESTATE.



# PUBLIC INSPECTION COPY

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Open to Public  
Inspection

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

FORM 990, PART III, PROGRAM SERVICE STATEMENT

CLEVELAND CLINIC, LOCATED IN CLEVELAND, OHIO, IS A NONPROFIT,

TAX-EXEMPT ACADEMIC MEDICAL CENTER THAT INTEGRATES CLINICAL AND

HOSPITAL CARE WITH RESEARCH AND EDUCATION. THE CLEVELAND CLINIC

FOUNDATION IS THE PARENT OF THE CLEVELAND CLINIC HEALTH SYSTEM.

CLEVELAND CLINIC WAS ESTABLISHED IN 1921 WITH THE SAME MISSION THAT

CONTINUES TODAY: BETTER CARE FOR THE SICK, INVESTIGATION OF THEIR

PROBLEMS, AND FURTHER EDUCATION OF THOSE WHO SERVE. CONSISTENT WITH

ITS TRIPARTITE MISSION, CLEVELAND CLINIC'S PRIMARY PROGRAM SERVICES ARE

FOCUSED ON PATIENT CARE PROVIDED ON A CHARITABLE BASIS, MEDICAL

RESEARCH, AND EDUCATION OF BOTH MEDICAL PROFESSIONALS AND THE

COMMUNITY. THE FOUNDERS RECOGNIZED THAT IT IS IN THE BEST INTEREST OF

PATIENTS TO POOL THE TALENTS OF MEDICAL SPECIALISTS TO DEVELOP, TEACH

AND APPLY THE BEST MEDICAL TECHNIQUES.

THIS STATEMENT IS NOT INTENDED TO IDENTIFY ALL THE ACTIVITIES BY WHICH

CLEVELAND CLINIC HEALTH SYSTEM FULFILLS ITS CHARITABLE PURPOSES, BUT

RATHER IS A SUMMARY OF ITS PRIMARY PROGRAM SERVICES AND CONTRIBUTIONS

TO THE COMMUNITY.

THE CLEVELAND CLINIC HEALTH SYSTEM DEFINES AND MEASURES COMMUNITY

BENEFIT (INCLUDING FINANCIAL ASSISTANCE) USING THE CATHOLIC HEALTH

ASSOCIATION ("CHA") COMMUNITY BENEFIT MODEL, WHICH RECOMMENDS REPORTING

FINANCIAL ASSISTANCE ON A COST BASIS. USING THIS MODEL, IN 2019

CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$1.102 BILLION IN BENEFITS

TO THE COMMUNITIES SERVED. THE COMMUNITY BENEFIT THAT THE CLEVELAND

CLINIC HEALTH SYSTEM PROVIDES INCLUDES PATIENT CARE PROVIDED ON A

CHARITABLE BASIS, RESEARCH, EDUCATION, MEDICAID SHORTFALL, SUBSIDIZED

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

HEALTH SERVICES, AND COMMUNITY OUTREACH PROGRAMS.

THE CURRENT COMMUNITY BENEFIT REPORT IS AVAILABLE AT

CLEVELANDCLINIC.ORG. (COMMUNITY BENEFIT AMOUNTS REPORTED IN THIS

PROGRAM SERVICE STATEMENT REFER TO THE CLEVELAND CLINIC'S 2019

COMMUNITY CONNECTIONS, BASED ON THE CHA REPORTING METHODOLOGY. SEE

FORM 990, SCHEDULE H FOR A RECONCILIATION OF SCHEDULE H TO COMMUNITY

BENEFIT REPORTING.)

## I. PATIENT CARE

IN 2019, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDED AN ACADEMIC

MEDICAL CENTER AND 11 COMMUNITY HOSPITALS (AKRON, AVON, EUCLID,

FAIRVIEW, HILLCREST, LODI, LUTHERAN, MARYMOUNT, MEDINA, SOUTH POINTE,

AND UNION HOSPITALS), AND A SPECIALTY HOSPITAL (CLEVELAND CLINIC

CHILDREN'S HOSPITAL FOR REHABILITATION) IN NORTHEAST OHIO; FIVE

HOSPITALS, ONE CLINIC, OUTPATIENT FAMILY HEALTH CENTERS AND AN

OUTPATIENT FAMILY HEALTH AND AMBULATORY SURGERY CENTER IN FLORIDA; AND

A CENTER FOR BRAIN HEALTH IN LAS VEGAS, NEVADA.

CLEVELAND CLINIC HEALTH SYSTEM IS DEDICATED TO THE COMMUNITIES IT

SERVES STRIVING TO PROVIDE COMPASSIONATE, HIGH QUALITY HEALTHCARE TO

ALL WHO NEED IT; AND SUPPORTING PROGRAMS AND INITIATIVES THAT IMPROVE

THE HEALTH AND WELL-BEING OF ITS COMMUNITIES. THROUGH ITS FINANCIAL

ASSISTANCE EFFORTS AND AS A LEADING MEDICAID PROVIDER IN OHIO,

CLEVELAND CLINIC PROVIDES HEALTHCARE TO THOSE WHO OTHERWISE COULD NOT

AFFORD IT.

IN 2019, THE CLEVELAND CLINIC HEALTH SYSTEM RECORDED 4,899 TOTAL

STAFFED BEDS, 883,839 EMERGENCY VISITS, 255,096 SURGICAL CASES, 237,893

ADMISSIONS, AND MORE THAN 12.8 MILLION TOTAL CLINIC VISITS. IT IS THE

POLICY OF CLEVELAND CLINIC HEALTH SYSTEM TO TREAT ALL PATIENTS WITH

COMPASSION, DIGNITY AND RESPECT, REGARDLESS OF THEIR RACE, CREED, OR

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

ABILITY TO PAY.

CLEVELAND CLINIC'S PATIENT CARE SERVICES ARE PROVIDED VIA  
PATIENT-ORIENTED INSTITUTES, WHICH ARE STRUCTURED ON THE BASIS OF ORGAN  
SYSTEM OR DISEASE. THE INSTITUTES FACILITATE A MULTIDISCIPLINARY  
APPROACH, AND ARE DESIGNED TO ENHANCE CONVENIENCE FOR PATIENTS AND THE  
EXCHANGE OF KNOWLEDGE, RESEARCH AND EDUCATIONAL COLLABORATION FOR  
BETTER PATIENT OUTCOMES. SOME OF THE INSTITUTES ARE: ANESTHESIOLOGY &  
PAIN MANAGEMENT, BARIATRIC & METABOLIC, COLE EYE, DERMATOLOGY & PLASTIC  
SURGERY, DIGESTIVE DISEASE & SURGERY, EMERGENCY SERVICES, ENDOCRINOLOGY  
& METABOLISM, GENOMICS, GLICKMAN UROLOGICAL & KIDNEY, HEAD & NECK,  
MILLER FAMILY HEART & VASCULAR, IMAGING, NEUROLOGICAL, NURSING, OB/GYN  
& WOMEN'S HEALTH, ORTHOPEDIC & RHEUMATOLOGY, PATHOLOGY & LABORATORY  
MEDICINE, PEDIATRIC & CHILDREN'S HOSPITAL, RESPIRATORY, TAUSSIG CANCER,  
& COMMUNITY CARE.

NOTABLE ACHIEVEMENTS

CLEVELAND CLINIC WAS AGAIN RECOGNIZED FOR ITS QUALITY OF CARE IN U.S.  
NEWS & WORLD REPORT'S PRESTIGIOUS ANNUAL AMERICA'S BEST HOSPITALS  
SURVEY IN 2019. OVERALL, CLEVELAND CLINIC WAS AMONG THE NATION'S BEST  
HOSPITALS, EARNING THE NO. 4 RANKING. FOR THE 25TH CONSECUTIVE YEAR,  
CLEVELAND CLINIC RANKED BEST IN THE NATION FOR CARDIOLOGY AND HEART  
SURGERY, EARNING THE NO. 1 SPOT.  
NINE CLEVELAND CLINIC SPECIALTIES ALSO RANKED IN THE TOP 10. OF THESE,  
SIX PLACED IN THE TOP 5 INCLUDING: CARDIOLOGY & HEART SURGERY; UROLOGY;  
GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY; NEPHROLOGY;  
RHEUMATOLOGY; AND GYNECOLOGY. CLEVELAND CLINIC WAS NATIONALLY RANKED  
IN 15 ADULT SPECIALTY AND 9 CHILDREN'S SPECIALTIES. CLEVELAND CLINIC  
WAS ALSO RATED HIGH PERFORMING IN NINE PROCEDURES AND CONDITIONS.  
CLEVELAND CLINIC HAS ACHIEVED THE DISTINGUISHED MAGNET RECOGNITION.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

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

MAGNET STATUS IS THE HIGHEST NATIONAL RECOGNITION AWARDED TO A HOSPITAL

OR MEDICAL CENTER FOR EXCELLENCE IN NURSING. ANCC, A SUBSIDIARY OF THE

AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE

ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY

IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS

HAVE EARNED THIS PRESTIGIOUS HONOR.

CLEVELAND CLINIC RECEIVED SEVERAL AWARDS FROM PRACTICE GREENHEALTH.

PRACTICE GREENHEALTH RECOGNIZES ORGANIZATIONS WITHIN THE HEALTHCARE

SECTOR THAT SUPPORT AND CREATE BETTER, SAFER, AND GREENER WORKPLACES

AND COMMUNITIES. IN 2019, CLEVELAND CLINIC AND ITS FACILITIES

RECEIVED: THE ENVIRONMENTAL EXCELLENCE AWARD, GREENING THE OR AWARD,

ENERGY CIRCLE AWARD, CLIMATE CIRCLE AWARD, GREEN BUILDING CIRCLE AWARD,

AND SYSTEM FOR CHANGE AWARD.

FOUNDED IN 1914, AKRON GENERAL IS A NOT-FOR-PROFIT HEALTHCARE

ORGANIZATION THAT SERVES AS THE HUB FOR CLEVELAND CLINIC'S SOUTHERN

REGION. THE 502 STAFFED BED TEACHING AND RESEARCH MEDICAL CENTER

INCLUDES LODI HOSPITAL, VISITING NURSE SERVICE, AND HEALTH & WELLNESS

CENTERS. THE LEVEL 1 TRAUMA CENTER, AS DESIGNATED BY THE AMERICAN

COLLEGE OF SURGEONS, OFFERS THE TECHNOLOGY, EXPERTISE, AND STAFFING TO

TREAT ALL INJURIES REGARDLESS OF SEVERITY. IN 2019 U.S. NEWS & WORLD

REPORT RANKED AKRON GENERAL AS THE FOURTEENTH BEST HOSPITAL IN OHIO AND

THE BEST HOSPITAL IN AKRON. AKRON GENERAL IS RANKED HIGH PERFORMING IN

PULMONOLOGY AND LUNG SURGERY. AKRON WAS ALSO RANKED AS HIGH PERFORMING

IN THREE ADULT PROCEDURES AND CONDITIONS. THE AMERICAN NURSES

ASSOCIATION BESTOWED THE PRESTIGIOUS MAGNET STATUS DESIGNATION TO AKRON

GENERAL. AKRON GENERAL IS ACCREDITED BY JOINT COMMISSION, ALSO

RECEIVING ITS GOLD SEAL OF APPROVAL STROKE CARE. IT IS SUMMIT COUNTY'S

FIRST ACCREDITED CHEST PAIN CENTER, MEETING STRICT CRITERIA FROM THE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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

2019, AKRON GENERAL WAS AWARDED THE PARTNER RECOGNITION AWARD FROM

PRACTICE GREENHEALTH. THIS AWARD IS GIVEN TO HEALTH CARE FACILITIES

THAT ARE CHANGING THEIR PRACTICES TO BECOME MORE SUSTAINABLE AND HAVE

ACHIEVED PROGRESS IN AREAS SUCH AS WASTE REDUCTION, RENEWABLE ENERGY

ADOPTION, FOOD PURCHASING, AND MERCURY ELIMINATION.

OPENED IN NOVEMBER 2016, AVON HOSPITAL HAS 126 STAFFED BEDS AND

PROVIDES INPATIENT AND OUTPATIENT SERVICES. THE FIVE STORY HOSPITAL WAS

DESIGNED TO ACCOMMODATE FUTURE ADVANCES IN MEDICAL CARE. AVON

HOSPITAL'S FEATURES INCLUDE SIX OPERATING ROOMS, INTENSIVE CARE UNIT,

IMAGING AND RADIOLOGY, PHARMACY AND LABORATORY SERVICES, A CARDIAC

CATHETERIZATION LABORATORY AS WELL AS AN EXPANDED EMERGENCY DEPARTMENT.

THE HOSPITAL HAD A SUCCESSFUL JOINT COMMISSION ACCREDITATION SURVEY AND

RECEIVED FULL ACCREDITATION STATUS ON DEC. 9, 2016. IN APRIL 2019, AVON

HOSPITAL WAS GRANTED AN ADVANCED CERTIFICATION FOR PRIMARY STROKE BY

THE JOINT COMMISSION. IN ADDITION, IN 2019, AVON RECEIVED THE 2019

HEALTHGRADES OUTSTANDING PATIENT EXPERIENCE AWARD. THE AWARD

RECOGNIZES HOSPITALS THAT PROVIDE AN OVERALL OUTSTANDING PATIENT

EXPERIENCE.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

FOUNDED IN 1907, EUCLID HOSPITAL HAS BECOME ONE OF THE REGION'S LEADING

SUB-ACUTE CARE, OUTPATIENT REHABILITATION AND ORTHOPEDIC CENTERS. THE

HOSPITAL, WITH 166 STAFFED BEDS, OFFERS A COMPLETE CONTINUUM OF CARE

WITH NATIONALLY RENOWNED SPECIALTIES THAT INCLUDE: SUB-ACUTE CARE,

CLEVELAND CLINIC NEURO-REHABILITATION PROGRAM, EMERGENCY DEPARTMENT,

GERIATRIC ASSESSMENT PROGRAM, HEALING GARDEN WITH LAKEFRONT VIEWS,

ORTHOPEDICS, AND OUTPATIENT REHABILITATION. US WORLD & NEWS REPORT

RATED EUCLID HOSPITAL AS HIGH PERFORMING IN KNEE REPLACEMENT. IN 2019,

EUCLID HOSPITAL WAS RECOGNIZED WITH THE GREENHEALTH EMERALD, THE

NATION'S LEADING HEALTHCARE COMMUNITY THAT EMPOWERS ITS MEMBERS TO

INCREASE THEIR EFFICIENCIES AND ENVIRONMENTAL STEWARDSHIP WHILE

IMPROVING PATIENT SAFETY AND CARE THROUGH TOOLS, BEST PRACTICES AND

KNOWLEDGE. THE AWARD IS ONE OF THE PRACTICE GREENHEALTH ENVIRONMENTAL

EXCELLENCE AWARDS GIVEN EACH YEAR TO INCREASE ENVIRONMENTAL

SUSTAINABILITY ACHIEVEMENTS IN THE HEALTHCARE SECTOR.

FOUNDED IN 1892, FAIRVIEW HOSPITAL IS A FAITH-BASED COMMUNITY HOSPITAL

WITH 460 STAFFED BEDS. IT IS A FULLY ACCREDITED HOSPITAL BY THE JOINT

COMMISSION, WITH A CERTIFIED LEVEL II TRAUMA CENTER. CLEVELAND

CLINIC CANCER CENTER AT FAIRVIEW HOSPITAL, HAS BEEN AWARDED THE

OUTSTANDING ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF SURGEONS,

COMMISSION ON CANCER. THE HOSPITAL ALSO RECEIVED THE AMERICAN DIABETES

ASSOCIATION EDUCATION RECOGNITION CERTIFICATE FOR ITS QUALITY DIABETES

SELF-MANAGEMENT EDUCATION PROGRAM. FAIRVIEW HOSPITAL'S ADDITIONAL

STRONG CLINICAL CENTERS OF EXCELLENCE INCLUDE: BIRTHING CENTER, HEART

SURGERY, CANCER, AND SURGERY. FAIRVIEW IS ALSO DEVELOPING A NATIONAL

REPUTATION IN BLOOD CONSERVATION, EDUCATION AND RESEARCH THROUGH ITS

CENTER FOR BLOOD CONSERVATION. IN 2019, U.S. NEWS & WORLD REPORT

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

269

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

RECOGNIZED FAIRVIEW HOSPITAL AS THE NUMBER THREE HOSPITAL IN THE  
CLEVELAND METROPOLITAN AREA AND NUMBER FOUR IN OHIO. FAIRVIEW  
HOSPITAL WAS NATIONALLY RANKED FOR CARDIOLOGY & HEART SURGERY AND  
ORTHOPEDICS AND HIGHEST PERFORMING IN SEVEN OTHER SPECIALTIES. THE  
HOSPITAL ALSO ACHIEVED THE HIGH PERFORMING RATING IN FIVE COMMON ADULT  
PROCEDURES AND CONDITIONS. THE AMERICAN NURSES ASSOCIATION BESTOWED  
THE PRESTIGIOUS MAGNET STATUS TO FAIRVIEW HOSPITAL. ANCC, A SUBSIDIARY  
OF THE AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A  
HEALTHCARE ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND  
SUPERIORITY IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS  
HOSPITALS HAVE EARNED THIS PRESTIGIOUS HONOR. IN 2019, FAIRVIEW  
HOSPITAL RECEIVED SEVERAL AWARDS FROM PRACTICE GREENHEALTH, INCLUDING:  
THE EMERALD AWARD AND GREENING THE OR RECOGNITION AWARD.  
OPENED IN NOVEMBER 1968, HILLCREST HOSPITAL HAS 440 STAFFED HOSPITAL  
BEDS. HILLCREST HOSPITAL HAS BEEN NATIONALLY RECOGNIZED 12 TIMES AS  
ONE OF AMERICA'S 100 TOP HOSPITALS, A DESIGNATION BASED ON EXTENSIVE  
RESEARCH OF U.S. HOSPITALS, AS CONDUCTED BY THOMSON REUTERS. THE  
AMERICAN NURSES ASSOCIATION BESTOWED THE 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 2019 U.S. NEWS & WORLD REPORT,  
HILLCREST HOSPITAL WAS NATIONALLY RANKED IN 2 ADULT SPECIALTIES,  
CARDIOLOGY & HEART SURGERY AND ORTHOPEDICS, AND AS HIGH PERFORMING IN  
FIVE OTHER ADULT SPECIALTIES. THE HOSPITAL ALSO ACHIEVED HIGH  
PERFORMING RATINGS IN SIX COMMON ADULT PROCEDURES AND CONDITIONS. THE  
HOSPITAL IS ALSO RANKED FOURTH AMONG CLEVELAND -AREA HOSPITALS AND

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

FIFTH IN THE STATE OF OHIO. HILLCREST HOSPITAL HOLDS ACCREDITATION  
FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTH ORGANIZATIONS AND  
FULL ACCREDITATION WITH PERCUTANEOUS CORONARY INTERVENTION ("PCI") FROM  
THE SOCIETY OF CHEST PAIN CENTERS. IN THE CONSUMER GUIDE TO OHIO  
HOSPITAL QUALITY, HILLCREST RECEIVED THE HIGHEST POSSIBLE RANKING IN  
FIVE CARDIAC CATEGORIES, INCLUDING ANGIOPLASTY, CARDIAC  
CATHETERIZATION, CAROTID (NECK) ARTERY SURGERY, CONGESTIVE HEART  
FAILURE AND CORONARY ARTERY BYPASS GRAFT. IN 2018, HILLCREST WAS  
AWARDED THE GREENHEALTH PARTNER FOR CHANGE AWARD.  
OPENED IN 1896, LUTHERAN HOSPITAL IS A 194 STAFFED BED HOSPITAL  
OFFERING QUALITY MEDICAL CARE, CUTTING-EDGE TECHNOLOGY AND ADVANCED  
RESEARCH AND SURGERY. LUTHERAN OFFERS EXPERT CARE IN AREAS SUCH AS  
ORTHOPEDICS, SPINE, PAIN MANAGEMENT, GENERAL SURGERY, BEHAVIORAL  
HEALTH, ALCOHOL AND DRUG RECOVERY, WOUND CARE, LAB AND IMAGING  
SERVICES, AND EMERGENCY MEDICINE. AMONG THE COMMUNITY HOSPITALS  
NATIONWIDE, LUTHERAN HOSPITAL HAS PLACED #1, WINNING THE VIZIENT  
BERNARD A. BIRNBAUM, MD, QUALITY LEADERSHIP AWARD FOR EXCELLENCE IN  
DELIVERING SAFE, PATIENT-CENTERED CARE THAT IS TIMELY, EFFECTIVE,  
EFFICIENT, AND EQUITABLE. IN THE 2019 U.S. NEWS & WORLD REPORT,  
LUTHERAN HOSPITAL WAS ACHIEVED HIGH PERFORMING IN ONE ADULT PROCEDURE &  
CONDITION. THE JOINT COMMISSION, THE LEADING ACCREDITOR OF HEALTHCARE  
ORGANIZATIONS IN THE UNITED STATES, HAS ALSO RECOGNIZED LUTHERAN  
HOSPITAL AS A TOP PERFORMER ON KEY QUALITY MEASURES. LUTHERAN WAS  
AWARDED THE PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES  
CREDENTIALING CENTER (ANCC). THIS DESIGNATION IS EARNED BY HEALTHCARE  
ORGANIZATIONS THAT DEMONSTRATE COMMITMENT TO CREATING A POSITIVE  
PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES STAFF. IN 2019,  
LUTHERAN WAS AWARDED THE PRACTICE GREENHEALTH PATHWAYS TO EXCELLENCE.



# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

FOUNDED IN 1949, MARYMOUNT HOSPITAL IS A 269 STAFFED BED ACUTE CARE  
HOSPITAL PROVIDING ADVANCED HEALTH CARE, GUIDED BY THE VALUES OF  
SERVICE, COMPASSION, DIGNITY, AND RESPECT. IN 2019, U.S. NEWS & WORLD  
REPORT RECOGNIZED MARYMOUNT HOSPITAL AS HIGH PERFORMING IN ONE COMMON  
ADULT PROCEDURE. MARYMOUNT HOSPITAL WAS RECOGNIZED WITH THE PARTNERS  
IN CHANGE AWARD BY PRACTICE GREENHEALTH, THE NATION'S LEADING  
HEALTHCARE COMMUNITY THAT EMPOWERS ITS MEMBERS TO INCREASE THEIR  
EFFICIENCIES AND ENVIRONMENTAL STEWARDSHIP WHILE IMPROVING PATIENT  
SAFETY AND CARE THROUGH TOOLS, BEST PRACTICES AND KNOWLEDGE. MARYMOUNT  
HOLDS A NUMBER OF CERTIFICATIONS AND ACCREDITATIONS INCLUDING:  
CERTIFICATION FROM AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER;  
CERTIFIED AS A PRIMARY STROKE CENTER BY THE JOINT COMMISSION FOR  
HOSPITAL ACCREDITATION, AN ACCREDITED HOSPITAL PROGRAM BY THE JOINT  
COMMISSION, A BEHAVIORAL HEALTH PROGRAM ACCREDITED BY THE JOINT  
COMMISSION, LAB ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGIST (CAP)  
AND AMERICAN ASSOCIATION OF BLOOD BANKS, AND CERTIFICATION BY THE  
AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION.  
FOUNDED IN 1944, MEDINA HOSPITAL IS A 148 STAFFED BED ACUTE CARE  
FACILITY. MEDINA'S STRONG CLINICAL CENTERS OF EXCELLENCE INCLUDE  
EMERGENCY DEPARTMENT, ORTHOPEDICS, AND SURGERY. THE HOSPITAL FEATURES  
MORE THAN 300 PHYSICIANS COVERING MORE THAN 30 AREAS OF SPECIALIZATION.  
MEDINA WAS AWARDED THE PATHWAY TO EXCELLENCE DESIGNATION BY THE  
AMERICAN NURSES CREDENTIALING CENTER (ANCC). THIS DESIGNATION IS  
EARNED BY HEALTHCARE ORGANIZATIONS THAT DEMONSTRATE COMMITMENT TO  
CREATING A POSITIVE PRACTICE ENVIRONMENT THAT EMPOWERS AND ENGAGES  
STAFF. IN 2019, U.S. NEWS & WORLD REPORT RECOGNIZED MEDINA HOSPITAL AS  
HIGH PERFORMING IN ONE COMMON ADULT PROCEDURE.

SOUTH POINTE HOSPITAL, IS A 163 STAFFED BED ACUTE CARE, COMMUNITY

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

272

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

TEACHING HOSPITAL WHICH HAS BEEN SERVICING THE HEALTHCARE NEEDS OF ITS  
COMMUNITY SINCE 1957. SOUTH POINTE DELIVERS A PATIENT CENTERED MODEL OF  
CARE WHICH PROMOTES THE HEALING OF THE MIND, BODY AND SPIRIT. IN 2019  
U.S. NEWS & WORLD REPORT RECOGNIZED SOUTH POINTE HOSPITAL AS HIGH  
PERFORMING IN TWO CLINICAL SPECIALTIES AND TWO COMMON ADULT PROCEDURES  
AND CONDITIONS. THE AMERICAN NURSES ASSOCIATION BESTOWED THE  
PRESTIGIOUS MAGNET STATUS TO SOUTH POINTE. ANCC, A SUBSIDIARY OF THE  
AMERICAN NURSES ASSOCIATION, GRANTS MAGNET STATUS WHEN A HEALTHCARE  
ORGANIZATION REFLECTS NURSING PROFESSIONALISM, TEAMWORK AND SUPERIORITY  
IN PATIENT CARE. FEWER THAN 400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS  
HAVE EARNED THIS PRESTIGIOUS HONOR.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

FOUNDED IN 1906, UNION HOSPITAL IS A 136 STAFFED BED HOSPITAL. THE  
HOSPITAL'S 25 ACRE MEDICAL CAMPUS INCLUDES PHYSICIAN OFFICE BUILDINGS,  
OUTPATIENT REHABILITATION AND SPORTS MEDICINE CENTER, AND A MENTAL  
HEALTHCARE AGENCY. OFF CAMPUS FACILITIES INCLUDE AN AMBULATORY SURGERY  
CENTER, OCCUPATIONAL MEDICINE AND AN URGENT CARE CENTER. IN 2019, U.S.  
NEWS & WORLD REPORT RECOGNIZED UNION HOSPITAL AS HIGH PERFORMING IN ONE  
COMMON ADULT PROCEDURE. UNION HOSPITAL HAS BEEN NAMED TO THE LIST OF  
THE 100 GREAT COMMUNITY HOSPITALS BY BECKER'S HOSPITAL REVIEW, A  
MONTHLY PUBLICATION OF BUSINESS AND LEGAL NEWS FOR HOSPITAL EXECUTIVES.  
IT IS ONE OF SIX HOSPITALS NATIONWIDE RECOGNIZED AS A TOP PERFORMING  
HOSPITAL IN THE MIDAS+ PLATINUM QUALITY AWARD PROGRAM. IN ADDITION, IT  
ACHIEVED CERTIFICATION AS A PRIMARY STROKE CENTER. UNION HOSPITAL HAS  
ALSO BEEN DESIGNATED AS A BREAST IMAGING CENTER OF EXCELLENCE BY THE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

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

AMERICAN COLLEGE OF RADIOLOGY, INDICATING THAT BREAST IMAGING AT UNION

MEETS THE HIGHEST STANDARDS OF THE RADIOLOGY PROFESSION. AS A

RECOGNITION OF A TOP-PERFORMING HOME HEALTH AGENCY, HOMECARE ELITE

IDENTIFIES THE TOP 25 PERCENT OF MEDICARE-CERTIFIED AGENCIES. FOR THE

THIRD CONSECUTIVE YEAR IN A ROW, UNION HOSPITAL HOME HEALTH HAS

ACHIEVED TOP 500 STATUS AS RANKED BY HOME CARE ELITE.

CLEVELAND CLINIC FLORIDA INCLUDES A 206 STAFFED BED HOSPITAL,

DIAGNOSTIC CENTERS, OUTPATIENT SURGERY, AND A 24-HOUR EMERGENCY

DEPARTMENT IN WESTON, FLORIDA. CLEVELAND CLINIC FLORIDA HAS LOCATIONS

IN WESTON, WEST PALM BEACH, WELLINGTON, PALM BEACH GARDENS, PARKLAND,

AND CORAL SPRINGS. IN 2019, CLEVELAND CLINIC FLORIDA HAD 543,555

PATIENT VISITS, 16,242 INTERNATIONAL PATIENT VISITS; AND MORE THAN 299

STAFF PHYSICIAN AND 133 RESIDENTS AND FELLOWS IN 11 ACCREDITED TRAINING

PROGRAMS. IN 2019, U.S. NEWS & WORLD REPORT NATIONALLY RANKED ONE OF

FLORIDA'S ADULT SPECIALTIES: GASTROENTEROLOGY & GI SURGERY. IT WAS

ALSO HIGH PERFORMING IN FIVE ADULT SPECIALTIES AND ALL NINE ADULT

PROCEDURES & CONDITIONS. IN ADDITION, PRACTICE GREENHEALTH AWARDED IT

WITH THE PARTNER FOR CHANGE AWARD. CLEVELAND CLINIC FLORIDA IS A

WORLD-RENOWNED ACADEMIC MEDICAL CENTER WITH ONE OF THE LARGEST GRADUATE

MEDICAL EDUCATION PROGRAMS IN SOUTH FLORIDA. FOR THE TENTH YEAR IN A

ROW, CLEVELAND CLINIC FLORIDA RANKED HIGHEST AMONG HOSPITALS IN BROWARD

COUNTY IN REGIONAL RANKINGS IN U.S. NEWS & WORLD REPORT'S RANKING OF

BEST HOSPITALS 2019-2020. CLEVELAND CLINIC FLORIDA IS RANKED FIRST IN

THE MIAMI-FT. LAUDERDALE METROPOLITAN REGION AND FIFTH IN THE STATE OF

FLORIDA. CLEVELAND CLINIC FLORIDA HOLDS SEVERAL AWARDS, INCLUDING:

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS FROM THE AMERICAN

COLLEGE OF SURGEONS, DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE

BY THE AMERICAN COLLEGE OF RADIOLOGY, A 3 YEAR ACCREDITED CANCER

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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, A  
FULLY ACCREDITED METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND  
QUALITY IMPROVEMENT PROGRAM, THE LANTERN AWARD FROM THE EMERGENCY  
NURSES ASSOCIATION, THE BEACON AWARD FROM AMERICAN ASSOCIATION OF  
CRITICAL CARE NURSES, AND A NATIONAL ACCREDITATION FOR RECTAL CANCER  
FROM THE AMERICAN COLLEGE OF SURGEONS.  
IN JANUARY 2019, CLEVELAND CLINIC THROUGH A SUBSIDIARY BECAME THE SOLE  
MEMBER OF MARTIN MEMORIAL HEALTH SYSTEM, INC. (MARTIN HEALTH SYSTEM)  
AND INDIAN RIVER MEMORIAL HOSPITAL, INC. MARTIN MEMORIAL MEDICAL  
CENTER, INC. IS A NOT-FOR-PROFIT, TAX EXEMPT ORGANIZATION THAT OPERATES  
GENERAL ACUTE CARE FACILITIES IN STUART, PORT SALERNO, AND PORT ST.  
LUCIE, FLORIDA, WITH A TOTAL OF 521 BEDS AND ASSOCIATED ANCILLARY  
SERVICE DEPARTMENTS. MARTIN MEMORIAL HEALTH SYSTEMS CONTROLS FOUR  
AFFILIATED COMPANIES, INCLUDING REAL ESTATE MANAGEMENT COMPANIES. THE  
MARTIN HEALTH SYSTEM'S PRIMARY MISSION IS TO PROVIDE QUALITY HEALTH  
CARE SERVICES TO CITIZENS OF MARTIN, ST. LUCIE, AND EASTERN OKEECHOBEE  
COUNTIES THROUGH ITS ACUTE AND AMBULATORY CARE FACILITIES. IN 2019,  
MARTIN MEMORIAL MEDICAL CENTER WILL FILE A SEPARATE FORM 990 WHICH WILL  
DETAIL ITS PROGRAM SERVICES AND ACCOMPLISHMENTS IN DETAIL. THE  
ACTIVITIES OF ALL THE OTHER TAX EXEMPT ORGANIZATIONS OF MARTIN HEALTH  
SYSTEM IS INCLUDED IN THE CLEVELAND CLINIC FOUNDATION GROUP RETURN'S  
FORM 990.

FOUNDED IN 1932, INDIAN RIVER HOSPITAL HAS GROWN FROM A SMALL COMMUNITY

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

275

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

HOSPITAL TO A 250 STAFFED BED HOSPITAL. INDIAN RIVER HOSPITAL SERVES  
AS THE AREA'S LEADING PROVIDER OF COMPREHENSIVE HIGH QUALITY HEALTH AND  
MEDICAL SERVICES AND IMPROVES THE HEALTH AND WELL-BEING OF THE PEOPLE  
OF AND COMMUNITIES SERVED. INDIAN RIVER HOSPITAL HAS BEEN DESIGNATED  
AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE AND KNEE AND HIP  
REPLACEMENT BY FLORIDA BLUE AND AWARDED THE JOINT COMMISSION'S GOLD  
SEAL OF APPROVAL. IT HAS BEEN RECOGNIZED AS ONE OF SOUTHERN FLORIDA'S  
BEST REGIONAL HOSPITALS BY U.S. NEWS & WORLD REPORT. INDIAN RIVER WAS  
AWARDED THE 2019 READERS CHOICE AWARD WINNER FOR BEST HOSPITALS AS  
VOTED BY THE HOMETOWN NEWS READERS OF VERO BEACH. INDIAN RIVER HAS  
ACHIEVED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION. THE  
AMERICAN ASSOCIATION OF CRITICAL CARE NURSES ("AACN") RECENTLY  
CONFERRED A BRONZE-LEVEL BEACON AWARD FOR EXCELLENCE. THE AWARD  
RECOGNIZES UNIT CAREGIVERS WHO SUCCESSFULLY IMPROVE PATIENT OUTCOMES  
AND ALIGN PRACTICES WITH AACN'S SIX HEALTHY WORK ENVIRONMENT STANDARDS.  
INDIAN RIVER RECEIVED ACCREDITATION FROM: THE AMERICAN COLLEGE OF  
RADIOLOGY; A THREE YEAR TERM IN ULTRASOUND BY THE AMERICAN COLLEGE OF  
RADIOLOGY; COMPUTED TOMOGRAPHY BY THE AMERICAN COLLEGE OF RADIOLOGY; A  
CANCER PROGRAM ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS  
COMMISSION ON CANCER; AND IS DESIGNATED AS A CHEST PAIN CENTER V5 WITH  
PRIMARY PCI ACCREDITATION.  
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

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

HEALTH WAS NAMED A RESEARCH CENTER OF EXCELLENCE BY THE LEWY BODY  
DEMENTIA ASSOCIATION. IT HAS BEEN NAMED ONE OF THE FIRST FIVE CUREPSP  
CENTERS OF CARE IN THE UNITED STATES. IT IS ALSO THE ONLY PROGRAM IN  
SOUTHERN NEVADA TO RECEIVE THE PARTNERS IN CARE DESIGNATION FROM THE  
NATIONAL MULTIPLE SCLEROSIS SOCIETY.  
KEEP MEMORY ALIVE ("KMA") RAISES FUNDS TO OPERATE THE CLEVELAND CLINIC  
LOU RUVO CENTER FOR BRAIN HEALTH TO ADVANCE THE RESEARCH AND TREATMENT  
OF PATIENTS WITH NEUROCOGNITIVE DISORDERS THAT RESULT FROM NEUROLOGICAL  
DISEASES INCLUDING ALZHEIMER'S, HUNTINGTON'S, PARKINSON'S, AND  
AMYOTROPHIC LATERAL SCLEROSIS (ALS). KMA STRIVES TO CREATE GREATER  
AWARENESS OF NEUROCOGNITIVE DISORDERS; EDUCATE FAMILIES ABOUT  
TREATMENTS, RESEARCH EFFORTS, AND AVAILABLE CAREGIVER SERVICES; AND  
PROMOTES LIFESTYLE CHANGES TO ENCOURAGE HEALTHY BRAIN AGING.  
FINANCIAL ASSISTANCE  
THE CLEVELAND CLINIC FINANCIAL ASSISTANCE POLICY ASSISTS POOR AND  
INDIGENT PATIENTS BY PROVIDING FREE CARE FOR EMERGENCY AND MEDICALLY  
NECESSARY SERVICES TO UNINSURED PATIENTS WITH INCOMES UP TO 250 PERCENT  
OF THE FEDERAL POVERTY LEVEL AND ALSO OFFERS DISCOUNTS ON EMERGENCY AND  
MEDICALLY NECESSARY SERVICES FOR UNINSURED PATIENTS WHOSE INCOME IS UP  
TO 400 PERCENT OF THE POVERTY LEVEL.  
PATIENTS WITH SPECIAL MEDICAL OR EXCEPTIONAL CIRCUMSTANCES MAY ALSO BE  
ELIGIBLE FOR FINANCIAL ASSISTANCE. THE FINANCIAL ASSISTANCE POLICY IS  
DESIGNED TO PREVENT MEDICAL BILLS FROM CAUSING A PATIENT OR FAMILY  
UNDUE FINANCIAL HARDSHIP.  
THE CLEVELAND CLINIC HEALTH SYSTEM PROVIDED FINANCIAL ASSISTANCE AT A  
COST OF \$166.3 MILLION IN 2019.

## II. RESEARCH

CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

277

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

BIOMEDICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT  
DISEASE, AND FIND CURES FOR MEDICAL ISSUES. THE CLEVELAND CLINIC HEALTH  
SYSTEM'S RESEARCH ACTIVITIES ARE INTENDED TO IMPROVE PATIENT CARE AND  
THE HEALTH OF THE PUBLIC AT LARGE, BY PROVIDING THE LATEST ADVANCES IN  
MEDICINE DIRECTLY TO PATIENTS AND BY REFINING THE PRACTICE OF MEDICINE  
THROUGH THE DEVELOPMENT AND PROMULGATION OF NEW TECHNIQUES, DEVICES,  
AND TREATMENT PROTOCOLS. CLEVELAND CLINIC'S LERNER RESEARCH INSTITUTE  
("LRI") IS ITS RESEARCH INSTITUTE LOCATED ON THE MAIN CAMPUS AND HOME  
TO A COMPLETE SPECTRUM OF LABORATORY-, TRANSLATIONAL-, AND  
CLINICAL-BASED RESEARCH.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

LRI HAS APPROXIMATELY 175 FACULTY-LEVEL SCIENTISTS ORGANIZED IN THE  
FOLLOWING DEPARTMENTS: BIOMEDICAL ENGINEERING, CANCER BIOLOGY,  
CARDIOVASCULAR AND METABOLIC SCIENCES, GENOMIC MEDICINE, INFLAMMATION  
AND IMMUNITY, NEUROSCIENCES, OPHTHALMIC RESEARCH, PATHOBIOLOGY,  
QUANTITATIVE HEALTH SCIENCES, AND TRANSLATIONAL HEMATOLOGY AND ONCOLOGY  
RESEARCH.

LRI IS ONE OF THE LEADING NIH-FUNDED RESEARCH INSTITUTES IN THE UNITED  
STATES AND HAS SPEARHEADED NUMEROUS ADVANCES IN THE DIAGNOSIS AND  
TREATMENT OF COMPLEX MEDICAL PROBLEMS. SCIENTISTS AND THEIR TEAMS ARE  
PURSUING A WIDE RANGE OF BIOMEDICAL QUESTIONS AT LRI, INCLUDING THOSE  
RELATED TO CARDIOVASCULAR, CANCER, NEUROLOGICAL, MUSCULOSKELETAL, AND  
METABOLIC DISEASES. ALTOGETHER, NEARLY 1,500 SCIENTISTS AND SUPPORT  
PERSONNEL WORK AT LRI. THIS INCLUDES APPROXIMATELY 240 RESEARCH  
FELLOWS, 109 GRADUATE STUDENTS AND 200 UNDERGRADUATE STUDENTS.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

278

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

IN ADDITION TO BASIC PRE-CLINICAL RESEARCH, THE CLEVELAND CLINIC, ITS

AFFILIATES, AND EMPLOYED PHYSICIANS PARTICIPATE OR ARE PRIMARY

INVESTIGATORS IN MANY CLINICAL TRIALS. IN 2019, CLEVELAND CLINIC WAS

INVOLVED IN APPROXIMATELY 4,000 ACTIVE INSTITUTIONAL REVIEW BOARD

APPROVED HUMAN SUBJECTS' RESEARCH STUDIES. THE ONGOING COLLABORATION

BETWEEN PHYSICIAN INVESTIGATORS AND STUDY VOLUNTEERS IS CENTRAL TO

TESTING THE SAFETY AND EFFECTIVENESS OF DRUGS AND MEDICAL PROCEDURES

AND HELPS TO SET THE STANDARDS FOR PATIENT CARE. RESEARCH AT

CLEVELAND CLINIC IS FUNDED BY EXTERNAL SOURCES, SUCH AS FEDERAL GRANTS,

BUT IS ALSO SUBSTANTIALLY SUPPORTED BY THE CLINIC'S OWN INTERNAL

RESOURCES. IN 2019, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN

RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$258.1 MILLION, WHICH

INCLUDED EXTERNALLY- SPONSORED FUNDING OF \$169.3 MILLION.

### III. EDUCATION

ON ITS MAIN CAMPUS, CLEVELAND CLINIC OPERATES A MEDICAL SCHOOL AND

RELATED RESEARCH INSTITUTE. THE PRIMARY FOCUS OF CLEVELAND CLINIC

LERNER COLLEGE OF MEDICINE OF CASE WESTERN RESERVE UNIVERSITY (THE

"LERNER COLLEGE OF MEDICINE") IS THE TEACHING AND TRAINING OF MEDICAL

STUDENTS WHO HAVE A PARTICULAR INTEREST IN RESEARCH. MANY CLEVELAND

CLINIC PHYSICIANS SERVE AS FACULTY FOR THE LERNER COLLEGE OF MEDICINE,

FURTHERING THE INTEGRATION OF CLINICAL CARE WITH RESEARCH AND

EDUCATION. THE LERNER COLLEGE OF MEDICINE CURRENTLY PROVIDES ALL

STUDENTS WITH FULL TUITION SCHOLARSHIPS.

IN ADDITION TO TRAINING THE NATION'S FUTURE DOCTORS, CLEVELAND CLINIC

SPONSORS A WIDE RANGE OF HIGH QUALITY MEDICAL EDUCATION TRAINING

THROUGHOUT THE HEALTH SYSTEM INCLUDING ACCREDITED TRAINING PROGRAMS FOR

NURSES AND HEALTH SCIENCE PROFESSIONALS.

CLEVELAND CLINIC HEALTH SYSTEM DEVOTES SUBSTANTIAL RESOURCES TO



# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

EDUCATION PROGRAMS, WHICH, IN 2019, PROVIDED A NET COMMUNITY BENEFIT OF

\$303.6 MILLION. THESE EDUCATIONAL ACTIVITIES ENSURE RESIDENTS AND

PATIENTS IN ALL OF THE CLEVELAND CLINIC HEALTH SYSTEM'S COMMUNITIES ARE

RECEIVING THE HIGHEST STANDARD OF MEDICAL CARE AND HAVE TRAINED HEALTH

PROFESSIONALS TO CARE FOR THEM IN THE FUTURE. SOME OF THESE EDUCATION

PROGRAMS INCLUDE:

-GRADUATE MEDICAL EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE

LARGEST GRADUATE MEDICAL EDUCATION PROGRAMS IN THE COUNTRY. IN 2019,

1,383 RESIDENTS AND FELLOWS TRAINED IN 104 ACCREDITED TRAINING

PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL

EDUCATION (ACGME), INCLUDING 155 ADVANCED FELLOWS IN 92 FELLOWSHIP

PROGRAMS.

-LERNER COLLEGE OF MEDICINE: SINCE ITS INCEPTION IN MAY 2002, THE

LERNER COLLEGE OF MEDICINE HAS LINKED ONE OF THE NATION'S TOP HOSPITALS

WITH ONE OF THE NATION'S LEADING RESEARCH UNIVERSITIES. THERE WERE

1,961 APPLICANTS FOR 32 POSITIONS FOR THE 2019-20 ACADEMIC YEAR. THE

PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS

HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 195

PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON 2019

CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT

SUBMISSIONS), AND 42 STUDENTS PARTICIPATED IN LOCAL AND NATIONAL

MEETINGS WITH PRESENTATIONS AND POSTERS.

-VISITING MEDICAL STUDENTS: VISITING MEDICAL STUDENT EDUCATION

REPRESENTS A MAJOR ACADEMIC COMMITMENT BY CLEVELAND CLINIC. IN 2019,

218 MEDICAL STUDENTS FROM 128 MEDICAL SCHOOLS AROUND THE WORLD ROTATED

THROUGH CLEVELAND CLINIC.

-CENTER FOR CONTINUING EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE

LARGEST CONTINUING MEDICAL EDUCATION (CME) PROGRAMS IN THE COUNTRY AND

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

280

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

ENJOYS THE HIGHEST ACCME RANKING: ACCREDITATION WITH COMMENDATION. IN

2019, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 1,658 CME

ACTIVITIES THAT OFFERED OVER 12,000 CME CREDITS TO 186,491

PARTICIPANTS. OF THAT NUMBER, 1,321 WERE LIVE COURSES THAT ATTRACTED

84,588 PARTICIPANTS. CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS

OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL CENTERS. THE CENTER'S

WEBSITE HAD 403 ACTIVITIES THAT ATTRACTED 365,053 ACTIVITY VIEWERS.

JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, AWARDING

MORE THAN 65,000 CERTIFICATES TO CLEVELAND CLINIC JOURNAL OF MEDICINE

(CCJM) PARTICIPANTS. IN 2019, THE CENTER ISSUED 164,767 CERTIFICATES

FOR ALL ACTIVITIES COMBINED.

-THE CCJM ENJOYED A CIRCULATION OF MORE THAN 124,000 COPIES AND RANKED

NO. 2 IN READERSHIP AMONG JOURNALS DIRECTED TO OFFICE-BASED INTERNISTS

AND CARDIOLOGISTS. EACH YEAR, THE PRINT AND ONLINE VERSIONS ARE READ

OR ACCESSED BY APPROXIMATELY 7.1 MILLION PEOPLE AROUND THE WORLD. IN

2019 THE CCJM WEBSITE RECORDED 12,561,060 PAGE VIEWS FROM 9,554,530

UNIQUE VISITORS.

-CENTER FOR HEALTH SCIENCES EDUCATION: CLEVELAND CLINIC IS A MAJOR

EDUCATION AND TRAINING SITE FOR A NUMBER OF ALLIED HEALTH STUDENTS FROM

VARIOUS ACADEMIC PROGRAMS THROUGHOUT THE REGION. THE CLEVELAND CLINIC

HEALTH SYSTEM CURRENTLY OFFERS 16 IN-HOUSE ALLIED HEALTH PROGRAMS AND

HAS 50 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS. IN

2019, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 717,000 CLINICAL

ROTATION HOURS FOR OVER 2,600 HEALTH SCIENCE STUDENTS.

-CENTER FOR INTERNATIONAL MEDICAL EDUCATION: THE CENTER FOR

INTERNATIONAL MEDICAL EDUCATION (CIME) IS RESPONSIBLE FOR COORDINATING

CLEVELAND CLINIC'S INTERNATIONAL EDUCATIONAL INITIATIVES AND FOR

ENSURING THE PROVISION OF HIGH QUALITY EDUCATIONAL EXPERIENCES FOR THE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

GLOBAL MEDICAL COMMUNITY. IN 2019, 986 INTERNATIONAL PHYSICIANS AND  
MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN  
OBSERVERSHIPS; 207 PHYSICIANS ATTENDED SYMPOSIA HELD AT CLEVELAND  
CLINIC PATIENT EXPERIENCE, CARDIOLOGY, COLORECTAL SURGERY, SPINE  
SURGERY, GASTROENTEROLOGY, LEUKEMIA, UROLOGY, CONGENITAL HEART DISEASE,  
BREAST CANCER, AND OBESITY; AND STAFF TRAVELED TO 14 COUNTRIES TO SHARE  
CLINICAL AND SURGICAL INNOVATIONS.

#### IV. ADDITIONAL COMMUNITY BENEFIT

PATIENT CARE PROVIDED ON A CHARITABLE BASIS, RESEARCH, AND EDUCATION  
DESCRIBED ABOVE ARE INTEGRAL COMPONENTS OF THE COMMUNITY BENEFIT THE  
CLEVELAND CLINIC HEALTH SYSTEM ANNUALLY REPORTS TO THE COMMUNITY. THE  
OTHER COMPONENTS OF THE CLEVELAND CLINIC'S COMMUNITY BENEFIT ARE:

#### MEDICAID SHORTFALL

THE CLEVELAND CLINIC HEALTH SYSTEM IS A LEADING PROVIDER OF MEDICAID  
SERVICES IN OHIO. IN MANY STATES, INCLUDING OHIO, MEDICAID PAYMENTS  
HAVE NOT BEEN SUFFICIENT TO COVER THE COST OF TREATING MEDICAID  
BENEFICIARIES. IN 2019, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS  
WERE \$439.9 MILLION (THIS FIGURE IS NET OF AN HCAP BENEFIT OF \$5.1  
MILLION).

#### SUBSIDIZED HEALTH SERVICES

IN ADDITION TO FINANCIAL ASSISTANCE AND COSTS NOT COVERED BY MEDICAID  
PAYMENTS, ANOTHER CLINICAL COMMUNITY BENEFIT CATEGORY IS "SUBSIDIZED  
HEALTH SERVICES." THESE SERVICES YIELD LOW OR NEGATIVE MARGINS BUT ARE  
NEEDED IN THE COMMUNITY. CLEVELAND CLINIC PROVIDED SUBSIDIZED HEALTH  
SERVICES IN 2019 AT A COST OF \$24.9 MILLION.

#### COMMUNITY OUTREACH PROGRAMS

THE CLEVELAND CLINIC HEALTH SYSTEM IS ACTIVELY ENGAGED IN A BROAD ARRAY  
OF COMMUNITY OUTREACH PROGRAMS, PROVIDING A TOTAL NET COMMUNITY BENEFIT

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

OF \$39.9 MILLION. THESE PROGRAMS ARE DESIGNED TO SERVE THE VULNERABLE

AND AT-RISK POPULATIONS IN ITS COMMUNITIES. ITS WELL-ESTABLISHED

OUTREACH PROGRAMS RANGE FROM FREE WELLNESS INITIATIVES, HEALTH

SCREENINGS, CLINICAL SERVICES, AND EDUCATION TO ENROLLMENT ASSISTANCE

FOR GOVERNMENT-FUNDED HEALTH PROGRAMS.

OUTREACH PROGRAMS ADDRESS DOCUMENTED HEALTH NEEDS OF THE CLEVELAND

CLINIC'S COMMUNITIES, ALIGN WITH ITS COMMUNITY HEALTH NEEDS ASSESSMENTS

AND FALL INTO THREE MAIN CATEGORIES: COMMUNITY HEALTH SERVICES, CASH

AND IN-KIND DONATIONS, AND COMMUNITY BUILDING. IN 2019, SOME

HIGHLIGHTS INCLUDED:

-WELLNESS INITIATIVES IN THE AREAS OF DISEASE/INJURY PREVENTION AND

HEALTHY BEHAVIORAL CHANGE, INCLUDING TOBACCO CESSATION, NUTRITION

IMPROVEMENT AND EXERCISE.

-COMMUNITY CLASSES OFFERED HEALTH EDUCATION ON CHRONIC DISEASE

MANAGEMENT IN THE AREAS OF HEART DISEASE, STROKE, CANCER, DIABETES,

ASTHMA AND BRAIN HEALTH. CLEVELAND CLINIC HOSPITALS AND FAMILY HEALTH

CENTERS PROVIDED CLASSES FOR HEALTHY SENIOR AND YOUTH LIFESTYLES.

NAVIGATORS WORKED WITH COMMUNITY RESIDENTS TO OBTAIN NEEDED

SOCIOECONOMIC RESOURCES.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

-EDUCATION AND COMMUNITY SERVICES ADDRESSED AREAS OF INFANT MORTALITY,

TEEN PARENTING, LEAD POISONING, INTIMATE PARTNER VIOLENCE AND ADVERSE

CHILDHOOD EXPERIENCES. PROGRAMS WERE PROVIDED TO SCHOOLS, FAITH-BASED

ORGANIZATIONS, COMMUNITY CENTERS, COLLABORATING CITIES AND COUNTIES.

- OPIOID EPIDEMIC COMMUNITY COLLABORATIONS PROVIDED UNIFIED RESPONSES

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

AND RESOURCE ALLOCATION IN AN EFFORT TO REDUCE OVERDOSES.

-HEALTH FAIRS PROVIDED THOUSANDS OF PEOPLE WITH FREE HEALTH SCREENINGS.

THE CLEVELAND CLINIC MINORITY MEN'S HEALTH FAIRS, CELEBRATING

SISTERHOOD, BEYOND PINK AND NEIGHBORHOOD FAIRS EDUCATED COMMUNITY

MEMBERS ON THE BENEFITS OF PREVENTATIVE CARE.

-CLEVELAND CLINIC PROVIDED NO-COST CLINICAL CARE TO UNDER- AND

UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH

& EDUCATION CENTER AND THE PEDIATRIC MOBILE UNIT, WHICH PROVIDED

WELLNESS SERVICES TO ITS COMMUNITIES. IN ADDITION, LABORATORY AND

VISION SERVICES WERE DONATED TO CLEVELAND-AREA ORGANIZATIONS.

-HEALTHY COMMUNITY INITIATIVES CONTINUED TO CONNECT RESIDENTS WITH

LOCAL RESOURCES IN A COLLABORATION TO STRENGTHEN COMMUNITIES THROUGH

NEIGHBORHOOD WELLNESS ACTIVITIES COMPETITIONS, ACADEMIC ACHIEVEMENT AND

CAREER PREPAREDNESS.

-K-12 YOUTH MENTORING PROGRAM PROVIDED EDUCATIONAL RESOURCES AND

PROGRAMS TO SUPPORT SUCCESS IN THE CLASSROOM AND WORKFORCE; EMPOWERING

YOUTH TO BECOME NORTHEAST OHIO'S NEXT GENERATION OF LEADERS.

-COMMUNITY FARMERS MARKETS, URBAN GARDENS AND A MOBILE FOOD PANTRY

PROVIDED ACCESS TO FRESH LOCAL PRODUCTS AND SUPPLEMENTAL FOOD PROGRAMS

TO ADDRESS FOOD INSECURITY ISSUES.

## V. CONCLUSION

THE PURPOSE OF THE CLEVELAND CLINIC HEALTH SYSTEM IS TO BENEFIT

HUMANITY THROUGH THE EFFICIENT, EFFECTIVE, AND ETHICAL PRACTICE OF

MEDICINE, BY ADVANCING SCIENTIFIC INVESTIGATION AND MEDICAL EDUCATION,

BY MAINTAINING THE HIGHEST STANDARDS OF QUALITY, AND BY FOSTERING

CREATIVITY AND INNOVATION.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

UNITED KINGDOM, SAUDI ARABIA, LUXEMBOURG, ISRAEL,

CAYMAN ISLANDS, NORWAY, HONG KONG, SOUTH KOREA,

SWEDEN, BRAZIL, CANADA, DENMARK,

PORTUGAL

FORM 990, PART VI, SECTION A, LINE 1:

LAKEWOOD HOSPITAL ASSOCIATION'S BOARD OF TRUSTEES HAS DELEGATED AUTHORITY

TO THREE OF ITS BOARD MEMBERS TO ACT ON BEHALF OF THE BOARD AND OVERSEE THE

WIND DOWN OF THE ORGANIZATION AS IT CARRIES OUT REMAINING FUNCTIONS SINCE

INPATIENTS OPERATIONS HAVE CEASED.

EACH OF THE BOARDS OF DIRECTORS OF AKRON GENERAL HEALTH SYSTEM, CLEVELAND

CLINIC AVON HOSPITAL, FAIRVIEW HOSPITAL, LUTHERAN HOSPITAL, MEDINA

HOSPITAL, CLEVELAND CLINIC HEALTH SYSTEM EAST REGION, AND UNION HEALTH

SYSTEM HAVE DELEGATED FULL AUTHORITY TO A JOINT EXECUTIVE COMMITTEE TO ACT

ON BEHALF OF THE BOARD OF DIRECTORS IN BETWEEN BOARD MEETINGS. THESE

COMMITTEES HAVE THE SAME COMPOSITION AND ARE COMPOSED ENTIRELY OF BOARD

MEMBERS, CONSISTING OF THE CHAIRS OF THE BOARD OF EACH SUCH ORGANIZATION

AND THE PRESIDENT OF THE REGIONAL HOSPITALS AND FAMILY HEALTH CENTERS.

FORM 990, PART VI, SECTION A, LINE 2:

RONALD WEINBERG, CCF DIRECTOR & WILLIAM PEACOCK, CCF OFFICER - BUSINESS

DEBORAH CRAWFORD, CCF DIRECTOR & PATRICK AULETTA, CCF DIRECTOR - BUSINESS

LARRY RUVO, KMA DIRECTOR & CAMILLE RUVO, KMA DIRECTOR - FAMILY

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

FORM 990, PART VI, SECTION A, LINE 3:

CCF HOTEL SERVICES, LLC, A SINGLE MEMBER DISREGARDED ENTITY OF CCF, HAS

ENTERED INTO A MANAGEMENT AGREEMENT WITH INTERCONTINENTAL HOTELS

CORPORATION TO MANAGE THE TWO HOTELS OWNED BY CCF HOTEL SERVICES, LLC.

CCF ENTERED INTO A MANAGEMENT AGREEMENT WITH KESSLER REHABILITATION

SERVICES, INC. AS PART OF A JOINT VENTURE WITH HOSPITAL HOLDINGS

CORPORATION ("SELECT MEDICAL") TO MANAGE AND OPERATE THREE INPATIENT

REHABILITATION HOSPITAL FACILITIES.

CCF ENTERED INTO A MANAGEMENT AGREEMENT WITH REGENCY HOSPITALS, LLC AS PART

OF A JOINT VENTURE WITH SELECT UNIT MANAGEMENT, INC. TO MANAGE AND OPERATE

FOUR LONG TERM ACUTE CARE FACILITIES.

FORM 990, PART VI, SECTION A, LINE 4:

AKRON GENERAL PARTNERS, INC. AMENDED THE CODE OF REGULATIONS TO FORMALIZE A

1 YEAR TERM FOR OFFICERS, AND OFFICER NOMINATION/APPOINTMENT PROCESS.

PARTNERS PHYSICIAN GROUP AMENDED THE CODE OF REGULATIONS TO ADD TWO NEW

OFFICERS TO BOARD LISTING.

THE UNION HOSPITAL ASSOCIATION AMENDED ITS CODE OF REGULATIONS TO: PROVIDE

STAGGERED TERMS FOR THE DIRECTORS; DEFINE EX OFFICIO DIRECTORS; AND

ESTABLISH A SERVICE PERIOD.

MARTIN MEMORIAL HEALTH SYSTEM REVISED ITS ARTICLES OF INCORPORATION AND

BYLAWS TO: REFLECT A CHANGE IN THE SOLE MEMBER; AND MIRROR THEIR DOCUMENTS

TO THE CCHS FORMAT AND CONTENT, INCLUDING CHANGES TO THE COMPOSITION OF THE

GOVERNING BOARD.

INDIAN RIVER MEMORIAL HOSPITAL REVISED ITS ARTICLES OF INCORPORATION AND

BYLAWS TO: REFLECT A CHANGE IN THE SOLE MEMBER; AND MIRROR THEIR DOCUMENTS

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

286

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

TO THE CCHS FORMAT AND CONTENT, INCLUDING CHANGES TO THE COMPOSITION OF THE  
GOVERNING BOARD.

ON APRIL 29, 2020 CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT

CORPORATION AMENDED ITS ARTICLES OF INCORPORATION TO CHANGE ITS NAME TO

CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION.

FORM 990, PART VI, SECTION A, LINE 6:

PURSUANT TO NONPROFIT CORPORATION LAW, THERE CAN BE NO SHAREHOLDERS OR

OTHER "EQUITY OWNERS" OF A NONPROFIT CORPORATION. MANAGEMENT AND CONTROL

RIGHTS ARE HELD AND EXERCISED BY THE "MEMBERS" OF THE NONPROFIT

CORPORATION. CCF IS AN OHIO NONPROFIT CORPORATION AND IT HAS BOTH MEMBERS

AND TRUSTEES/DIRECTORS. IT DOES NOT HAVE STOCKHOLDERS. THE MEMBER OF EACH

SUBORDINATE IN THE CCF GROUP IS EITHER CCF OR AN INDIRECT SUBORDINATE.

FORM 990, PART VI, SECTION A, LINE 7A:

PURSUANT TO NONPROFIT CORPORATION LAW, THE "MEMBERS" OF THE CORPORATION

ELECT THE BOARD OF DIRECTORS (TRUSTEES), AND THE BOARD THEN CONDUCTS THE

AFFAIRS OF THE CORPORATION. IN ADDITION, ONE NONPROFIT CORPORATION MAY BE

THE "MEMBER" OF ANOTHER NONPROFIT CORPORATION. CCF IS AN OHIO NONPROFIT

CORPORATION AND IT HAS MEMBERS WHO ELECT THE DIRECTORS. THE MEMBER OF EACH

SUBORDINATE IN THE CCF GROUP IS EITHER CCF OR AN INDIRECT SUBORDINATE AND

THAT MEMBER ELECTS THE BOARD OF THE RESPECTIVE SUBORDINATE.

FORM 990, PART VI, SECTION A, LINE 7B:

PURSUANT TO NONPROFIT CORPORATION LAW, CERTAIN OF THE DECISIONS OF THE

GOVERNING BODIES MUST BE APPROVED BY THE MEMBERS. FOR EXAMPLE, ANY CHANGES

TO THE ARTICLES OF INCORPORATION AND CODE OF REGULATIONS MUST BE APPROVED

BY A VOTE OF THE MEMBERS.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

287

17191029 352590 CCHS990

2019.04030 THE CLEVELAND CLINIC FOUNDA CCHS9901



# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

IN ADDITION, CERTAIN SUBORDINATES IN THE CCF GROUP EACH HAVE A "SPECIAL"  
MEMBER THAT ARE OTHER NONPROFIT TAX EXEMPT ENTITIES THAT HOLD SPECIAL  
RIGHTS TO APPROVE SIGNIFICANT TRANSACTIONS OR CHANGES SUCH AS MERGER,  
DISSOLUTION, SALE OF SUBSTANTIALLY ALL ASSETS, OR A MATERIAL CHANGE IN  
MISSION.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

CCF HAS ADOPTED A CONFLICT OF INTEREST ("COI") POLICY CONSISTENT WITH THE  
MODEL IRS COI POLICY. IT APPLIES TO DIRECTORS, OFFICERS AND TRUSTEES OF CCF  
AND ALL ITS AFFILIATES, BOTH EXEMPT AND TAXABLE. UNDER THE BOARD OF  
DIRECTORS POLICY AND PROCEDURES FOR DEALING WITH CONFLICT OF INTEREST  
ISSUES (THE POLICY), A TRUSTEE OR DIRECTOR WHO HAS A CONFLICT OF INTEREST  
WITH RESPECT TO A PROPOSED CONTRACT, TRANSACTION, OR ARRANGEMENT MUST  
REFRAIN FROM VOTING ON ANY MATTER RELATING TO THE CONTRACT, TRANSACTION, OR

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

ARRANGEMENT. IN ADDITION, THE TRUSTEES, DIRECTORS AND OFFICERS MUST  
ANNUALLY DISCLOSE ANY INTERESTS AS DEFINED IN THE POLICY THAT MAY BE  
CONSIDERED A POTENTIAL CONFLICT OF INTEREST. FAILURE TO TIMELY REPLY IS TO  
BE ADDRESSED BY THE COMMITTEE UNDER THE POLICY. THE TRUSTEES, OFFICERS AND  
DIRECTORS HAVE A CONTINUING OBLIGATION TO NOTIFY THE CHIEF GOVERNANCE  
OFFICER AT ANY TIME DURING THE YEAR IF ANY OF THEIR DISCLOSURES CHANGE OR  
IF A NEW DISCLOSURE IS REQUIRED UNDER THE POLICY. THE BOARD CONFLICT OF  
INTEREST COMMITTEE MEETS FOUR TIMES A YEAR AND REVIEWS THE DISCLOSURES, ANY  
PROPOSED ARRANGEMENTS THAT MAY INVOLVE A POTENTIAL CONFLICT OF INTEREST,  
AND DOCUMENTS THEIR CONCLUSIONS. UNDER THE POLICY, THE INTERESTED PERSONS  
MAY ATTEND A MEETING AT THE DISCRETION OF THE BOARD OR COMMITTEE TO PROVIDE  
INFORMATION OR ANSWER QUESTIONS, BUT THEY MAY NOT BE PRESENT DURING FINAL  
CONSIDERATION OR VOTING ON THE ARRANGEMENTS.

FORM 990, PART VI, SECTION B, LINE 15A:

ALL CCF OFFICERS AND KEY EMPLOYEE POSITIONS HAVE THEIR COMPENSATION  
REVIEWED IN ADVANCE ANNUALLY BY THE COMPENSATION COMMITTEE OF THE CCF BOARD  
OF DIRECTORS, WHICH IS VESTED WITH BOARD-DELEGATED POWERS TO ACT ON BEHALF  
OF THE BOARD WITH RESPECT TO COMPENSATION MATTERS. IN REVIEWING AND  
ESTABLISHING COMPENSATION FOR THESE OFFICERS, THE COMMITTEE USES A PROCESS  
WHICH IS INTENDED TO CREATE THE PRESUMPTION IN REGULATION 53.4958-6(A) THAT  
PAYMENTS OF COMPENSATION TO THESE PERSONS CONSTITUTE REASONABLE  
COMPENSATION, DEFINED AS AMOUNTS THAT ARE WITHIN THE RANGE OF COMPENSATION  
PAID BY SIMILARLY SITUATED ORGANIZATIONS TO SIMILARLY QUALIFIED PERSONS IN  
FUNCTIONALLY COMPARABLE POSITIONS.

IN THIS PROCESS, NO MEMBER OF THE COMMITTEE WHO HAS A CONFLICT OF INTEREST  
WITHIN THE MEANING OF REGULATION 53.4958-6(C)(1)(III) WITH RESPECT TO THE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

COMPENSATION ARRANGEMENT AT ISSUE IS PERMITTED TO PARTICIPATE IN THE REVIEW

AND APPROVAL OF THAT COMPENSATION ARRANGEMENT.

IN ESTABLISHING COMPENSATION FOR EMPLOYED PHYSICIANS FOR PHYSICIAN

SERVICES, CCF PARTICIPATES IN PRODUCTIVITY AND COMPENSATION SURVEYS WITH

SIMILARLY SITUATED ORGANIZATIONS ACROSS THE U.S. IN ADDITION, CCF ENGAGES

THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT WHO EACH YEAR

PROVIDES CCF WITH A CUSTOMIZED COMPENSATION REPORT REGARDING PHYSICIAN

COMPENSATION. BY USING THIS DATA, CCF HAS BEEN ABLE TO DEVELOP

MARKET-BASED COMPENSATION FOR PHYSICIAN SERVICES.

IN ESTABLISHING COMPENSATION FOR OFFICERS AND KEY EMPLOYEES PERFORMING

NON-PHYSICIAN SERVICES, THE COMPENSATION COMMITTEE RETAINS AND CONSULTS

WITH AN INDEPENDENT COMPENSATION CONSULTANT, WHO PREPARES A CUSTOMIZED

REPORT FOR THE COMMITTEE REGARDING AMOUNTS PAID BY SIMILARLY SITUATED

ORGANIZATIONS TO SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE

POSITIONS. THE COMMITTEE USES THE MARKET-BASED DATA PROVIDED BY THE

CONSULTANT, AND WHERE APPROPRIATE, PERFORMANCE REVIEWS AND COMPENSATION

RECOMMENDATIONS BY THE CHIEF EXECUTIVE OFFICER AND CHIEF OF STAFF, TO

ESTABLISH MARKET-BASED COMPENSATION.

AFTER MAKING ITS COMPENSATION DECISIONS, THE COMMITTEE CONTEMPORANEOUSLY

DOCUMENTS ITS DELIBERATIONS AND DECISIONS IN CCF'S WRITTEN OR ELECTRONIC

BOOKS AND RECORDS.

A SMALL NUMBER OF EMPLOYEES HOLDING AFFILIATE OFFICER POSITIONS HAVE THEIR

COMPENSATION REVIEWED AND APPROVED BY THEIR MANAGERS ANNUALLY WITHIN

GUIDELINES PRESCRIBED BY THE ORGANIZATION'S HUMAN RESOURCE FUNCTION. THESE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

GUIDELINES TAKE INTO CONSIDERATION APPLICABLE COMPARABILITY DATA AND

SIMILAR COMPENSATION METRICS.

FORM 990, PART VI, SECTION C, LINE 18:

THE MOST RECENTLY FILED FORM 990 IS AVAILABLE ON THE CCF WEBSITE,

WWW.CLEVELANDCLINIC.ORG, UNDER THE "ABOUT CLEVELAND CLINIC" SECTION. ALL

OTHER DOCUMENTS WHICH ARE REQUIRED TO BE AVAILABLE TO THE PUBLIC CAN BE

OBTAINED UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

CCHS MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE TO THE PUBLIC ON ITS

WEBSITE, WWW.CLEVELANDCLINIC.ORG, UNDER THE "ABOUT CLEVELAND CLINIC"

SECTION. IN THIS SECTION, THE FINANCIAL STATEMENTS, ANNUAL REPORT,

COMMUNITY BENEFIT REPORT, CCF'S CONFLICT OF INTEREST POLICY, AND CORPORATE

COMPLIANCE POLICIES ARE AVAILABLE.

FORM 990, PART VI, SECTION A, LINE 1A AND 1B

OF THE SUBORDINATE ORGANIZATIONS IN THE CLEVELAND CLINIC GROUP

EXEMPTION, THE TAX EXEMPT HOSPITAL NONPROFIT CORPORATIONS HAVE BOARDS

THAT ARE MAJORITY INDEPENDENT. THE REMAINING SUBORDINATES ARE WHOLLY

OWNED SUBSIDIARIES MANY OF WHICH HAVE BOARDS COMPRISED IN WHOLE OR IN

PART BY INDIVIDUALS WHO ARE OFFICERS AND/OR EMPLOYEES OF THE PARENT

ORGANIZATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTIONS FOR

CAPITAL PURPOSES

8,651,242.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

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

GIFTS AND BEQUESTS	114,896,329.
TRANSFERS OF NET ASSETS	-50,062,164.
NET INVESTMENT INCOME	70,740,933.
NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS	-51,756,390.
RETIREMENT BENEFITS ADJUSTMENT	-6,171,475.
NET CHANGE IN UNREALIZED GAINS ON NON-TRADING INVESTMENTS	1,796,704.
EQUITY TRANSFERS & OTHER TRANSFERS	-11,344,400.
TOTAL TO FORM 990, PART XI, LINE 9	76,750,779.

# PUBLIC INSPECTION COPY

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public  
Inspection

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

**Part I 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
ADEO, LLC - 46-5704174 9500 EUCLID AVENUE CLEVELAND, OH 44195	TECHNOLOGY SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
ADVANCED INFUSION SERVICES, LTD - 34-1847339 #1 HOME CARE PLACE AKRON, OH 44320	HOME INFUSION SERVICES	OHIO	14,403.	0.	VISITING NURSE SERVICE, INC.
AKRON GENERAL MEDICAL CENTER OUTPATIENT PHARMACY, LLC - 84-2380272, 1 AKRON GENERAL AVENUE, AKRON, OH 44307	HEALTH CARE SERVICES	OHIO	27,750.	0.	AKRON GENERAL HEALTH SYSTEM
AUTISM EYES, LLC - 84-3070150 10000 CEDAR AVE CLEVELAND, OH 44106	INACTIVE	DELAWARE	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
AUXILIARY BOARD OF FAIRVIEW GENERAL HOSPITAL - 23-7108198, 18101 LORAIN AVENUE, CLEVELAND, OH 44111	SUPPORT FAIRVIEW HOSPITAL	OHIO	501(C)(3)	LINE 10	N/A		X
CLEVELAND CLINIC PHILANTHROPY (UK) LTD 40 GROSVENOR PLACE LONDON, UNITED KINGDOM SW1X 7AW	SUPPORT HEALTH CARE, RESEARCH, AND EDUCATION	UNITED KINGDOM	501(C)(3)		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 INDIANA RIVER HOSPITAL	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2019

# 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
BIALBERO MEDICAL, LLC - 83-4278743 10000 CEDAR AVE CLEVELAND, OH 44106	INACTIVE	DELAWARE	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CARNEGIE/89TH GARAGE AND SERVICE CENTER - 20-5693261, 6801 BRECKSVILLE ROAD, RK1-85, INDEPENDENCE, OH 44131	LEASE PROPERTY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CARNEGIE/96TH RESEARCH BUILDING LLC - 11-3706542, 6801 BRECKSVILLE ROAD, RK1-85, INDEPENDENCE, OH 44131	LEASE PROPERTY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CC CHINA, LLC - 20-5776477 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CC WEB SOLUTIONS, LLC - 26-3222020 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	DOMAIN HOLDING COMPANY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CCF AMBULATORY SURGERY CENTERS, LLC - 34-1939710, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	4,140,606.	67,351.	THE CLEVELAND CLINIC FOUNDATION
CCF HOTEL SERVICES, LLC - 34-0666034 9500 EUCLID AVENUE CLEVELAND, OH 44195	HOTEL OPERATIONS	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CHV HOME MEDICAL EQUIPMENT CO, LLC - 20-4760456, #1 HOME CARE PLACE, AKRON, OH 44320	DURABLE MEDICAL EQUIPMENT	OHIO	0.	0.	VISITING NURSE SERVICE, INC.
CLEVELAND CLINIC CARE COORDINATION, LLC - 45-5282492, 6801 BRECKSVILLE RD, INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC FLORIDA CONCIERGE MEDICINE LLC - 82-3186835, 1301 EAST BROWARD BLVD, STE 330, FT. LAUDERDALE, FL 33301	MEDICAL SERVICES	FLORIDA	0.	0.	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)

# 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 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	HEALTH CARE SERVICES	FLORIDA	0.	0.	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC GLOBAL SOLUTIONS, LLC - 26-3666730, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES & IP LICENSING	OHIO	2,850,662.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC MEDICARE ACO, LLC - 47-1281189, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	28,700.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC OB/GYN SPECIALTIES, LLC - 34-1938153, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	2,044,741.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC WELLNESS ENTERPRISE, LLC - 26-3859233, 1950 RICHMOND ROAD, LYNDHURST, OH 44124	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CLINIC MEDICAL SERVICES COMPANY, LLC - 34-1932969, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CLINIC PHYSICIAN SERVICES COMPANY, LLC - 34-1907574, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	0.	10,000.	THE CLEVELAND CLINIC FOUNDATION
CLINIC REGIONAL PHYSICIANS, LLC - 26-2636530 25875 SCIENCE PARK DR BEACHWOOD, OH 44122	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
EDWIN SHAW REHAB, LLC - 27-0119182 330 BROADWAY STREET EAST CUYAHOGA FALLS, OH 44221	REHABILITATION FACILITY	OHIO	0.	0.	AKRON GENERAL MEDICAL CENTER



# 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
INTELLIS EPM, LLC - 27-0645368 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	MEDICAL TECHNOLOGY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
IRMC#1, LLC - 59-0760215 1000 36TH STREET VERO BEACH, FL 32960	HOLD LAND	FLORIDA	0.	0.	INDIAN RIVER HOSPITAL FOUNDATION, INC.
IVHR, LLC. - 45-4657632 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	MEDICAL TECHNOLOGY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
MEDINA HEALTH VENTURES, LLC 1000 E WASHINGTON STREET MEDINA, OH 44256	INACTIVE	OHIO	0.	0.	MEDINA HOSPITAL
MERIDIA MEDICAL GROUP, LLC - 34-1898545 6801 BRECKSVILLE RD INDEPENDENCE, OH 44131	INACTIVE	OHIO	0.	0.	CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION
MITRIA MEDICAL, LLC - 84-3447663 10000 CEDAR AVE CLEVELAND, OH 44106	INACTIVE	DELAWARE	0.	0.	THE CLEVELAND CLINIC FOUNDATION
MONTROSE SLEEP CENTER, LLC - 20-0494491 4125 MEDINA ROAD AKRON, OH 44333	HEALTH CARE SERVICES	OHIO	335,752.	0.	AKRON GENERAL PARTNERS
NEUROOPERATIVE MONITORING, LLC - 30-0746215 1 AKRON GENERAL AVENUE AKRON, OH 44307	INACTIVE	OHIO	0.	0.	AKRON GENERAL PARTNERS
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
OHIO STAR IMAGING, LLC 9500 EUCLID AVENUE CLEVELAND, OH 44195	INACTIVE	OHIO	0.	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
PSMA, LLC - 83-4269973 10000 CEDAR AVE CLEVELAND, OH 44106	INACTIVE	DELAWARE	0.	0.	THE CLEVELAND CLINIC FOUNDATION
PSVW, LLC - 26-1614376 9500 EUCLID AVENUE CLEVELAND, OH 44195	REAL ESTATE HOLDINGS	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
REJ HOLDINGS, LLC - 27-3245990 3050 SCIENCE PARK DRIVE BEACHWOOD, OH 44122	REAL ESTATE HOLDINGS	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
SCIENCE PARK CLEVELAND, LLC - 20-8726513 6801 BRECKSVILLE ROAD, RK1-85 INDEPENDENCE, OH 44131	LEASE PROPERTY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
SPC BUILDINGS 1 & 3, LLC - 26-1357176 6801 BRECKSVILLE ROAD, RK1-85 INDEPENDENCE, OH 44131	LEASE PROPERTY	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
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
TUSCARAWAS AMBULATORY SURGERY CENTER, LLC - 34-0000100, 659 BOULEVARD, DOVER, OH 44622	HEALTH CARE SERVICES	OHIO	577,288.	0.	THE UNION HOSPITAL ASSOCIATION
UNION HOSPITAL MEDICAL SERVICES, LLC - 27-0273520, 659 BOULEVARD, DOVER, OH 44622	HEALTH CARE SERVICES	OHIO	0.	0.	THE UNION HOSPITAL ASSOCIATION
UNION PHYSICIAN SERVICES, LLC - 26-4215547 659 BOULEVARD DOVER, OH 44622	HEALTH CARE SERVICES	OHIO	0.	0.	THE UNION HOSPITAL ASSOCIATION





# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) 2019 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 ASSOC, LLC - 01-0672877, 4125 MEDINA ROAD, AKRON, OH 44333	AMBULATORY SURGERY CENTER	OH	N/A	N/A	1,039,684.	1,400,370.		X	N/A		X	51.00%
CCAW JV, LLC - 84-3867549 10000 CEDAR AVE CLEVELAND, OH 44106	TELE HEALTH & MEDICAL SERVICES	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED	0.	0.		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	3,794,768.	10,927,725.		X	N/A		X	60.00%
CLEVELAND HEALTH NETWORK MSO, LLC - 31-1566180, 4700 ROCKSIDE ROAD, STE 200, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	N/A	RELATED	0.	14,060.		X	N/A		X	100.00%

**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, LTD. 47 ESPLANADE ST. HELIER, JERSEY JE1 0BD	LEASE HOLDING COMPANY	JERSEY	CLEVELAND CLINIC UK HOLDINGS, LTD	C CORP	-50,703.	10,451.	100.00%	X	
AKRON GENERAL MANAGED CARE ASSOCIATION, INC. - 34-1784985, 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	SUPPORTING SERVICES	OH	AKRON GENERAL MEDICAL CENTER	C CORP	0.	0.		X	
CASHEL NEURAL, INC. - 82-4625105 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	121,138.	66,247.	100.00%	X	
CCF BOLTON, INC. - 20-4596571 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.		X	
CCHS INDEMNITY CO., LTD. - 98-0207086 23 LIME TREE BAY, BOX 1051 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE COMPANY	CAYMAN ISLANDS	THE CLEVELAND CLINIC FOUNDATION	C CORP	122,680,372.	217,327,058.	100.00%	X	

# PUBLIC INSPECTION COPY

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	
EXCELERATE STRATEGIC HEALTH SOURCING, LLC - 46-1810992, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE OP & MGMT	DE	THE CLEVELAND CLINIC FOUNDATION	RELATED	354,242.	7,756,703.		X	68,929.		X	51.00%
MARTIN SURGICAL VENTURES, LLC - 32-0496475, 9131 ANSON WAY, SUITE 304, RALEIGH, NC 27615	SURGICAL VENTURE	NC	MARTIN MEMORIAL HEALTH SYSTEMS, INC.	N/A	346,480.	-174,810.		X	N/A		X	62.00%
MEDICAL CENTER AT HOBE SOUND, LTD. - 65-0748232, PO BOX 9033, STUART, FL 34996	MEDICAL OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEMS, INC.	RELATED	27,833.	1,843,884.		X	N/A		X	100.00%
MEDICAL CENTER AT ST. LUCIE WEST, LTD. - 65-0504863, PO BOX 9033, STUART, FL 34996	MEDICAL OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEMS, INC.	RELATED	131,852.	7,304,299.		X	N/A		X	100.00%
MEDISTRY, LLC - 45-4880352 3029 PROSPECT AVENUE CLEVELAND, OH 44115	DATA HOSTING & RELATED SVCS	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED	-183,596.	42,527.		X	N/A		X	55.00%
PROGNOSTIX, LLC - 30-0624422 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	23,588.	25,010.		X	N/A		X	78.00%
TREASURE COAST INTEGRATED HEALTHCARE, LLC - 82-0708813, PO BOX 9010, STUART, FL 34995	CLINICALLY INTERGRATED NETWORK	FL	MARTIN MEMORIAL HEALTH SYSTEMS, INC.	UNRELATED	0.	336,835.		X	N/A		X	51.00%

# PUBLIC INSPECTION COPY

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
CELLX TECHNOLOGIES, INC. - 82-2405500 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	636.	75,895.	41.35%	X	
CHARITABLE REMAINDER TRUSTS (14) C/O 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	CHARITABLE TRUST	OH	THE CLEVELAND CLINIC FOUNDATION	TRUST				X	
CLEVELAND CLINIC CANADA-TORONTO, INC. 181 BAY STREET, BOX818 TORONTO, CANADA M5J 2T3	HEALTH CARE SERVICES	CANADA	THE CLEVELAND CLINIC FOUNDATION	C CORP	13,932,707.	16,070,554.	100.00%	X	
CLEVELAND CLINIC EMR, INC. - 20-4856025 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.		X	
CLEVELAND CLINIC FINANCING PLC 11-12 ST. JAMES'S SQUARE, STE1, 3RD FL LONDON, UNITED KINGDOM SW1Y 4LB	FINANCING	UNITED KINGDOM	CLEVELAND CLINIC UK HOLDINGS, LTD	C CORP	0.	55,583.	100.00%	X	
CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION - 34-1877409, 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	10,458,372.	11,549,645.		X	
CLEVELAND CLINIC LONDON, LTD 11-12 ST. JAMES'S SQUARE, STE1, 3RD FL LONDON, UNITED KINGDOM SW1Y 4LB	HOSPITAL OPERATING COMPANY	UNITED KINGDOM	CLEVELAND CLINIC UK HOLDINGS, LTD	C CORP	0.	0.	100.00%	X	
CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY), PO BOX 340340, RIYADH, SAUDI ARABIA 11333	MEDICAL SERVICES	SAUDI ARABIA	THE CLEVELAND CLINIC FOUNDATION	C CORP	35,979,056.	57,128,116.	100.00%	X	
CLEVELAND CLINIC UK HOLDINGS, LTD 11-12 ST. JAMES'S SQUARE, STE1, 3RD FL LONDON, UNITED KINGDOM SW1Y 4LB	HOLDING COMPANY	UNITED KINGDOM	THE CLEVELAND CLINIC FOUNDATION	C CORP	-6,316.	35,304.	100.00%	X	
CLEVELAND HEALTH NETWORK - 34-1770780 6000 WEST CREEK ROAD, STE 20 INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	N/A	C CORP	10,679.	1,399,334.		X	
CLEVELAND HEALTH NETWORK MANAGED CARE ORGANIZATION - 34-1808138, 6000 WEST CREEK ROAD, STE 20, INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OH	CLEVELAND HEALTH NETWORK	C CORP	62,722.	4,179,775.		X	
CLINIC MEDICAL SOLUTIONS, INC. - 34-1695388 18101 LORAIN AVENUE CLEVELAND, OH 44111	HEALTH CARE SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	C CORP	8,995,850.	4,981,757.		X	

# PUBLIC INSPECTION COPY

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
CMCD, INC. - 34-1256599 1000 E WASHINGTON STREET MEDINA, OH 44256	REAL ESTATE	OH	MEDINA HOSPITAL	C CORP	0.	311,040.	100.00%	X	
CSC CONDOMINIUM ASSOCIATION, INC. - 59-2320501, PO BOX 9033, STUART, FL 34995	CONDOMINIUM ASSOCIATION	FL	MARTIN MEMORIAL MEDICAL CENTER	C CORP	205,184.	608,520.	84.00%	X	
ENHALE MEDICAL, INC. - 82-1613340 10000 CEDAR AVENUE CLEVELAND, OH 44106	SLEEP APNEA TREATMENT	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	1,187,798.	100.00%	X	
INFUSEON THERAPEUTICS, INC. - 46-1776182 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	353,503.	100.00%	X	
ION-VAC, INC. - 46-1560044 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	34,784.	100.00%	X	
LAKWOOD HEALTHCARE FOUNDATION - 34-1574608 14519 DETROIT AVENUE LAKWOOD, OH 44107	HEALTH CARE SERVICES	OH	LAKWOOD HOSPITAL ASSOCIATION	C CORP	0.	0.		X	
MARTIN MEMORIAL PHYSICIAN CORPORATION, INC. - 65-0556041, PO BOX 9010, STUART, FL 34995	PHYSICIAN OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEM	C CORP	77,551,708.	45,952,604.	100.00%	X	
MCZ, INC. - 34-1256598 1000 E WASHINGTON STREET MEDINA, OH 44256	LEASING	OH	MEDINA HOSPITAL	C CORP	7,807.	500.	100.00%	X	
MEDICAL & FINANCIAL MANAGEMENT, INC. - 59-2843163, PO BOX 9033, STUART, FL 34995	BILLING AND COLLECTIONS	FL	MARTIN MEMORIAL HEALTH SYSTEM	C CORP	4,060,846.	1,285,972.	100.00%	X	
MEDICAL CAMPUS MANAGEMENT, INC. - 65-0605328 PO BOX 9033 STUART, FL 34995	MANAGEMENT SERVICES	FL	MARTIN MEMORIAL HEALTH SYSTEM	C CORP	9,683.	101,063.	100.00%	X	
MEDINVEST, INC. - 20-3978297 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	INACTIVE	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.	100.00%	X	
MERIDIA HEALTH VENTURES, INC. - 34-1533871 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	HEALTH CARE SERVICES	OH	CLEVELAND CLINIC HOME CARE	C CORP	0.	0.	100.00%	X	



# PUBLIC INSPECTION COPY

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
MERLOT ORTHOPEDIX, INC. - 11-3779414 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL DEVICE MANUFACTURING	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	55,322.	55.12%	X	
NEOMEDICS, INC. - 02-0656818 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	BUSINESS SERVICES	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	0.	100.00%	X	
NEUROTERAPIA, INC. - 47-3977513 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	144,949.	977,956.	30.80%	X	
NEW COS, INC. - 82-4828042 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	3,078,399.	796,586.	100.00%	X	
OPTOQUEST CORPORATION - 26-3589643 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	5,583.	13,613.	100.00%	X	
PINE FALLS CONDOMINIUM ASSOCIATES, INC. - 34-1617589, 6100 WEST CREEK, SUITE 25, INDEPENDENCE, OH 44131	CONDO RENTALS	OH	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	75.00%	X	
RENOVO BIOSCIENCES, INC. - 34-1956569 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	RENOVO BIOSCIENCES, INC.	C CORP	1,725,327.	1,418,755.	100.00%	X	
RENOVO NEURAL, INC. - 80-0185146 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	-214,079.	100.00%	X	
TMAO, INC. - 82-4850194 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100.00%	X	
UNION CARE CORPORATION - 34-1556177 659 BOULEVARD DOVER, OH 44622	INACTIVE	OH	THE UNION HOSPITAL ASSOCIATION	C CORP	0.	0.	100.00%	X	
UNION PHARMACEUTICAL CARE, INC. - 04-3588229 659 BOULEVARD DOVER, OH 44622	HEALTH CARE SERVICES	OH	THE UNION HOSPITAL ASSOCIATION	C CORP	17,192.	37,291.	100.00%	X	
VIVERE PHARMA, INC. - 47-5397125 10000 CEDAR AVENUE CLEVELAND, OH 44106	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	.00%	X	

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) 2019 **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.

**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?

		Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>		X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>		X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	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
<b>(1)</b> CLEVELAND CLINIC CANADA - TORONTO, INC.	A	100,000.	FMV
<b>(2)</b> THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	20,549,700.	FMV
<b>(3)</b> THE CLEVELAND CLINIC FOUNDATION	C	20,549,700.	FMV
<b>(4)</b> ENHALE MEDICAL, INC.	D	1,141,749.	FMV
<b>(5)</b> EXCELERATE STRATEGIC HEALTH SOURCING, LLC	D	664,653.	FMV
<b>(6)</b> INFUSEON THERAPEUTICS, INC.	D	64,472.	FMV

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Schedule R (Form 990)

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) AKRON GENERAL MEDICAL CENTER	J	110,530.	FMV
(8) CLEVELAND CLINIC AVON HOSPITAL	J	4,713,093.	FMV
(9) CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	J	295,049.	FMV
(10) CLEVELAND CLINIC MEDICAL SERVICES, INC.	J	439,728.	FMV
(11) FAIRVIEW HOSPITAL	J	1,650,433.	FMV
(12) LUTHERAN HOSPITAL	J	575,527.	FMV
(13) MARYMOUNT HOSPITAL, INC.	J	1,338,519.	FMV
(14) MEDINA HOSPITAL	J	1,363,063.	FMV
(15) PARTNERS PHYSICIAN GROUP	J	71,455.	FMV
(16) THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	1,839,833.	FMV
(17) THE CLEVELAND CLINIC FOUNDATION	J	3,402,190.	FMV
(18) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	3,402,190.	FMV
(19) THE CLEVELAND CLINIC FOUNDATION	K	1,839,833.	FMV
(20) THE CLEVELAND CLINIC FOUNDATION	K	110,530.	FMV
(21) THE CLEVELAND CLINIC FOUNDATION	K	4,713,093.	FMV
(22) THE CLEVELAND CLINIC FOUNDATION	K	295,049.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	K	439,728.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	K	1,650,433.	FMV

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Schedule R (Form 990)

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	K	575,527.	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	K	1,338,519.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	K	1,363,063.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	K	71,455.	FMV
(11) AKRON GENERAL MEDICAL CENTER	L	3,264,653.	FMV
(12) CLEVELAND CLINIC AVON HOSPITAL	L	712,167.	FMV
(13) CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	L	339,493.	FMV
(14) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	L	5,072,441.	FMV
(15) CLEVELAND CLINIC MEDICAL SERVICES, INC.	L	877,000.	FMV
(16) CLEVELAND CLINIC NEVADA	L	241,635.	FMV
(17) CLEVELAND CLINIC SAUDI ARABIA, LLC	L	4,462,000.	FMV
(18) CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT HOSPITAL	L	3,749,000.	FMV
(19) EXCELERATE STRATEGIC HEALTH SOURCING, LLC	L	320,765.	FMV
(20) FAIRVIEW HOSPITAL	L	2,752,720.	FMV
(21) LUTHERAN HOSPITAL	L	725,938.	FMV
(22) MARYMOUNT HOSPITAL, INC.	L	912,960.	FMV
(23) MEDINA HOSPITAL	L	970,393.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	L	254,917.	FMV

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Schedule R (Form 990)

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	547,515.	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	L	1,525,313.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	L	11,076,000.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	L	743,201.	FMV
(11) THE CLEVELAND CLINIC FOUNDATION	L	171,460.	FMV
(12) THE CLEVELAND CLINIC FOUNDATION	L	574,193.	FMV
(13) THE CLEVELAND CLINIC FOUNDATION	L	655,506.	FMV
(14) AKRON GENERAL MEDICAL CENTER	M	254,917.	FMV
(15) CLEVELAND CLINIC AVON HOSPITAL	M	547,515.	FMV
(16) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	M	1,525,313.	FMV
(17) CLEVELAND CLINIC MEDICAL SERVICES, INC.	M	11,076,000.	FMV
(18) FAIRVIEW HOSPITAL	M	743,201.	FMV
(19) LUTHERAN HOSPITAL	M	171,460.	FMV
(20) MARYMOUNT HOSPITAL, INC.	M	574,193.	FMV
(21) MEDINA HOSPITAL	M	655,506.	FMV
(22) THE CLEVELAND CLINIC FOUNDATION	M	3,264,653.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	M	712,167.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	M	3,749,000.	FMV

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Schedule R (Form 990)

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	241,635.	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	M	339,493.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	M	5,072,441.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	M	2,752,720.	FMV
(11) THE CLEVELAND CLINIC FOUNDATION	M	725,938.	FMV
(12) THE CLEVELAND CLINIC FOUNDATION	M	912,960.	FMV
(13) THE CLEVELAND CLINIC FOUNDATION	M	970,393.	FMV
(14) CCHS INDEMNITY COMPANY, LTD.	P	35,853,768.	FMV
(15) THE CLEVELAND CLINIC FOUNDATION	P	1,253,925.	FMV
(16) EXCELERATE STRATEGIC HEALTH SOURCING, LLC	Q	6,089,857.	FMV
(17) THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Q	1,253,925.	FMV
(18) THE CLEVELAND CLINIC FOUNDATION	Q	35,853,768.	FMV
(19) NEUROTERAPIA, INC.	S	3,623,581.	FMV
(20) OPTOQUEST CORPORATION	S	1,874,645.	FMV
(21) RENOVO BIOSCIENCES, INC.	S	717,492.	FMV
(22)			
(23)			
(24)			







# PUBLIC INSPECTION COPY

## CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

The Cleveland Clinic Foundation  
d.b.a. Cleveland Clinic Health System  
Years Ended December 31, 2019 and 2018  
With Report of Independent Auditors

Ernst & Young LLP



# PUBLIC INSPECTION COPY

Cleveland Clinic Health System

Consolidated Financial Statements  
and Supplementary Information

Years Ended December 31, 2019 and 2018

## Contents

Report of Independent Auditors.....	1
Consolidated Financial Statements	
Consolidated Balance Sheets .....	2
Consolidated Statements of Operations and Changes in Net Assets .....	4
Consolidated Statements of Cash Flows.....	6
Notes to Consolidated Financial Statements.....	7
Supplementary Information	
Report of Independent Auditors on Supplementary Information .....	65
Consolidating Balance Sheets.....	66
Consolidating Statements of Operations and Changes in Net Assets.....	70
Consolidating Statements of Cash Flows .....	74
Note to Consolidating Financial Statements.....	76



Ernst & Young LLP  
Suite 1800  
950 Main Avenue  
Cleveland, OH 44113-7214

Tel: +1 216 861 5000  
Fax: +1 216 583 2013  
ey.com

## Report of Independent Auditors

The Board of Directors  
The Cleveland Clinic Foundation

We have audited the accompanying consolidated financial statements of The Cleveland Clinic Foundation and controlled affiliates, d.b.a. Cleveland Clinic Health System, which comprise the consolidated balance sheets as of December 31, 2019 and 2018, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Cleveland Clinic Foundation and controlled affiliates, d.b.a. Cleveland Clinic Health System, at December 31, 2019 and 2018, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

### Adoption of ASU No. 2016-02, *Leases*

As discussed in Note 3 to the consolidated financial statements, the System changed its method of accounting for leases as a result of the adoption of the amendments to the FASB Accounting Standards Codification resulting from Accounting Standards Update No. 2016-02, *Leases*, effective January 1, 2019. Our opinion is not modified with respect to this matter.

March 6, 2020

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidated Balance Sheets (In Thousands)

	<b>December 31</b>	
	<b>2019</b>	<b>2018</b>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 505,729	\$ 444,763
Patient receivables	1,299,256	1,122,918
Investments for current use	178,800	53,841
Other current assets	488,668	426,465
Total current assets	<u>2,472,453</u>	<u>2,047,987</u>
Investments:		
Long-term investments	9,272,287	7,533,668
Funds held by trustees	225,207	49,377
Assets held for self-insurance	157,972	106,966
Donor-restricted assets	860,120	744,851
	<u>10,515,586</u>	<u>8,434,862</u>
Property, plant, and equipment, net	5,865,590	5,072,464
Other assets:		
Pledges receivable, net	154,918	152,448
Trusts and interests in foundations	113,437	87,606
Operating lease right-of-use assets	325,960	—
Other noncurrent assets	526,440	411,762
	<u>1,120,755</u>	<u>651,816</u>
Total assets	<u><u>\$ 19,974,384</u></u>	<u><u>\$ 16,207,129</u></u>

# PUBLIC INSPECTION COPY

	December 31	
	2019	2018
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 536,680	\$ 527,672
Compensation and amounts withheld from payroll	430,921	359,342
Current portion of long-term debt	95,405	191,350
Variable rate debt classified as current	529,841	407,776
Other current liabilities	573,923	493,453
Total current liabilities	2,166,770	1,979,593
 Long-term debt	 4,698,648	 3,558,911
 Other liabilities:		
Professional and general liability insurance reserves	164,008	141,182
Accrued retirement benefits	347,064	465,527
Operating lease liabilities	296,668	—
Other noncurrent liabilities	542,091	542,029
Total liabilities	8,215,249	6,687,242
 Net assets:		
Without donor restrictions	10,540,856	8,465,468
With donor restrictions	1,218,279	1,054,419
Total net assets	11,759,135	9,519,887
Total liabilities and net assets	\$ 19,974,384	\$ 16,207,129

*See accompanying notes.*

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidated Statements of Operations and Changes in Net Assets (In Thousands)

#### Operations

	Year Ended December 31	
	2019	2018
<b>Unrestricted revenues</b>		
Net patient service revenue	\$ 9,516,283	\$ 8,031,799
Other	1,043,238	895,758
Total unrestricted revenues	<u>10,559,521</u>	<u>8,927,557</u>
<b>Expenses</b>		
Salaries, wages, and benefits	5,697,915	4,857,426
Supplies	1,049,256	864,870
Pharmaceuticals	1,307,519	1,090,981
Purchased services and other fees	674,833	563,770
Administrative services	218,961	222,116
Facilities	378,489	353,478
Insurance	80,252	71,584
	<u>9,407,225</u>	<u>8,024,225</u>
Operating income before interest, depreciation, amortization, and special charges	1,152,296	903,332
Interest	161,272	138,844
Depreciation and amortization	600,819	495,636
Operating income before special charges	<u>390,205</u>	<u>268,852</u>
Special charges (Note 21)	–	2,419
Operating income	<u>390,205</u>	<u>266,433</u>
<b>Nonoperating gains and losses</b>		
Investment return	1,249,381	(191,190)
Derivative losses	(36,194)	(186)
Other, net	421,830	28,862
Net nonoperating gains (losses)	<u>1,635,017</u>	<u>(162,514)</u>
Excess of revenues over expenses	<u>2,025,222</u>	<u>103,919</u>

(continued on next page)

# PUBLIC INSPECTION COPY

## Changes in Net Assets

	Year Ended December 31	
	2019	2018
<b>Changes in net assets without donor restrictions:</b>		
Excess of revenues over expenses	\$ 2,025,222	\$ 103,919
Donated capital	38	603
Net assets released from restriction for capital purposes	57,843	12,159
Retirement benefits adjustment	(6,260)	24,589
Foreign currency translation	(1,395)	(23,332)
Other	(60)	881
Increase in net assets without donor restrictions	2,075,388	118,819
<b>Changes in net assets with donor restrictions:</b>		
Gifts and bequests	128,500	121,814
Net investment income (loss)	72,074	(9,005)
Net assets released from restrictions used for operations included in other unrestricted revenues	(52,853)	(51,886)
Net assets released from restriction for capital purposes	(57,843)	(12,159)
Change in interests in foundations	1,521	(3,300)
Change in value of perpetual trusts	611	(984)
Member substitution contribution	71,748	13,180
Other	102	(45)
Increase in net assets with donor restrictions	163,860	57,615
Increase in net assets	2,239,248	176,434
Net assets at beginning of year	9,519,887	9,343,453
Net assets at end of year	\$ 11,759,135	\$ 9,519,887

*See accompanying notes.*

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidated Statements of Cash Flows

(In Thousands)

	Year Ended December 31	
	2019	2018
<b>Operating activities and net nonoperating gains and losses</b>		
Increase in net assets	\$ 2,239,248	\$ 176,434
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	6,340	–
Retirement benefits adjustment	6,260	(24,589)
Net realized and unrealized (gains) losses on investments	(1,256,463)	249,359
Depreciation and amortization	600,799	497,357
Foreign currency translation loss	1,395	23,332
Donated capital	(38)	(603)
Restricted gifts, bequests, investment income, and other	(202,706)	(108,525)
Amortization of bond premiums and debt issuance costs	(6,267)	(6,046)
Net loss (gain) in value of derivatives	21,068	(15,701)
Member substitution contribution	(500,155)	(64,876)
Pension funding	(183,093)	(12,871)
Changes in operating assets and liabilities:		
Patient receivables	(72,198)	(89,108)
Other current assets	(2,117)	(27,394)
Other noncurrent assets	(334,699)	65,984
Accounts payable and other current liabilities	82,810	80,075
Other liabilities	200,567	2,658
Net cash provided by operating activities and net nonoperating gains and losses	<u>600,751</u>	<u>745,486</u>
<b>Financing activities</b>		
Proceeds from long-term borrowings	1,574,341	556,864
Payments for advance refunding and redemption of long-term debt	(511,218)	(420,030)
Principal payments on long-term debt	(304,161)	(88,437)
Debt issuance costs	(8,931)	(6,417)
Change in pledges receivable, trusts, and interests in foundations	2,137	(16,300)
Restricted gifts, bequests, investment income, and other	202,706	108,525
Net cash provided by financing activities	<u>954,874</u>	<u>134,205</u>
<b>Investing activities</b>		
Expenditures for property, plant, and equipment	(922,242)	(804,515)
Proceeds from sale of property, plant, and equipment	85,348	165
Cash acquired through member substitution	16,402	1,515
Net change in cash equivalents reported in long-term investments	(481,206)	(35,398)
Purchases of investments	(5,283,207)	(3,683,770)
Sales of investments	5,195,524	3,747,101
Net cash used in investing activities	<u>(1,389,381)</u>	<u>(774,902)</u>
Effect of exchange rate changes on cash	25,921	(4,916)
Increase in cash, cash equivalents and restricted cash	192,165	99,873
Cash, cash equivalents and restricted cash at beginning of year	445,121	345,248
Cash, cash equivalents and restricted cash at end of year	<u>\$ 637,286</u>	<u>\$ 445,121</u>
<b>Supplemental disclosure of noncash activity</b>		
Assets acquired through finance leases and other financing agreements	\$ 21,639	\$ 40,185
Accounts payable accruals for property, plant, and equipment	\$ 59,716	\$ 86,804

See accompanying notes.



# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements

December 31, 2019 and 2018

#### **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).

The System is the leading provider of healthcare services in northeast Ohio. As of December 31, 2019, the System operates 18 hospitals with approximately 4,900 staffed beds. Thirteen of the hospitals are operated in the Northeast Ohio area, anchored by the Clinic. The System operates 21 outpatient Family Health Centers, 11 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 West Palm Beach and Port St. Lucie, 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, with approximately 180 staffed beds, and Cleveland Clinic Abu Dhabi, a multispecialty hospital offering critical and acute care services that is part of Mubadala Development Company's network of healthcare facilities located in Abu Dhabi, United Arab Emirates with 364 staffed beds.

In January 2019, the Clinic, through a subsidiary, became the sole member of Martin Memorial Health Systems, Inc. (Martin Health System), located in Southeast Florida. Martin Health System is a regional not-for-profit, community-based healthcare provider, consisting of three acute-care hospitals with approximately 513 staffed beds, a 150-member employed physician group and a network of outpatient services.

In January 2019, the Clinic, through a subsidiary, became the sole member of Indian River Memorial Hospital, Inc. (Indian River Hospital), located in Southeast Florida. Indian River Hospital is a not-for-profit medical center with approximately 250 staffed patient beds and is focused on providing healthcare to Indian River and surrounding counties in Florida.

All significant intercompany balances and transactions have been eliminated in consolidation.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 2. Business Combinations

Effective January 1, 2019, the Clinic, through a subsidiary, became the sole member of Martin Health System through a non-cash business combination transaction. The business combination was recorded under the acquisition method of accounting. The System recorded the fair value of the assets acquired of \$842.5 million and the liabilities assumed of \$497.1 million as of January 1, 2019. The fair value of net assets of \$345.4 million was recognized in the consolidated statement of operations and changes in net assets for the year ended December 31, 2019 as a nonoperating member substitution inherent contribution of \$293.2 million and inherent contributions of net assets with donor restrictions of \$52.2 million.

The fair value of Martin Health System's net assets as of January 1, 2019, by major type, is as follows (in thousands):

Net working capital	\$	21,148
Intangible asset		18,100
Property and equipment		430,178
Investments		196,122
Other assets		103,005
Noncurrent liabilities assumed		(423,186)
Fair value of net assets		345,367

The results of operations for Martin Health System are included in the consolidated statement of operations and changes in net assets beginning on January 1, 2019. For the year ended December 31, 2019, Martin Health System had total unrestricted revenues of \$614.5 million, operating loss of \$3.5 million and an excess of revenues over expenses of \$16.1 million. Additionally, for the year ended December 31, 2019, Martin Health System recognized an increase in net assets without donor restrictions of \$22.5 million, including excess of revenues over expenses of \$16.1 million, and an increase in net assets with donor restrictions of \$3.3 million.

Effective January 1, 2019, the Clinic, through a subsidiary, became the sole member of Indian River Hospital through a non-cash business combination transaction. The business combination was recorded under the acquisition method of accounting. The System recorded the fair value of the assets acquired of \$264.8 million and the liabilities assumed of \$110.0 million as of January 1, 2019. The fair value of net assets of \$154.8 million was recognized in the consolidated statement of operations and changes in net assets for the year ended December 31, 2019 as a nonoperating member substitution inherent contribution of \$135.2 million and inherent contributions of net assets with donor restrictions of \$19.6 million. There was no goodwill or identifiable intangible assets recorded as a result of the member substitution.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 2. Business Combinations (continued)

The fair value of Indian River Hospital's net assets as of January 1, 2019, by major type, is as follows (in thousands):

Net working capital	\$	22,162
Property and equipment		141,474
Investments		53,010
Other assets		6,836
Noncurrent liabilities assumed		(68,694)
Fair value of net assets		154,788

The results of operations for Indian River Hospital are included in the consolidated statement of operations and changes in net assets beginning on January 1, 2019. For the year ended December 31, 2019, Indian River Hospital had total unrestricted revenues of \$325.5 million, operating income of \$4.4 million and an excess of revenues over expenses of \$7.7 million. Additionally, for the year ended December 31, 2019, Indian River Hospital recognized an increase in net assets without donor restrictions of \$8.9 million, including excess of revenues over expenses of \$7.7 million, and an increase in net assets with donor restrictions of \$10.7 million.

Effective April 1, 2018, the Clinic, through a subsidiary, became the sole member of The Union Hospital Association (Union Hospital) through a non-cash business combination transaction. The business combination was recorded under the acquisition method of accounting. The System recorded the fair value of the assets acquired of \$122.8 million and the liabilities assumed of \$57.9 million as of April 1, 2018. The fair value of net assets of \$64.9 million was recognized in the consolidated statement of operations and changes in net assets for the year ended December 31, 2018 as a member substitution inherent contribution of \$51.7 million included in other nonoperating gains and losses and inherent contributions of net assets with donor restrictions of \$13.2 million. There was no goodwill or identifiable intangible assets recorded as a result of the member substitution.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 2. Business Combinations (continued)

The following unaudited pro forma financial information presents the combined results of operations and changes in net assets of the System, Martin Health System, Indian River Hospital and Union Hospital for the year ended December 31, 2018, as though the business combination transactions had occurred on January 1, 2018 (in thousands):

Total unrestricted revenues	\$ 9,853,259
Total unrestricted expenses	9,612,325
Operating income	240,934
Nonoperating gains and losses	260,408
Excess of revenues over expenses	501,342
Increase in net assets without donor restrictions	518,581
Increase in net assets with donor restrictions	128,944

The pro forma financial information in the table above includes certain adjustments attributable to the Martin Health System and Indian River Hospital business combination transactions. Nonoperating gains and losses, excess of revenue over expenses and increase in net assets without donor restrictions for the year ended December 31, 2018 in the table above include member substitution contributions of \$428.4 million that were reflected in the consolidated statement of operations and changes in net assets for the year ended December 31, 2019. In addition, increases in net assets with donor restrictions for the year ended December 31, 2018 in the table above include member substitution contributions of \$71.8 million that were reflected in the consolidated statement of operations and net assets for the year ended December 31, 2019. The preceding amounts are included in the table above for the year ended December 31, 2018, as if the business combinations occurred on January 1, 2018.

This pro forma financial information is not necessarily indicative of the results of operations and changes in net assets that would have occurred had the System, Martin Health System, Indian River Hospital and Union Hospital constituted a single entity during that period, nor is it necessarily indicative of future operating results and changes in net assets.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 3. Accounting Policies

##### Recent Accounting Pronouncements

###### *Adopted*

In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-02, *Leases*. This ASU requires lessees to recognize assets and liabilities on the balance sheet for leases with lease terms greater than twelve months. The recognition, measurement and presentation of expenses and cash flows arising from a lease by a lessee primarily will depend on its classification as a finance or operating lease. This amends current guidance that required only capital leases to be recognized on the lessee's balance sheet. ASU 2016-02 also requires additional disclosures on the amount, timing and uncertainty of cash flows arising from leases. The System adopted ASU 2016-02 on January 1, 2019, using a modified retrospective approach. The System also elected the package of practical expedients permitted under the new standard that allowed the System to carry forward historical lease classification. The impact of adoption on the consolidated financial statements was an increase on January 1, 2019 in other noncurrent assets to record right-of-use assets and an increase in other current and noncurrent liabilities to record lease obligations for current operating leases of approximately \$380 million, representing the present value of remaining lease payments for operating leases. The impact of adopting ASU 2016-14 was not material to total unrestricted revenues, excess of revenues over expenses or total net assets.

In November 2016, the FASB issued ASU 2016-18, *Statement of Cash Flows (Topic 230)*. This ASU requires entities to show the changes in the total of cash, cash equivalents and restricted cash in the statement of cash flows and reconcile those amounts to the balance sheet. The System adopted ASU 2016-18 on December 31, 2019, and applied the provisions retrospectively to all periods presented in the consolidated financial statements. For the years ended December 31, 2019 and 2018, the System added \$131.6 million and \$0.4 million, respectively, of restricted cash to the total cash, cash equivalents and restricted cash presented in the consolidated statements of cash flows. The adoption of ASU 2016-18 had no impact to total unrestricted revenues, excess of revenues over expenses or total net assets.

In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities, Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU intends to clarify and improve current accounting guidance to determine when a transaction should be accounted for as a contribution or as an exchange transaction and provides additional guidance about how to determine whether a contribution is conditional. The System adopted ASU 2018-08 on January 1, 2019, using a modified prospective basis. The adoption of ASU 2018-08 did not have a material impact on the consolidated financial statements.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### *Not Yet Adopted*

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement, Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. This ASU intends to improve the effectiveness of disclosures in the notes to financial statements by modifying disclosure requirements for fair value measurements. The ASU is effective for the System for annual and interim reporting periods beginning after December 15, 2019, with early adoption permitted. The System is currently assessing the impact that ASU 2018-13 will have on its consolidated financial statements and will adopt the provisions upon the effective date.

In August 2018, the FASB issued ASU 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General, Disclosure Framework – Changes to the Disclosure Requirements for Defined Benefit Plans*. This ASU intends to improve the effectiveness of disclosures in the notes to financial statements by modifying disclosure requirements for employers that sponsor defined benefit pension or other postretirement plans. The ASU is effective for the System for annual reporting periods ending after December 15, 2021, with early adoption permitted. The System is currently assessing the impact that ASU 2018-14 will have on its consolidated financial statements and will adopt the provisions upon the effective date.

In August 2018, the FASB issued ASU 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software, Customer’s Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement that is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software. The ASU is effective for the System for annual reporting periods beginning after December 15, 2020, and interim periods beginning after December 15, 2021, with early adoption permitted. The System is currently assessing the impact that ASU 2018-15 will have on its consolidated financial statements and will adopt the provisions upon the effective date.

##### **Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **Net Patient Service Revenue and Patient Receivables**

Net patient service revenue is reported at the 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 includes 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 FASB 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 on historical collection trends and other analyses, the System has concluded that revenue for a given portfolio would not be materially different than if accounting for revenue on a contract-by-contract basis.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

The System has agreements with third-party payors that generally provide for payments to the System at amounts different from its established rates. For uninsured patients who do not qualify for charity care, the System recognizes revenue based on established rates, subject to certain discounts 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 \$40.4 million in 2019. There were no significant adjustments arising from a change in the transaction price in 2018.

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 on a cost reimbursement methodology for Medicaid. Payments are received on a prospective basis for the System's medical education costs, subject to certain limits. The System is paid for cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the System and audits thereof by the Medicare Administrative Contractor.



## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation as well as significant regulatory action, and, in the normal course of business, the System is subject to contractual reviews and audits, including audits initiated by the Medicare Recovery Audit Contractor program. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term. The System believes it is in compliance with applicable laws and regulations governing the Medicare and Medicaid programs and that adequate provisions have been made for any adjustments that may result from final settlements.

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 increased net patient service revenue by \$14.4 million and \$16.7 million in 2019 and 2018, respectively.

As part of integration efforts involving Akron General Health System (Akron General) and through review of contractual relationships between Akron General and some of its independent physician practice groups, the System identified possible violations to the Federal Anti-Kickback Statute and Limitations on Certain Physician Referrals regulation (commonly referred to as the "Stark Law"), which may have resulted in false claims to federal and/or state healthcare programs and may result in liability under the Federal Anti-Kickback Statute, Stark Law, False Claims Act and/or other laws and regulations. Akron General is cooperating with the appropriate government authorities on such possible violations. The resolution of this matter is not expected to be material to the System's consolidated financial statements.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **Charity Care**

The System provides care to patients who do not have the ability to pay and who qualify for charity care pursuant to established policies of the System. Charity care is defined as services for which patients have the obligation 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 2019 and 2018 approximated \$169 million and \$107 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 service a disproportionate share of low-income patients unable to pay for care. HCAP funds basic, medically necessary hospital services for patients whose family income is at or below the federal poverty level, which includes Medicaid patients and patients without health insurance. The System recorded HCAP revenues of \$3.0 million and expenses of \$6.2 million for the years ended December 31, 2019 and 2018, respectively, which are reported in net patient service revenue.

##### **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 range from 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 to 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. The System has recorded deferred revenue related to management service agreements, included in other current liabilities, of \$8.8 million at both December 31, 2019 and 2018, respectively. Revenue related to management service agreements for 2019 and 2018 was \$131.5 million and \$108.9 million, respectively, and is included in other unrestricted revenues.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 3. Accounting Policies (continued)

##### 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, 2019 and 2018 is as follows (in thousands):

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 505,729	\$ 444,763
Investments for current use	119,446	–
Restricted cash in investments	12,111	358
Total cash, cash equivalents and restricted cash	<u>\$ 637,286</u>	<u>\$ 445,121</u>

Investments for current use includes restricted cash deposits with the trustee to fund current principal and interest payments on debt. Restricted cash in investments includes amounts held by the System's captive insurance subsidiary and restricted cash for various programs.

##### 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.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **Property, Plant, and Equipment**

Property, plant, and equipment purchased by the System are recorded at cost. Donated property, plant, and equipment are recorded at fair value at the date of donation. Expenditures that substantially increase the useful lives of existing assets are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation, including amortization of finance leased assets, is computed by the straight-line method using the estimated useful lives of individual assets. Buildings are assigned useful lives ranging from five years to forty years. Equipment is assigned a useful life ranging from three to twenty years. Interest cost incurred on borrowed funds during the period of construction of capital assets and interest 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.

##### **Impairment of Long-Lived Assets**

The System evaluates the recoverability of long-lived assets and the related estimated remaining lives when indicators of impairment are present. For purposes of impairment analysis, assets are grouped with other assets and liabilities at the lowest level for which identifiable cash flows are largely independent of the cash flows of other assets and liabilities. The System records an impairment charge or changes the useful life if events or changes in circumstances indicate that the carrying amount may not be recoverable or the useful life has changed.

##### **Investments and Investment Income**

Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the consolidated balance sheets. Investments, excluding alternative investments, are primarily classified as trading. Investment transactions are recorded on a settlement date basis. Realized gains and losses are determined using the average cost method.

Commingled investment funds are valued using, as a practical expedient, the net asset value as provided by the respective investment companies and partnerships. There are no significant redemption restrictions on the commingled investment funds.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

Investments in alternative investments, which include hedge funds, private equity/venture funds and real estate funds, are primarily limited partnerships that invest in marketable securities, privately held securities, real estate, and derivative products and are reported using the equity method of accounting based on net asset value information provided by the respective partnership or third-party fund administrators. Investments held by the partnerships consist of marketable securities, as well as securities that do not have readily determinable values. The values of the securities held by the limited partnerships that do not have readily determinable values are determined by the general partner and are based on historical cost, appraisals, or other valuation estimates that require varying degrees of judgment. There is inherent uncertainty in such valuations, and the estimated fair values may differ from the values that would have been used had a ready market for the securities existed. Generally, the equity method investment balance of the System's holdings in alternative investments reflects net contributions to the partnerships and the System's share of realized and unrealized investment income and expenses. The investments may individually expose the System to securities lending, short sales, and trading in futures and forward contract options and other derivative products. The System's risk is limited to its carrying value. The financial statements of the limited partnerships are audited annually.

Alternative investments can be divested only at specified times in accordance with terms of the partnership agreements. Hedge fund redemptions typically contain restrictions that allow for a portion of the withdrawal proceeds to be held back from distribution, while the underlying investments are liquidated. These redemptions are subject to lock-up provisions that are generally imposed upon initial investment in the fund. Private equity/venture funds and real estate funds are generally closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

Investment return, including equity method income on alternative investments, is reported as nonoperating gains and losses, except for interest and dividends earned on assets held for self-insurance, which are included in other unrestricted revenues. 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.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **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.

##### **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.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

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 and foreign currency forward contracts (*Note 13*), which are recognized as assets or liabilities in the consolidated balance sheets at fair value.

The System accounts for changes in the fair value of derivative instruments depending on whether they are designated and qualified as part of a hedging relationship and further, on the type of hedging relationship. The System has not designated any derivative instruments as hedges. Accordingly, the changes in fair value of derivative instruments and the related cash payments are recorded in derivative losses in the consolidated statements of operations and changes in net assets.

#### **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 \$66.8 million and \$65.4 million at December 31, 2019 and 2018, respectively.

#### **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.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **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.

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 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 \$217.8 million and \$212.8 million in 2019 and 2018, respectively.



# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 3. Accounting Policies (continued)

##### 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.

##### 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).

#### 4. Net Patient Service Revenue and Patient Receivables

Net patient service revenue by major payor source, net of price concessions, for the years ended December 31, 2019 and 2018, is as follows (in thousands):

	<u>2019</u>		<u>2018</u>	
Medicare	\$ 3,555,679	37%	\$ 2,871,709	36%
Medicaid	817,631	9	649,428	8
Managed care and commercial	5,076,374	53	4,465,582	55
Self-pay	66,599	1	45,080	1
Net patient service revenue	<u>\$ 9,516,283</u>	<u>100%</u>	<u>\$ 8,031,799</u>	<u>100%</u>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 4. Net Patient Service Revenue and Patient Receivables (continued)

The System's concentration of credit risk relating to patient receivables is limited due to the diversity of patients and payors. Patient receivables consist of amounts due from government programs, commercial insurance companies, other group insurance programs, and private pay patients. Patient receivables due from Medicare, Medicaid, and one commercial payor account for approximately 26%, 7%, and 23% of the System's total patient receivables at both December 31, 2019 and 2018. Revenues from the Medicare and Medicaid programs and one commercial payor account for approximately 37%, 9%, and 13% for 2019, and 36%, 8%, and 15% for 2018, respectively, of the System's net patient service revenue. Excluding these payors, no one payor represents more than 10% of the System's patient receivables or net patient service revenue.

#### 5. Cash, Cash Equivalents, and Investments

The composition of cash, cash equivalents, and investments at December 31, 2019 and 2018 is as follows (in thousands):

	<u>2019</u>	<u>2018</u>
Cash, cash equivalents and restricted cash	\$ 637,286	\$ 445,121
Money market funds	1,158,515	466,756
Fixed income securities:		
U.S. treasuries	1,146,082	1,385,156
U.S. government agencies	31,698	20,889
U.S. corporate	334,914	108,240
U.S. government agencies asset-backed securities	325,341	94,399
Corporate asset-backed securities	167,647	31,477
Foreign	151,625	54,132
Fixed income mutual funds	120,239	122,034
Commingled fixed income funds	630,122	692,830
Common and preferred stocks:		
U.S.	311,327	425,269
Foreign	320,123	292,635
Equity mutual funds	142,424	97,932
Commingled equity funds	1,881,713	1,772,594
Commingled commodity funds	210,265	188,769
Alternative investments:		
Hedge funds	2,071,318	1,357,553
Private equity/venture funds	1,259,139	1,007,692
Real estate	300,337	369,988
Total cash, cash equivalents, and investments	<u>\$ 11,200,115</u>	<u>\$ 8,933,466</u>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 5. Cash, Cash Equivalents, and Investments (continued)

Investments are primarily maintained in a master trust fund administered using a bank as the custodian. The management of the majority of the System's investments is conducted by numerous external investment management organizations that are monitored by the System. The alternative investments have separate administrators and custodian arrangements. Alternative investments also include five holdings, valued at \$3.1 million, in which the System invests directly.

Total investment return is comprised of the following for the years ended December 31, 2019 and 2018 (in thousands):

	<u>2019</u>	<u>2018</u>
Other unrestricted revenues:		
Interest income and dividends	\$ 2,284	\$ 2,108
Nonoperating gains and losses, net:		
Interest income and dividends	84,544	73,101
Net realized gains on sales of investments	502,068	171,240
Net change in unrealized gains (losses) on investments	409,950	(553,824)
Equity method income on alternative investments	281,129	148,278
Investment management fees	(28,310)	(29,985)
	<u>1,249,381</u>	<u>(191,190)</u>
Other changes in net assets:		
Investment income (loss) on restricted investments	72,074	(9,005)
Total investment return	<u>\$ 1,323,739</u>	<u>\$ (198,087)</u>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 6. Liquidity and Availability

Financial assets available for general expenditure within one year of December 31, 2019 and 2018 include the following (in thousands):

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 505,729	\$ 444,763
Patient receivables	1,299,256	1,122,918
Long-term investments	6,531,369	5,579,202
	<u>\$ 8,336,354</u>	<u>\$ 7,146,883</u>

The System has assets limited to use held by trustees, set aside for the System's captive insurance subsidiary and held for donor-restricted purposes. These investments are not reflected in the amounts above.

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/venture capital and real estate 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 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.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 7. Other Current Assets and Liabilities and Other Noncurrent Assets and Liabilities

Other current and noncurrent assets at December 31, 2019 and 2018 consist of the following (in thousands):

	<u>2019</u>	<u>2018</u>
Current:		
Inventories	\$ 192,490	\$ 162,198
Prepaid expenses	89,368	73,511
Pledges receivable, current <i>(Note 11)</i>	67,300	66,674
Research receivables	33,017	37,024
Estimated amounts due from third-party payors	1,729	13,447
Other	104,764	73,611
Total other current assets	<u>\$ 488,668</u>	<u>\$ 426,465</u>
	<u>2019</u>	<u>2018</u>
Noncurrent:		
Deferred compensation plan assets	\$ 285,792	\$ 211,345
Goodwill and other intangible assets <i>(Note 8)</i>	121,745	102,857
Investments in affiliates	85,599	35,436
Other	33,304	62,124
Total other noncurrent assets	<u>\$ 526,440</u>	<u>\$ 411,762</u>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 7. Other Current Assets and Liabilities and Other Noncurrent Assets and Liabilities (continued)

Other current and noncurrent liabilities at December 31, 2019 and 2018 consist of the following (in thousands):

	2019	2018
Current:		
Interest payable	\$ 71,766	\$ 63,046
Current portion of professional and general liability insurance reserves ( <i>Note 15</i> )	59,354	53,841
Research deferred revenue	54,929	61,591
Estimated amounts due to third-party payors	47,870	31,910
Employee benefit related liabilities	34,924	30,804
Operating lease liabilities ( <i>Note 14</i> )	31,006	–
Management contracts and other deferred revenue	28,267	31,821
Current portion of pledges payable	5,653	1,255
Derivative liabilities ( <i>Note 13</i> )	1,871	–
Other	238,283	219,185
Total other current liabilities	\$ 573,923	\$ 493,453
Noncurrent:		
Employee benefit related liabilities	\$ 340,013	\$ 259,341
Derivative liabilities ( <i>Note 13</i> )	132,012	110,863
Pledge liabilities	17,341	21,603
Gift annuity liabilities	15,126	11,688
Estimated amounts due to third-party payors	15,092	12,799
Other	22,507	125,735
Total other noncurrent liabilities	\$ 542,091	\$ 542,029

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 8. Goodwill and Other Intangible Assets

The System recorded goodwill of \$0.5 million and \$1.7 million in 2019 and 2018, respectively, related to the acquisitions of various physician practices. 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, 2019 and 2018 are as follows (in thousands):

	<b>Year Ended December 31</b>	
	<b>2019</b>	<b>2018</b>
Balance, beginning of year	\$ 70,420	\$ 69,420
Goodwill acquired	543	1,726
Foreign currency translation	368	(726)
Balance, end of year	<u>\$ 71,331</u>	<u>\$ 70,420</u>

The System acquired other intangible assets of \$18.5 million and \$0.5 million in 2019 and 2018, respectively, related to the member substitution of Martin Health System and 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, 2019 and 2018 consist of the following (in thousands):

	<b>2019</b>		<b>2018</b>	
	<b>Historical Cost</b>	<b>Accumulated Amortization</b>	<b>Historical Cost</b>	<b>Accumulated Amortization</b>
Trade name	\$ 49,800	\$ –	\$ 31,700	\$ –
Finite-lived intangible assets	7,156	6,542	6,786	6,049
Total	<u>\$ 56,956</u>	<u>\$ 6,542</u>	<u>\$ 38,486</u>	<u>\$ 6,049</u>

Amortization related to finite-lived intangible assets was \$0.5 million and \$0.7 million in 2019 and 2018, 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): 2020 – \$357; 2021 – \$232; and 2022 – \$25.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 9. Fair Value Measurements

The following tables present the financial instruments measured at fair value on a recurring basis as of December 31, 2019 and 2018, based on the valuation hierarchy (in thousands):

<b>December 31, 2019</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Assets</b>				
Cash and investments:				
Cash and cash equivalents	\$ 637,286	\$ –	\$ –	\$ 637,286
Money market funds	1,158,348	167	–	1,158,515
Fixed income securities:				
U.S. treasuries	1,146,082	–	–	1,146,082
U.S. government agencies	–	31,698	–	31,698
U.S. corporate	–	334,914	–	334,914
U.S. government agencies asset-backed securities	–	325,341	–	325,341
Corporate asset-backed securities	–	167,647	–	167,647
Foreign	–	151,625	–	151,625
Fixed income mutual funds	120,239	–	–	120,239
Common and preferred stocks:				
U.S.	311,327	–	–	311,327
Foreign	311,283	8,840	–	320,123
Equity mutual funds	142,424	–	–	142,424
Total cash and investments	<u>3,826,989</u>	<u>1,020,232</u>	<u>–</u>	<u>4,847,221</u>
Perpetual and charitable trusts	–	88,301	–	88,301
Total assets at fair value	<u>\$ 3,826,989</u>	<u>\$ 1,108,533</u>	<u>\$ –</u>	<u>\$ 4,935,522</u>
<b>Liabilities</b>				
Interest rate swaps	\$ –	\$ 131,004	\$ –	\$ 131,004
Foreign currency forward contracts	–	2,879	–	2,879
Total liabilities at fair value	<u>\$ –</u>	<u>\$ 133,883</u>	<u>\$ –</u>	<u>\$ 133,883</u>



# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 9. Fair Value Measurements (continued)

December 31, 2018	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and investments:				
Cash and cash equivalents	\$ 445,121	\$ –	\$ –	\$ 445,121
Money market funds	466,503	253		466,756
Fixed income securities:				
U.S. treasuries	1,385,156	–	–	1,385,156
U.S. government agencies	–	20,889	–	20,889
U.S. corporate	–	108,240	–	108,240
U.S. government agencies asset-backed securities	–	94,399	–	94,399
Corporate asset-backed securities	–	31,477	–	31,477
Foreign	–	54,132	–	54,132
Fixed income mutual funds	122,034	–	–	122,034
Common and preferred stocks:				
U.S.	425,269	–	–	425,269
Foreign	288,773	3,862	–	292,635
Equity mutual funds	97,932	–	–	97,932
Total cash and investments	3,230,788	313,252	–	3,544,040
Perpetual and charitable trusts	–	63,991	–	63,991
Total assets at fair value	\$ 3,230,788	\$ 377,243	\$ –	\$ 3,608,031
<b>Liabilities</b>				
Interest rate swaps	\$ –	\$ 101,444	\$ –	\$ 101,444
Foreign currency forward contracts	–	9,419	–	9,419
Total liabilities at fair value	\$ –	\$ 110,863	\$ –	\$ 110,863

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 9. Fair Value Measurements (continued)

Financial instruments at December 31, 2019 and 2018 are reflected in the consolidated balance sheets as follows (in thousands):

	<u>2019</u>	<u>2018</u>
Cash, cash equivalents, and investments measured at fair value	\$ 4,847,221	\$ 3,544,040
Commingled funds measured at net asset value	2,722,100	2,654,193
Alternative investments accounted for under the equity method	3,630,794	2,735,233
Total cash, cash equivalents, and investments	<u>\$ 11,200,115</u>	<u>\$ 8,933,466</u>
Perpetual and charitable trusts measured at fair value	\$ 88,301	\$ 63,991
Interests in foundations	25,136	23,615
Trusts and interests in foundations	<u>\$ 113,437</u>	<u>\$ 87,606</u>

Interest rate swaps and forward currency forward contracts (*Note 13*) are reported in other noncurrent liabilities in the consolidated balance sheets.

The following is a description of the System's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is determined as follows:

Investments classified as Level 2 are primarily determined using techniques that are consistent with the market approach. Valuations are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs, which include broker/dealer quotes, reported/comparable trades, and benchmark yields, are obtained from various sources, including market participants, dealers, and brokers.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **9. Fair Value Measurements (continued)**

The fair value of perpetual and charitable trusts in which the System receives periodic payments from the trust is determined based on the present value of expected cash flows to be received from the trust using discount rates ranging from 1.0% to 6.5%, 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.

The fair value of foreign currency forward contracts is based on the difference between the contracted exchange rate and current market foreign currency exchange rates adjusted for forward points, which are differences in prevailing deposit interest rates between each currency through the remaining term of the contract.

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.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 10. Property, Plant, and Equipment

Property, plant, and equipment at December 31, 2019 and 2018 consist of the following (in thousands):

	<u>2019</u>	<u>2018</u>
Land and improvements	\$ 530,594	\$ 438,577
Buildings	7,058,399	6,021,391
Leasehold improvements	31,203	30,237
Equipment	1,918,486	1,732,114
Computer hardware and software	1,017,757	1,074,167
Construction-in-progress	360,635	617,055
Leased facilities and equipment	203,927	194,421
	<u>11,121,001</u>	<u>10,107,962</u>
Accumulated depreciation and amortization	<u>(5,255,411)</u>	<u>(5,035,498)</u>
	<u>\$ 5,865,590</u>	<u>\$ 5,072,464</u>

Included in the preceding table is unamortized computer software of \$231.3 million and \$212.6 million at December 31, 2019 and 2018, respectively. Amortization of computer software totaled \$48.1 million and \$46.3 million in 2019 and 2018, respectively. Amortization of computer software for the five years subsequent to December 31, 2019 is as follows (in millions): 2020 – \$42.9; 2021 – \$37.2; 2022 – \$31.2; 2023 – \$29.0; and 2024 – \$28.3.

Accumulated amortization of leased facilities and equipment was \$93.5 million and \$79.1 million at December 31, 2019 and 2018, respectively.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 11. Pledges Receivable

Outstanding pledges receivable from various corporations, foundations, and individuals at December 31, 2019 and 2018 are as follows (in thousands):

	<u>2019</u>	<u>2018</u>
Pledges due:		
In less than one year	\$ 79,114	\$ 85,918
In one to five years	110,696	116,240
In more than five years	87,664	79,200
	<u>277,474</u>	<u>281,358</u>
Allowance for uncollectible pledges and discounting	(55,256)	(62,236)
Current portion (net of allowance for uncollectible pledges of \$11.8 million in 2019 and \$19.2 million in 2018)	(67,300)	(66,674)
	<u>\$ 154,918</u>	<u>\$ 152,448</u>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 12. Long-Term Debt

Long-term debt at December 31, 2019 and 2018, consists of the following (in thousands):

	Interest Rate(s)	Final Maturity	Amount Outstanding at December 31	
			2019	2018
Series 2019A Bonds	3.39%	2046	\$ 247,045	\$ —
Series 2019B Bonds	3.22% to 3.55%	2046	250,320	—
Series 2019C Bonds	Floating rate	2052	89,000	—
Series 2019D Bonds	Variable rate	2052	119,340	—
Series 2019E Bonds	Variable rate	2052	130,405	—
Series 2019F Bonds	Variable rate	2052	130,405	—
Series 2019G Bonds	2.70% to 3.28%	2042	241,835	—
Series 2018 Sterling Notes	2.90% to 3.08%	2068	872,285	509,476
Series 2018 Term Loan, Martin	Variable rate	2023	33,070	—
Series 2017A Bonds	0.96% to 3.48%	2043	811,785	818,775
Series 2017B Bonds	1.81% to 3.70%	2043	167,580	169,255
Series 2017C Bonds	2.72%	2032	8,555	8,945
Series 2016 Private Placement	3.35%	2046	325,000	325,000
Series 2016 Term Loan	Variable rate	2026	15,170	15,170
Series 2014 Bonds	4.86%	2114	400,000	400,000
Series 2014A CP Notes	Variable rate	2044	—	70,955
Series 2013A Bonds	4.04%	2042	34,955	62,650
Series 2013B Bonds	Variable rate	2039	201,160	201,160
Series 2013, Keep Memory Alive	Variable rate	2037	56,980	59,115
Series 2013 Bonds, Martin	Variable rate	2032	16,200	—
Series 2012A Bonds	2.07% to 4.07%	2039	275,765	439,925
Series 2011A Bonds	3.47% to 4.83%	2032	94,385	148,645
Series 2011B Bonds	2.56%	2031	24,900	26,380
Series 2011C Bonds	3.55% to 4.72%	2032	144,035	157,945
Series 2010 Bonds, Martin	3.04%	2025	14,995	—
Series 2009B Bonds	4.21%	2039	—	16,135
Series 2008B Bonds	Variable rate	2043	327,575	327,575
Series 2003C Bonds	Variable rate	2035	41,905	41,905
Revolving credit facility	Variable rate	2019	—	105,000
Notes payable	Varies	Varies	3,584	106
Finance leases	Varies	Varies	118,053	121,589
			<b>5,196,287</b>	<b>4,025,706</b>
Net unamortized premium			161,322	160,044
Unamortized debt issuance costs			(33,715)	(27,713)
Current portion			(95,405)	(191,350)
Long-term variable rate debt classified as current			(529,841)	(407,776)
			<b>\$ 4,698,648</b>	<b>\$ 3,558,911</b>

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **12. 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 2018 Sterling Notes, Series 2018 Martin Term Loan, Series 2016 Private Placement, Series 2016 Term Loan, 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 May 2019, pursuant to certain agreements between the System and the Martin County Health Facilities Authority, the Martin County Health Facilities Authority issued \$247.0 million of fixed-rate Hospital Revenue Refunding Bonds (Series 2019A Bonds) for the benefit of the System. Proceeds from the sale of the Series 2019A Bonds were used to acquire the ownership interest in Martin Health System and to pay the cost of issuance. Contemporaneously with the issuance of the Series 2019A Bonds, certain outstanding debt, totaling \$249.4 million previously incurred by Martin Health System, was defeased. Also in May 2019, 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 \$250.3 million of fixed-rate Hospital Revenue Bonds (Series 2019B Bonds), \$89.0 million of adjustable floating-rate Hospital Revenue Bonds (Series 2019C Bonds) and \$380.1 million of variable-rate Hospital Revenue Bonds, comprised of separate issues of \$119.3 million (Series 2019D Bonds), \$130.4 million (Series 2019E Bonds) and \$130.4 million (Series 2019F Bonds). Proceeds from the issuance of the Series 2019C Bonds and Series 2019D Bonds were used to acquire facilities previously leased by the System under operating lease agreements and to pay the cost of issuance. Proceeds from the issuance of the Series 2019B Bonds, Series 2019E Bonds and Series 2019F Bonds have been or will be used to finance certain capital expenditures of the System and to pay the cost of issuance. The System recorded a loss on extinguishment of debt of \$4.8 million related to these transactions, which is recorded in other nonoperating gains and losses in the consolidated statements of operations and changes in net assets.

In November 2019, pursuant to certain agreements between the System and the State, acting by and through the Ohio Higher Educational Facility Commission, the State issued \$241.8 million of fixed-rate Taxable Hospital Refunding Revenue Bonds (Series 2019G Bonds) for the benefit of the System. Proceeds from the issuance of the Series 2019G Bonds were used to refund a portion of the outstanding Series 2011A, 2012A and 2013A Bonds and to pay the cost of issuance. The System recorded a loss on extinguishment of debt of \$1.5 million related to this transaction, which is recorded in other nonoperating gains and losses in the consolidated statements of operations and changes in net assets.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **12. Long-Term Debt (continued)**

The Series 2010 Martin Bonds, Series 2013 Martin Bonds and the Series 2018 Martin Term Loan were assumed by the System in the member substitution inherent contribution of Martin Health System. The Series 2018 Martin Term Loan provides a term loan facility with up to \$41.0 million available for borrowing through July 2020 to finance a construction project. The System has drawn \$33.1 million of the facility as of December 31, 2019. The term loan matures in 2023 and bears interest at a variable rate.

In August 2018, the System, through a UK subsidiary, entered into a private placement agreement to issue Guaranteed Senior Notes (Series 2018 Sterling Notes) totaling £665 million. The subsidiary received proceeds of £300 million, £100 million and £265 million in August 2018, November 2018 and August 2019, respectively. The Series 2018 Sterling Notes are guaranteed by the Cleveland Clinic obligated group and another UK subsidiary, mature at various dates from 2048 through 2068 and bear interest at an average fixed rate of 2.99%. The proceeds of the Series 2018 Sterling Notes repaid a \$375.0 million term loan used to acquire a long-term leasehold interest in a building in London, England and have been or will be used to partially fund the construction and conversion of the building into a healthcare facility.

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, 2019. The System had \$71.0 million of outstanding Series 2014A CP Notes at December 31, 2018.

Certain of the System's current outstanding bonds bear interest at a variable rate. During 2019 and 2018, the rates for the System's variable rate long-term debt series ranged from 0.80% to 3.32% (average rate 1.61%) and 0.49% to 3.14% (average rate 1.56%), respectively.

Certain variable rate bonds are secured by irrevocable direct pay letters of credit and standby bond purchase agreements, totaling \$613.7 million at December 31, 2019. Long-term variable rate debt is classified as current in the consolidated balance sheets if it is supported by letters of credit or standby bond purchase agreements that expire within one year, require repayment of a remarketing draw within one year or contain a subjective clause that, if declared by the lender, could cause immediate repayment of the bonds.



# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **12. Long-Term Debt (continued)**

The System provides self-liquidity on the Series 2003C Bonds, certain sub-series 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.

In May 2019, the System entered into a \$400 million revolving credit facility with multiple financial institutions that can be drawn upon in the case of a failed remarketing of self-liquidity debt. The revolving credit facility expires in May 2022 and bears interest at a variable rate based on various interest rate benchmarks and spreads. There were no amounts outstanding under the revolving credit facility at December 31, 2019.

During the term of agreements with the issuing authorities, the System is required to make specified deposits with trustees to fund principal and interest payments when due. Also, unexpended bond proceeds are held by the trustee and released to the System for approved requisition requests for capital projects. Unexpended bond proceeds at December 31, 2019 were \$139.6 million and are included in funds held by trustee. There were no unexpended bond proceeds at December 31, 2018. The System has made deposits with the trustee, included in investments for current use, to fund current principal and interest payments of \$119.4 million at December 31, 2019. There were no deposits with the trustee to fund principal and interest payments at December 31, 2018.

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, 2019 and 2018.

The System terminated a \$300 million revolving credit facility in April 2019. The facility allowed the System to enter into short-term loans that automatically renewed throughout the term of the facility. The revolving credit facility bore interest at a variable rate based on the London Interbank Offered Rate (LIBOR) plus an applicable spread. Amounts outstanding on the revolving credit facility as of December 31, 2018 totaled \$105.0 million. The interest rate on the revolving credit facility ranged from 3.04% to 3.07% in 2019 (average rate 3.05%) and from 2.09% to 3.10% in 2018 (average rate 2.58%).

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, 2019 are as follows (in thousands): 2020 – \$70,783; 2021 – \$74,597; 2022 – \$77,818; 2023 – \$114,239; and 2024 – \$82,098.

Total interest paid approximated \$158.3 million and \$128.5 million in 2019 and 2018, respectively. Capitalized interest cost approximated \$4.0 million and \$0.4 million in 2019 and 2018, respectively.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 13. Derivative Instruments

The System has entered into various derivative financial instruments to manage interest rate risk and foreign currency exposures.

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 entered into various interest rate swap agreements with a total outstanding notional amount of \$615.8 million and \$618.2 million at December 31, 2019 and 2018, respectively. During the term of these transactions, the System pays interest at a fixed rate and receives interest at a variable rate based on LIBOR or the Securities Industry and Financial Markets Association Index (SIFMA). The swap agreements are not designated as hedging instruments. Net interest paid or received under the swap agreements is included in derivative losses in the consolidated statements of operations and changes in net assets.

The following table summarizes the System's interest rate swap agreements (in thousands):

Swap Type	Expiration Date	System Pays	System Receives	Notional Amount at December 31	
				2019	2018
Fixed	2021	3.21%	68% of LIBOR	\$ 28,525	\$ 30,145
Fixed	2024	3.42%	68% of LIBOR	25,700	26,500
Fixed	2024	3.45%	67% of LIBOR	6,185	—
Fixed	2027	3.56%	68% of LIBOR	115,757	120,113
Fixed	2028	5.12%	100% of LIBOR	35,430	36,605
Fixed	2028	3.51%	68% of LIBOR	27,395	28,285
Fixed	2030	5.07%	100% of LIBOR	56,350	57,250
Fixed	2030	5.06%	100% of LIBOR	56,325	57,225
Fixed	2031	3.04%	68% of LIBOR	44,000	46,975
Fixed	2032	4.32%	79% of LIBOR	2,091	2,189
Fixed	2032	4.33%	70% of LIBOR	4,183	4,377
Fixed	2032	3.78%	70% of LIBOR	2,091	2,189
Fixed	2032	3.58%	67% of LIBOR	10,015	—
Fixed	2036	4.90%	100% of LIBOR	48,500	49,125
Fixed	2036	4.90%	100% of LIBOR	75,250	76,950
Fixed	2037	4.62%	100% of SIFMA	56,980	59,115
Fixed	2039	4.62%	68% of LIBOR	21,025	21,170
				<b>\$ 615,802</b>	<b>\$ 618,213</b>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 13. Derivative Instruments (continued)

The System is exposed to fluctuations in various foreign currencies against its functional currency, the U.S. dollar (USD). The System uses foreign currency forward contracts to manage its exposure to fluctuations in the USD – British Pound (GBP) exchange rate. Currency forward contracts involve fixing the USD – GBP exchange rate for delivery of a specified amount of foreign currency on a specified date. The currency forward contracts are typically cash settled in USD for their fair value at or close to their settlement date.

In November 2018, the System entered into three foreign currency forward contracts, expiring between May 2020 and April 2021, with a total outstanding notional amount of \$336.2 million at both December 31, 2019 and December 31, 2018.

The following table summarizes the location and fair value for the System's derivative instruments (in thousands):

		<b>Derivative Liabilities</b>			
		<b>December 31, 2019</b>		<b>December 31, 2018</b>	
		<b>Balance Sheet</b>	<b>Fair</b>	<b>Balance Sheet</b>	<b>Fair</b>
		<b>Location</b>	<b>Value</b>	<b>Location</b>	<b>Value</b>
<b>Derivatives not designated as hedging instruments</b>					
Interest rate swap agreements	Other noncurrent liabilities		\$ 131,004	Other noncurrent liabilities	\$ 101,444
Foreign currency contracts	Other current liabilities		\$ 1,871	Other current liabilities	\$ –
Foreign currency contracts	Other noncurrent liabilities		\$ 1,008	Other noncurrent liabilities	\$ 9,419

The following table summarizes the location and amounts of derivative gains (losses) on the System's interest rate swap agreements (in thousands):

		<b>Location of Loss</b>	<b>Year Ended December 31</b>	
		<b>Recognized</b>	<b>2019</b>	<b>2018</b>
<b>Derivatives not designated as hedging instruments</b>				
Interest rate swap agreements	Derivative (losses) gains		\$ (42,734)	\$ 9,233
Foreign currency contracts	Derivative gains (losses)		\$ 6,540	\$ (9,419)

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **13. Derivative Instruments (continued)**

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, 2019 and 2018, the System posted \$82.4 million and \$49.0 million, respectively, of collateral with counterparties that is included in funds held by trustees in the consolidated balance sheets. In addition, if the System were to choose to terminate a derivative contract or if a derivative contract were terminated pursuant to an event of default or a termination event as described in the derivative contract, the System could be required to pay a termination payment to the counterparty.

#### **14. Leases**

The System has operating and finance leases for real estate, personal property and equipment. 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 which require payments for lease and non-lease components and has elected to account for these as a single lease component. For leases that commenced before the effective date of ASU 2016-02, the System elected the permitted practical expedients to not reassess the following: (i) whether any expired or existing contracts contain leases; (ii) the lease classification for any expired or existing leases; and (iii) initial direct costs for any existing leases.

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. As most of the System’s operating leases do not provide an implicit rate, the System 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 rates. Finance lease agreements generally include an interest rate that is

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 14. Leases (continued)

used to determine the present value of future lease payments. 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.

Operating and finance lease right-of-use assets and lease liabilities as of December 31, 2019 were as follows (in thousands):

#### **Operating leases**

##### Right-of-use assets:

Operating lease assets	<u>\$ 325,960</u>
------------------------	-------------------

##### Lease liabilities:

Other current liabilities	\$ 31,006
---------------------------	-----------

Noncurrent operating lease liabilities	<u>296,668</u>
--	----------------

Total operating lease liabilities	<u>\$ 327,674</u>
-----------------------------------	-------------------

#### **Finance leases**

##### Right-of-use assets:

Property, plant, and equipment, net	<u>\$ 110,399</u>
-------------------------------------	-------------------

##### Lease liabilities:

Current portion of long-term debt	\$ 24,622
-----------------------------------	-----------

Long-term debt	<u>93,431</u>
----------------	---------------

Total finance lease liabilities	<u>\$ 118,053</u>
---------------------------------	-------------------

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 14. Leases (continued)

Operating expenses for the leasing activity of the System as lessee for the year ended December 31, 2019 are as follows (in thousands):

<u>Lease Type</u>	<u>Classification</u>	<u>Amount</u>
Operating lease costs*	Facilities expense	\$ 57,493
Short-term lease costs	Facilities expense	17,793
Financing lease interest	Interest expense	5,373
Financing lease amortization	Depreciation and amortization	27,977
Total lease cost		<u>\$ 108,636</u>

\* Includes fixed and variable lease costs.

In 2018, rental expense related to operating leases was \$71.2 million.

Cash paid for amounts included in the measurement of lease liabilities for the year ended December 31, 2019 is as follows (in thousands):

Operating cash flows from operating leases	\$ 57,523
Operating cash flows from finance leases	5,373
Financing cash flows from finance leases	25,408
Total	<u>\$ 88,304</u>

Right-of-use assets obtained in exchange for new lease obligations for the year ended December 31, 2019 are as follows (in thousands):

Operating leases	\$ 84,264
Finance leases	21,639
Total	<u>\$ 105,903</u>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 14. Leases (continued)

The aggregate future lease payments for operating and finance leases as of December 31, 2019 were as follows (in thousands):

	<u>Operating</u>	<u>Finance</u>
2020	\$ 36,542	\$ 29,254
2021	33,904	24,953
2022	31,196	19,963
2023	25,939	13,623
2024	21,298	11,705
Thereafter	1,340,324	38,408
Total lease payments	<u>1,489,203</u>	<u>137,906</u>
Less: Interest	<u>(1,161,529)</u>	<u>(19,853)</u>
Present value of lease liabilities	<u>\$ 327,674</u>	<u>\$ 118,053</u>

Average lease terms and discount rates at December 31, 2019 were as follows:

Weighted-average remaining lease term (years):	
Operating leases	54.9
Finance leases	7.2
Weighted-average discount rate:	
Operating leases	2.8%
Finance leases	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 is currently converting the building into an advanced healthcare facility with approximately 185 beds that is expected to open in the spring of 2021. 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 8.5 years.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **15. Professional and General Liability Insurance**

The System manages its professional and general liability insurance program through a captive insurance arrangement.

In the ordinary course of business, professional and general liability claims have been asserted against the System by various claimants. These claims are in various stages of processing or, in certain instances, are in litigation. In addition, there are known incidents, and there also may be unknown incidents, which may result in the assertion of additional claims. The System has accrued its best estimate of both asserted and unasserted claims based on actuarially determined amounts. These estimates are subject to the effects of trends in loss severity and frequency, and ultimate settlement of professional and general liability claims may vary significantly from the estimated amounts.

The System's professional and general liability insurance reserves of \$223.4 million and \$195.0 million at December 31, 2019 and 2018, 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 2.0% and 3.25% at December 31, 2019 and 2018, respectively. Unasserted claims were discounted at 2.0% and 3.50% at December 31, 2019 and 2018, respectively. Through the captive insurance subsidiary, the System has set aside investments of \$217.3 million (\$59.4 million included in investments for current use) and \$160.8 million (\$53.8 million included in investments for current use) at December 31, 2019 and 2018, respectively, of which \$44.4 million and \$38.2 million at December 31, 2019 and 2018, respectively, are restricted in accordance with reinsurance trust agreements related to coverage of the Florida operations and other reinsurance programs provided by the captive insurance subsidiary.



# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 15. Professional and General Liability Insurance (continued)

Activity in the professional and general liability insurance reserves is summarized as follows (in thousands):

	<u>2019</u>	<u>2018</u>
Balance at beginning of year	\$ 195,023	\$ 198,378
Incurred related to:		
Current period	72,975	62,320
Prior period	(8,274)	(4,095)
Total incurred	<u>64,701</u>	<u>58,225</u>
Paid related to:		
Current period	4,615	6,481
Prior period	69,582	54,747
Total paid	<u>74,197</u>	<u>61,228</u>
Total incurred less total paid	(9,496)	(3,003)
Member substitution	39,324	–
Decrease in unasserted claims	(1,247)	(320)
Decrease in reinsurance recoverable	(242)	(32)
Balance at end of year	<u>\$ 223,362</u>	<u>\$ 195,023</u>

The foregoing reconciliation shows \$8.3 million and \$4.1 million of favorable development in 2019 and 2018, respectively, due to changes in actuarial estimates as a result of lower claim activity, closed claims, and expedited settlement of claims, which has reduced claim expenses and resulted in more favorable settlements. The System utilizes a combination of actual and industry statistics to estimate loss and loss adjustment expense reserves.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **16. 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, 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 that were hired before October 1, 2005, who 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 that were hired before 2004 who 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 that were hired before December 31, 2002 who 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. The System maintains two unfunded, nonqualified defined benefit supplemental retirement plans, which cover certain professional staff and administrative employees.

The System sponsors two noncontributory, defined contribution plans, and nine contributory, defined contribution plans covering System employees. The Cleveland Clinic Investment Pension Plan (IPP) is a noncontributory, defined contribution plan, which covers substantially all of the System's employees, except employees covered by the Cleveland Clinic Cash Balance Plan and those employed by Akron General, Union Hospital, Martin Health System or Indian River Hospital. The System's contribution to the IPP for participants is based upon a percentage of employee compensation and years of 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. The System sponsors nine tax-qualified contributory, defined contribution plans that cover substantially all employees, including two plans for Akron General, three plans for Union Hospital, two plans for Martin Health System and a plan for Indian River Hospital. The plans generally permit employees to make pretax employee deferrals and to become entitled to certain employer matching contributions that are based on employee contributions.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **16. Pensions and Other Postretirement Benefits (continued)**

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, except those employed by Union Hospital or Indian River Hospital. 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 at December 31, 2019 are based on the Pri-2012 "Employees," "Healthy Retiree" and "Contingent Annuitant" tables, fully generational for employees reflecting an unadjusted MP-2019 projection scale from the 2012 base year. The mortality tables used to calculate the defined benefit obligation for the System's defined benefit and postretirement health benefit plans at December 31, 2018 are based on the RP-2014 "Employees" table unadjusted, with generational projection for non-annuitants and the RP-2014 "Healthy Annuitants" table unadjusted, reflecting an unadjusted MP-2018 projection scale from the 2006 base year. The System believes that the updated mortality rates are the best estimate of future experience.

The System expects to make contributions of \$25.5 million to the defined benefit pension plans in 2020. Pension benefit payments over the next ten years are estimated as follows: 2020 – \$164.3 million; 2021 – \$137.0 million; 2022 – \$133.0 million; 2023 – \$133.6 million; 2024 – \$132.3 million; and in the aggregate for the five years thereafter – \$600.4 million.

The System expects to make contributions of \$4.3 million to other postretirement benefit plans in 2020. Other postretirement benefit payments over the next ten years, net of the average annual Medicare Part D subsidy of approximately \$1.0 million, are estimated as follows: 2020 – \$4.3 million; 2021 – \$4.1 million; 2022 – \$3.8 million; 2023 – \$3.5 million; 2024 – \$3.2 million; and in the aggregate for the five years thereafter – \$11.1 million.

No plan assets are expected to be returned to the employer during 2020.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 16. Pensions and Other Postretirement Benefits (continued)

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, will be recognized as a component of net periodic benefit cost immediately in the current period. Prior service credits and costs will be amortized over future periods, pursuant to the System's accounting policy.

Unrecognized prior service credits and costs are amortized on a straight-line basis over the estimated life of the plan participants. In 2020, the System is expected to amortize \$3.5 million of unrecognized prior service credits in net periodic benefit cost.

Included in net assets without donor restrictions at December 31, 2019 and 2018 are the following amounts that have not yet been recognized in net periodic benefit cost (in thousands):

	<b>Defined Benefit Pension Plans</b>		<b>Other Postretirement Benefits</b>	
	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
Unrecognized actuarial losses (gains)	\$ 151,105	\$ 144,463	\$ (7,466)	\$ (8,189)
Unrecognized prior service credit	(15,768)	(13,711)	(6,089)	(7,041)
Total	\$ 135,337	\$ 130,752	\$ (13,555)	\$ (15,230)

Unrecognized actuarial losses (gains) 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.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 16. 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, 2019 and 2018, are as follows (in thousands):

	<b>Defined Benefit Pension Plans</b>		<b>Other Postretirement Benefits</b>	
	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
Current year actuarial (loss) gain	\$ (14,539)	\$ (5,114)	\$ 4,617	\$ 13,870
Recognition of actuarial loss (gain) in excess of corridor	7,897	33,930	(5,340)	(15,234)
Current year prior service credit	3,966	—	—	—
Amortization of prior service credit	(1,909)	(1,910)	(952)	(953)
Total	<u>\$ (4,585)</u>	<u>\$ 26,906</u>	<u>\$ (1,675)</u>	<u>\$ (2,317)</u>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 16. 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, 2019 and 2018, consolidated balance sheets (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2019	2018	2019	2018
Change in projected benefit obligation:				
Projected benefit obligation at beginning of year	\$ 1,630,583	\$ 1,785,443	\$ 81,889	\$ 95,533
Service (credit) cost	(3,421)	(1,513)	1,469	1,068
Interest cost	77,571	64,712	3,723	3,622
Actuarial loss (gain)	163,942	(104,647)	(4,617)	(13,870)
Participant contributions	–	–	16,886	15,254
Plan amendments	(3,966)	–	–	–
Member substitution	215,695	–	3,906	–
Settlement payments	(65,088)	(68,676)	–	–
Benefits paid	(56,276)	(44,736)	(23,731)	(20,478)
Federal subsidy	–	–	–	760
Projected benefit obligation at end of year	1,959,040	1,630,583	79,525	81,889
Change in plan assets:				
Fair value of plan assets at beginning of year	1,234,419	1,375,159	–	–
Actual return on plan assets	235,043	(34,975)	–	–
Participant contributions	–	–	16,886	15,254
System contributions	176,248	7,647	6,845	5,224
Member substitution	153,792	–	–	–
Benefits paid	(121,364)	(113,412)	(23,731)	(20,478)
Fair value of plan assets at end of year	1,678,138	1,234,419	–	–
Accrued retirement benefits	\$ (280,902)	\$ (396,164)	\$ (79,525)	\$ (81,889)
Current liabilities	\$ (9,111)	\$ (8,680)	\$ (4,252)	\$ (3,846)
Noncurrent liabilities	(271,791)	(387,484)	(75,273)	(78,043)
Net liability recognized in consolidated balance sheets	\$ (280,902)	\$ (396,164)	\$ (79,525)	\$ (81,889)

The accumulated benefit obligation for all defined benefit pension plans was \$1.9 billion and \$1.6 billion at December 31, 2019 and 2018, respectively.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 16. Pensions and Other Postretirement Benefits (continued)

The CCHS Retirement Plan paid \$65.1 million and \$68.7 million in lump-sum payments in accordance with plan terms in 2019 and 2018, respectively, which exceeded the sum of the service cost and interest cost components of net periodic benefit cost for each year. As a result, the System recorded a settlement charge of \$4.9 million and \$8.0 million for the years ended December 31, 2019 and 2018, respectively.

In 2019, the System amended the Indian River Hospital defined benefit pension plan to offer a lump-sum option to current active and terminated vested participants, effective January 1, 2020. As a result of this amendment, the projected benefit obligation decreased by \$4.0 million in 2019.

The components of net periodic benefit (credit) cost are as follows (in thousands):

	Defined Benefit Pension Plans		Other Postretirement Benefits	
	2019	2018	2019	2018
Components of net periodic benefit cost:				
Service (credit) cost	\$ (3,421)	\$ (1,513)	\$ 1,469	\$ 1,068
Interest cost	77,571	64,712	3,723	3,622
Expected return on plan assets	(85,639)	(74,786)	-	-
Recognition of actuarial loss (gain) in excess of corridor	2,954	25,901	(5,340)	(15,234)
Settlement charge	4,943	8,029	-	-
Amortization of prior service credit	(1,909)	(1,910)	(952)	(953)
Net periodic benefit (credit) cost	(5,501)	20,433	(1,100)	(11,497)
Defined contribution plans	266,314	238,129	-	-
Total	\$ 260,813	\$ 258,562	\$ (1,100)	\$ (11,497)

The service (credit) cost component of net periodic benefit (credit) cost and the defined contribution plan expense are included in salaries, wages, and benefits in the consolidated statements of operations and changes in net assets. The components of net periodic benefit (credit) cost other than the service (credit) cost component are included in other nonoperating gains and losses in the consolidated statements of operations and changes in net assets.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 16. 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	
	2019	2018	2019	2018
Weighted-average assumptions:				
Discount rates:				
Used for benefit obligations	<b>3.41%</b>	4.37%	<b>3.71%</b>	4.38%
Used for net periodic benefit cost	<b>4.37%</b>	3.74%	<b>4.38%</b>	3.83%
Expected rate of return on plan assets	<b>6.48%</b>	5.65%	—	—
Rate of compensation increase:				
Used for benefit obligations	<b>2.25%</b>	2.25%	—	—
Used for net periodic benefit cost	<b>2.25%</b>	2.25%	—	—

The System uses a direct cost approach to estimate its postretirement benefit obligation for healthcare services provided by the System (internally provided services). Healthcare services provided by non-System entities (externally provided services) are based on the System's historical cost experience.

The annual assumed healthcare cost trend rates for the next year and the assumed trend thereafter is as follows:

	2019	2018
Internally provided services:		
Initial rate	<b>5.5%</b>	5.75%
Ultimate rate	<b>4.0%</b>	4.50%
Year ultimate reached	<b>2026</b>	2024
Externally provided services:		
Initial rate	<b>6.5%</b>	6.75%
Ultimate rate	<b>5.0%</b>	5.50%
Year ultimate reached	<b>2026</b>	2024



# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 16. Pensions and Other Postretirement Benefits (continued)

A one-percentage-point increase or decrease in the healthcare cost trend rate would have increased or decreased service and interest costs in 2019 by \$1.9 million and \$1.3 million, respectively, and service and interest costs in 2018 by \$2.1 million and \$1.4 million, respectively.

The System's weighted-average asset allocation of pension plan assets at December 31, 2019 and 2018, by asset category, are as follows:

Asset category	Percentage of Plan Assets		
	2019	2018	Target Allocation
Interest-bearing cash	9.1%	4.1%	5%–9%
Fixed income securities	56.0	49.7	42%–70%
Common and preferred stocks	17.2	27.6	16%–35%
Alternative investments	17.7	18.6	7%–27%
Total	<u>100.0%</u>	<u>100.0%</u>	

The System's investment strategy for its pension assets balances the liquidity needs of the pension plans with the long-term return goals necessary to satisfy future pension obligations. The target allocation ranges of the investment pool to various asset classes are designed to diversify the portfolio in a way that achieves an efficient trade-off between long-term return and risk, while providing adequate liquidity to meet near-term expenses and obligations.

The System's weighted-average pension portfolio return assumption of 6.48% and 5.65% in 2019 and 2018, 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.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 16. Pensions and Other Postretirement Benefits (continued)

The System has been implementing an investment strategy for its defined benefit pension plans over the last few years that has reduced the asset allocation for common and preferred stocks with a corresponding increase in fixed income securities. The updated investment strategy is being 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. Once the investment strategy is fully implemented, it is anticipated that the duration of the fixed-income investment assets will match the liabilities of the pension plan over time.

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, 2019 and 2018, based on the valuation hierarchy (in thousands):

<b>December 31, 2019</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Assets</b>				
Cash and investments:				
Cash and cash equivalents	\$ 152,445	\$ 485	\$ –	\$ 152,930
Fixed income securities:				
U.S. treasuries	324,075	–	–	324,075
U.S. government agencies	–	9,912	–	9,912
U.S. corporate	–	157,520	–	157,520
Foreign	–	24,406	–	24,406
Common and preferred stocks:				
U.S.	24,489	2	–	24,491
Foreign	11,246	1,214	–	12,460
Equity mutual funds	7,267	–	–	7,267
Total assets at fair value	<u>\$ 519,522</u>	<u>\$ 193,539</u>	<u>\$ –</u>	<u>\$ 713,061</u>

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 16. Pensions and Other Postretirement Benefits (continued)

December 31, 2018	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and investments:				
Cash and cash equivalents	\$ 49,767	\$ 367	\$ –	\$ 50,134
Fixed income securities:				
U.S. treasuries	297,780	–	–	297,780
U.S. corporate	–	144,345	–	144,345
Foreign	–	17,437	–	17,437
Common and preferred stocks:				
U.S.	60,750	–	–	60,750
Foreign	14,924	1,174	–	16,098
Equity mutual funds	19,927	–	–	19,927
Total assets at fair value	<u>\$ 443,148</u>	<u>\$ 163,323</u>	<u>\$ –</u>	<u>\$ 606,471</u>

Total plan assets in the System's defined benefit pension plans at December 31, 2019 and 2018 are comprised of the following (in thousands):

	<u>2019</u>	<u>2018</u>
Plan assets measured at fair value	\$ 713,061	\$ 606,471
Commingled funds measured at net asset value	668,002	398,884
Alternative investments measured at net asset value	297,075	229,064
Total fair value of plan assets at end of year	<u>\$ 1,678,138</u>	<u>\$ 1,234,419</u>

Fair value methodologies for Level 1 and Level 2 are consistent with the inputs described in Note 9.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **16. Pensions and Other Postretirement Benefits (continued)**

Fixed income securities include debt obligations of the U.S. government and various agencies, U.S. corporations, and other fixed income instruments such as mortgage-backed and asset-backed securities. The composition of these securities represents an expected return and risk profile that is commensurate with broadly defined fixed income indexes such as the Barclays Capital U.S. Aggregate Index. Additionally, investments include mutual funds and commingled fixed-income funds that may also invest in opportunistic as well as non-U.S. and high-yield debt instruments. Commingled fixed-income funds are valued using net asset value as a practical expedient.

Common and preferred stocks include investments of publicly traded common stocks of both U.S. and international corporations, the majority of which represent actively traded and liquid securities that are traded on many of the world's major exchanges and include large-, mid-, and small-capitalization securities. The composition of these securities represents an expected return and risk profile that is commensurate with broadly defined equity indexes such as the Russell 3000 Index and the Morgan Stanley Capital International (MSCI) All Country World ex-U.S. Index. Investments also include equity mutual funds and commingled equity funds whose underlying assets may include publicly traded equity securities. Commingled equity funds are valued using net asset value as a practical expedient.

Alternative investments include hedge funds and private equity funds that are valued using net asset value as a practical expedient. Hedge funds are meant to provide returns between those expected from stocks and fixed income investments with commensurate levels of risk and lower correlation relative to traditional investments. Included in this category are investments that are well diversified across various strategies and may consist of absolute return funds, long/short funds, and other opportunistic/multi-strategy funds. The underlying investments in such funds may include publicly traded and privately held equity and debt instruments issued by U.S. and international corporations as well as various derivatives based on these securities. Hedge fund redemptions typically contain restrictions that allow for a portion of the withdrawal proceeds to be held back from distribution while the underlying investments are liquidated. Private equity investments make up a smaller portion of the alternative investments and generally consist of limited partnerships formed to invest in equity and debt investments in operating companies that are not publicly traded. Investment strategies in this category may include buyouts, distressed debt, and venture capital. Private equity funds are closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **17. 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. With few exceptions, the System is no longer subject to U.S. federal, state, and local or non-U.S. income tax examinations by tax authorities for years before 2015.

At December 31, 2019 and 2018, the liability for uncertainty in income taxes was \$1.0 million and \$0.9 million, respectively. The System does not expect a significant increase or decrease in unrecognized tax benefits within the next 12 months. The System recognizes interest and penalties accrued related to the liability for unrecognized tax benefits in the consolidated statements of operations and changes in net assets.

The System has temporary differences of \$504.8 million and \$201.9 million at December 31, 2019 and 2018, respectively. The temporary differences primarily relate to net operating losses available for income tax purposes. The majority of these losses expire in varying amounts from 2020 through 2037. A deferred tax asset of \$101.8 million and \$40.9 million has been recorded at December 31, 2019 and 2018, respectively. A valuation allowance of \$101.8 million and \$40.9 million has been recorded at December 31, 2019 and 2018, respectively, against the deferred tax assets due to the uncertainty regarding their use.

#### **18. Commitments and Contingent Liabilities**

At December 31, 2019, the System has commitments for construction and other related capital contracts of \$434.4 million and letters of credit of \$0.7 million. Guarantees of mortgage loans made by banks to certain staff members are \$20.2 million at December 31, 2019. In addition, the System has remaining commitments to invest approximately \$984 million in alternative investments at December 31, 2019. The largest commitment at December 31, 2019 to any one alternative strategy manager is \$45 million. These investments are expected to occur over the next three to five years. No amounts have been recorded in the consolidated balance sheets for these commitments and guarantees.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **18. Commitments and Contingent Liabilities (continued)**

Pledge liabilities to various foundations and other entities at December 31, 2019, are as follows (in thousands): 2020 – \$5,653; 2021 – \$1,100; 2022 – \$4,700; 2023 – \$600; 2024 – \$4,700; and thereafter – \$9,000. The unamortized discount on pledge liabilities at December 31, 2019 was \$2.8 million. Pledge liabilities are recorded in other current liabilities and other noncurrent liabilities in the consolidated balance sheets.

#### **19. Endowment**

The System's endowment consists of 363 individual donor-restricted funds established for a variety of purposes. Endowment funds are classified and reported based on donor-imposed restrictions as net assets with donor restrictions.

#### **Interpretation of Relevant Law**

In 2009, the Uniform Prudent Management of Institutional Funds Act (UPMIFA) was enacted to update and replace Ohio's previous law, the Uniform Management of Institutional Funds Act. The System has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the System classifies as 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)

#### **19. 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. As of December 31, 2019, the System had no deficiencies of this nature in donor-restricted endowment funds. As of December 31, 2018, the System had deficiencies of this nature in 18 donor-restricted endowment funds, which together have an original gift value of \$23.2 million, a current fair value of \$22.6 million, and a deficiency of \$0.6 million. These deficiencies resulted from unfavorable market fluctuations that occurred shortly after the investment of new contributions for donor-restricted endowment funds and continued appropriations for certain programs that were 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.

##### **Return Objectives and Risk Parameters**

The System has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. Under this policy, the endowment assets are invested in a highly diversified portfolio of U.S. and non-U.S. publicly traded equities, alternative investments, and fixed income securities structured to achieve an optimal balance between return and risk. The System expects its endowment funds, over time, to provide an average rate of return of approximately 7.5% annually. Actual returns in any given year may vary from this amount.

##### **Strategies Employed for Achieving Objectives**

To satisfy its long-term rate-of-return objectives, the System relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The System targets a diversified asset allocation to achieve its long-term return objective within prudent risk constraints.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 19. 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 at an average of 2.5% annually. This is consistent with the System's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

##### Changes in Endowment Net Assets

The following table summarizes the changes in endowment net assets for the years ended December 31, 2019 and 2018 (in thousands):

	<u>2019</u>	<u>2018</u>
Endowment net assets, beginning of year	\$ 388,135	\$ 381,810
Investment income	2,805	2,303
Net appreciation (depreciation)	44,066	(7,885)
Contributions	28,805	17,655
Appropriation of endowment assets for expenditure	(8,087)	(5,748)
Member substitution	12,126	—
Endowment net assets, end of year	<u>\$ 467,850</u>	<u>\$ 388,135</u>



# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 20. Functional Expenses

The System provides healthcare services and education and performs research. The following table presents expenses by both their nature and their function for the years ended December 31, 2019 and 2018 (in thousands):

	2019					
	Healthcare Services	Research	Medical Education	General and Administrative	Non-Healthcare Services	Total
Salaries, wages, and benefits	\$ 4,542,440	\$ 177,254	\$ 285,857	\$ 672,274	\$ 20,090	\$ 5,697,915
Supplies	998,222	20,458	7,867	13,295	9,414	1,049,256
Pharmaceuticals	1,306,420	224	–	875	–	1,307,519
Purchased services and other fees	394,131	6,750	11,552	261,009	1,391	674,833
Administrative services	85,274	43,406	28,588	50,026	11,667	218,961
Facilities	337,309	3,766	2,109	25,608	9,697	378,489
Insurance	78,078	–	163	1,688	323	80,252
Interest	147,402	1,763	–	3,988	8,119	161,272
Depreciation and amortization	473,322	10,531	134	99,105	17,727	600,819
	<b>\$ 8,362,598</b>	<b>\$ 264,152</b>	<b>\$ 336,270</b>	<b>\$ 1,127,868</b>	<b>\$ 78,428</b>	<b>\$ 10,169,316</b>

  

	2018					
	Healthcare Services	Research	Medical Education	General and Administrative	Non-Healthcare Services	Total
Salaries, wages, and benefits	\$ 3,809,548	\$ 163,740	\$ 301,073	\$ 561,890	\$ 21,175	\$ 4,857,426
Supplies	816,522	20,217	7,409	12,048	8,674	864,870
Pharmaceuticals	1,090,116	393	9	463	–	1,090,981
Purchased services and other fees	306,136	5,609	9,060	243,317	(352)	563,770
Administrative services	96,024	43,510	23,741	44,534	14,307	222,116
Facilities	318,726	3,801	2,024	19,778	9,149	353,478
Insurance	68,776	–	340	2,113	355	71,584
Interest	124,309	1,732	–	3,545	9,258	138,844
Depreciation and amortization	364,571	12,119	151	100,374	18,421	495,636
Special charges	2,419	–	–	–	–	2,419
	<b>\$ 6,997,147</b>	<b>\$ 251,121</b>	<b>\$ 343,807</b>	<b>\$ 988,062</b>	<b>\$ 80,987</b>	<b>\$ 8,661,124</b>

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)

#### **21. Special Charges**

The System incurred and recorded special charges of \$2.4 million in 2018. There were no special charges recorded in 2019. Special charges include accelerated depreciation expense and other costs related to the transition of healthcare services in the City of Lakewood.

#### **22. Subsequent Events**

The System evaluated events and transactions occurring subsequent to December 31, 2019, through March 6, 2020, 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



Ernst & Young LLP  
Suite 1800  
950 Main Avenue  
Cleveland, OH 44113-7214

Tel: +1 216 861 5000  
Fax: +1 216 583 2013  
ey.com

## Report of Independent Auditors on Supplementary Information

The Board of Directors  
The Cleveland Clinic Foundation

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The following consolidating balance sheets, statements of operations and changes in net assets, and statements of cash flows are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Ernst & Young LLP*

March 6, 2020

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidating Balance Sheet

December 31, 2019

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 302,455	\$ 203,274	\$ –	\$ 505,729
Patient receivables	1,139,314	195,186	(35,244)	1,299,256
Due from affiliates	44,160	10	(44,170)	–
Investments for current use	119,445	59,355	–	178,800
Other current assets	438,946	78,142	(28,420)	488,668
Total current assets	2,044,320	535,967	(107,834)	2,472,453
Investments:				
Long-term investments	8,155,876	1,116,411	–	9,272,287
Funds held by trustees	225,097	110	–	225,207
Assets held for self-insurance	–	157,972	–	157,972
Donor-restricted assets	796,476	63,644	–	860,120
	9,177,449	1,338,137	–	10,515,586
Property, plant, and equipment, net	4,659,169	1,206,421	–	5,865,590
Other assets:				
Pledges receivable, net	143,352	11,566	–	154,918
Trusts and interests in foundations	67,570	45,867	–	113,437
Operating lease right-of-use assets	107,174	218,786	–	325,960
Other noncurrent assets	658,193	97,464	(229,217)	526,440
	976,289	373,683	(229,217)	1,120,755
Total assets	<u>\$ 16,857,227</u>	<u>\$ 3,454,208</u>	<u>\$ (337,051)</u>	<u>\$ 19,974,384</u>

# PUBLIC INSPECTION COPY

	<b>Obligated Group</b>	<b>Non-Obligated Group</b>	<b>Consolidating Adjustments and Eliminations</b>	<b>Consolidated</b>
<b>Liabilities and net assets</b>				
Current liabilities:				
Accounts payable	\$ 431,124	\$ 105,616	\$ (60)	\$ 536,680
Compensation and amounts withheld from payroll	386,325	44,596	-	430,921
Current portion of long-term debt	88,803	6,674	(72)	95,405
Variable rate debt classified as current	475,297	54,544	-	529,841
Due to affiliates	10	44,160	(44,170)	-
Other current liabilities	477,697	162,589	(66,363)	573,923
<b>Total current liabilities</b>	<b>1,859,256</b>	<b>418,179</b>	<b>(110,665)</b>	<b>2,166,770</b>
 Long-term debt	 3,807,383	 1,115,456	 (224,191)	 4,698,648
Other liabilities:				
Professional and general liability insurance reserves	65,677	98,331	-	164,008
Accrued retirement benefits	329,599	17,465	-	347,064
Operating lease liabilities	83,326	213,342	-	296,668
Other noncurrent liabilities	500,478	41,688	(75)	542,091
	<u>979,080</u>	<u>370,826</u>	<u>(75)</u>	<u>1,349,831</u>
<b>Total liabilities</b>	<b>6,645,719</b>	<b>1,904,461</b>	<b>(334,931)</b>	<b>8,215,249</b>
Net assets:				
Without donor restrictions	9,115,205	1,427,771	(2,120)	10,540,856
With donor restrictions	1,096,303	121,976	-	1,218,279
<b>Total net assets</b>	<b>10,211,508</b>	<b>1,549,747</b>	<b>(2,120)</b>	<b>11,759,135</b>
<b>Total liabilities and net assets</b>	<b>\$ 16,857,227</b>	<b>\$ 3,454,208</b>	<b>\$ (337,051)</b>	<b>\$ 19,974,384</b>

*See accompanying note.*

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidating Balance Sheet

December 31, 2018

(In Thousands)

	<b>Obligated Group</b>	<b>Non-Obligated Group</b>	<b>Consolidating Adjustments and Eliminations</b>	<b>Consolidated</b>
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 279,847	\$ 164,916	\$ –	\$ 444,763
Patient receivables	1,008,777	150,582	(36,441)	1,122,918
Due from affiliates	5,053	20	(5,073)	–
Investments for current use	–	53,841	–	53,841
Other current assets	359,623	67,392	(550)	426,465
Total current assets	1,653,300	436,751	(42,064)	2,047,987
Investments:				
Long-term investments	6,959,237	574,431	–	7,533,668
Funds held by trustees	49,353	24	–	49,377
Assets held for self-insurance	–	106,966	–	106,966
Donor-restricted assets	715,268	29,583	–	744,851
	7,723,858	711,004	–	8,434,862
Property, plant, and equipment, net	4,144,790	927,674	–	5,072,464
Other assets:				
Pledges receivable, net	150,876	1,572	–	152,448
Trusts and interests in foundations	67,279	20,327	–	87,606
Other noncurrent assets	546,032	63,367	(197,637)	411,762
	764,187	85,266	(197,637)	651,816
Total assets	<u>\$ 14,286,135</u>	<u>\$ 2,160,695</u>	<u>\$ (239,701)</u>	<u>\$ 16,207,129</u>

# PUBLIC INSPECTION COPY

	<b>Obligated Group</b>	<b>Non-Obligated Group</b>	<b>Consolidating Adjustments and Eliminations</b>	<b>Consolidated</b>
<b>Liabilities and net assets</b>				
Current liabilities:				
Accounts payable	\$ 448,095	\$ 79,693	\$ (116)	\$ 527,672
Compensation and amounts withheld from payroll	329,434	29,908	-	359,342
Current portion of long-term debt	185,676	5,746	(72)	191,350
Variable rate debt classified as current	351,024	56,752	-	407,776
Due to affiliates	20	5,053	(5,073)	-
Other current liabilities	411,584	121,009	(39,140)	493,453
<b>Total current liabilities</b>	<b>1,725,833</b>	<b>298,161</b>	<b>(44,401)</b>	<b>1,979,593</b>
 Long-term debt	 3,028,825	 723,115	 (193,029)	 3,558,911
Other liabilities:				
Professional and general liability insurance reserves	55,556	85,626	-	141,182
Accrued retirement benefits	420,436	45,091	-	465,527
Other noncurrent liabilities	505,891	36,289	(151)	542,029
	<u>981,883</u>	<u>167,006</u>	<u>(151)</u>	<u>1,148,738</u>
<b>Total liabilities</b>	<b>5,736,541</b>	<b>1,188,282</b>	<b>(237,581)</b>	<b>6,687,242</b>
Net assets:				
Without donor restrictions	7,547,813	919,775	(2,120)	8,465,468
With donor restrictions	1,001,781	52,638	-	1,054,419
<b>Total net assets</b>	<b>8,549,594</b>	<b>972,413</b>	<b>(2,120)</b>	<b>9,519,887</b>
<b>Total liabilities and net assets</b>	<b>\$ 14,286,135</b>	<b>\$ 2,160,695</b>	<b>\$ (239,701)</b>	<b>\$ 16,207,129</b>

*See accompanying note.*



# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidating Statements of Operations and Changes in Net Assets

Year Ended December 31, 2019  
(In Thousands)

#### Operations

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<b>Unrestricted revenues</b>				
Net patient service revenue	\$ 8,389,714	\$ 1,423,627	\$ (297,058)	\$ 9,516,283
Other	864,219	385,065	(206,046)	1,043,238
Total unrestricted revenues	9,253,933	1,808,692	(503,104)	10,559,521
<b>Expenses</b>				
Salaries, wages, and benefits	5,013,136	1,027,930	(343,151)	5,697,915
Supplies	881,337	168,882	(963)	1,049,256
Pharmaceuticals	1,191,156	116,363	–	1,307,519
Purchased services and other fees	565,536	138,291	(28,994)	674,833
Administrative services	122,203	121,549	(24,791)	218,961
Facilities	294,027	87,123	(2,661)	378,489
Insurance	75,787	106,909	(102,444)	80,252
	8,143,182	1,767,047	(503,004)	9,407,225
Operating income before interest, depreciation and amortization	1,110,751	41,645	(100)	1,152,296
Interest	132,230	29,042	–	161,272
Depreciation and amortization	522,825	78,094	(100)	600,819
Operating income (loss)	455,696	(65,491)	–	390,205
<b>Nonoperating gains and losses</b>				
Investment income	904,375	345,006	–	1,249,381
Derivative losses	(34,148)	(2,046)	–	(36,194)
Other, net	228,851	192,979	–	421,830
Net nonoperating gains	1,099,078	535,939	–	1,635,017
Excess of revenues over expenses	1,554,774	470,448	–	2,025,222

(continued on next page)

**Changes in Net Assets**

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<b>Changes in net assets without donor restrictions:</b>				
Excess of revenues over expenses	\$ 1,554,774	\$ 470,448	\$ -	\$ 2,025,222
Donated capital	38	-	-	38
Net assets released from restriction for capital purposes	55,341	2,502	-	57,843
Retirement benefits adjustment	(10,456)	4,196	-	(6,260)
Foreign currency translation	-	(1,395)	-	(1,395)
Transfers (to) from affiliates	(28,483)	28,483	-	-
Other	(3,822)	3,762	-	(60)
Increase in net assets without donor restrictions	1,567,392	507,996	-	2,075,388
<b>Changes in net assets with donor restrictions:</b>				
Gifts and bequests	100,434	28,066	-	128,500
Net investment income	65,932	6,142	-	72,074
Net assets released from restrictions used for operations included in other unrestricted revenues	(47,917)	(4,936)	-	(52,853)
Net assets released from restriction for capital purposes	(55,341)	(2,502)	-	(57,843)
Change in interests in foundations	1,521	-	-	1,521
Change in value of perpetual trusts	(602)	1,213	-	611
Member substitution contribution	31,488	40,260	-	71,748
Other	(993)	1,095	-	102
Increase in net assets with donor restrictions	94,522	69,338	-	163,860
Increase in net assets	1,661,914	577,334	-	2,239,248
Net assets at beginning of year	8,549,594	972,413	(2,120)	9,519,887
Net assets at end of year	<u>\$ 10,211,508</u>	<u>\$ 1,549,747</u>	<u>\$ (2,120)</u>	<u>\$ 11,759,135</u>

*See accompanying note.*

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidating Statements of Operations and Changes in Net Assets

Year Ended December 31, 2018  
(In Thousands)

#### Operations

	<b>Obligated Group</b>	<b>Non-Obligated Group</b>	<b>Consolidating Adjustments and Eliminations</b>	<b>Consolidated</b>
<b>Unrestricted revenues</b>				
Net patient service revenue	\$ 7,334,426	\$ 966,755	\$ (269,382)	\$ 8,031,799
Other	753,137	301,295	(158,674)	895,758
Total unrestricted revenues	8,087,563	1,268,050	(428,056)	8,927,557
<b>Expenses</b>				
Salaries, wages, and benefits	4,486,481	682,986	(312,041)	4,857,426
Supplies	758,369	107,452	(951)	864,870
Pharmaceuticals	1,012,348	78,633	-	1,090,981
Purchased services and other fees	490,408	98,784	(25,422)	563,770
Administrative services	160,416	85,015	(23,315)	222,116
Facilities	281,921	74,809	(3,252)	353,478
Insurance	69,121	65,438	(62,975)	71,584
	7,259,064	1,193,117	(427,956)	8,024,225
Operating income before interest, depreciation, amortization, and special charges	828,499	74,933	(100)	903,332
Interest	119,904	18,940	-	138,844
Depreciation and amortization	432,794	62,942	(100)	495,636
Operating income (loss) before special charges	275,801	(6,949)	-	268,852
Special charges	-	2,419	-	2,419
Operating income (loss)	275,801	(9,368)	-	266,433
<b>Nonoperating gains and losses</b>				
Investment loss	(173,401)	(17,789)	-	(191,190)
Derivative gains (losses)	1,458	(1,644)	-	(186)
Other, net	(9,459)	38,321	-	28,862
Net nonoperating (losses) gains	(181,402)	18,888	-	(162,514)
Excess of revenues over expenses	94,399	9,520	-	103,919

(continued on next page)

**Changes in Net Assets**

	<b>Obligated Group</b>	<b>Non-Obligated Group</b>	<b>Consolidating Adjustments and Eliminations</b>	<b>Consolidated</b>
<b>Changes in net assets without donor restrictions:</b>				
Excess of revenues over expenses	\$ 94,399	\$ 9,520	\$ –	\$ 103,919
Donated capital	592	11	–	603
Net assets released from restriction for capital purposes	11,378	781	–	12,159
Retirement benefits adjustment	28,398	(3,809)	–	24,589
Foreign currency translation	–	(23,332)	–	(23,332)
Transfers from (to) affiliates	15,793	(15,793)	–	–
Other	(545)	1,426	–	881
Increase (decrease) in net assets without donor restrictions	150,015	(31,196)	–	118,819
<b>Changes in net assets with donor restrictions:</b>				
Gifts and bequests	117,396	4,418	–	121,814
Net investment (loss) income	(9,159)	154	–	(9,005)
Net assets released from restrictions used for operations included in other unrestricted revenues	(46,459)	(5,427)	–	(51,886)
Net assets released from restriction for capital purposes	(11,378)	(781)	–	(12,159)
Change in interests in foundations	(3,300)	–	–	(3,300)
Change in value of perpetual trusts	355	(1,339)	–	(984)
Member substitution contribution	–	13,180	–	13,180
Other	(218)	173	–	(45)
Increase in net assets with donor restrictions	47,237	10,378	–	57,615
Increase (decrease) in net assets	197,252	(20,818)	–	176,434
Net assets at beginning of year	8,352,342	993,231	(2,120)	9,343,453
Net assets at end of year	<u>\$ 8,549,594</u>	<u>\$ 972,413</u>	<u>\$ (2,120)</u>	<u>\$ 9,519,887</u>

*See accompanying note.*

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidating Statement of Cash Flows

Year Ended December 31, 2019

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<b>Operating activities and net nonoperating gains and losses</b>				
Increase in net assets	\$ 1,661,914	\$ 577,334	\$ -	\$ 2,239,248
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	6,340	-	-	6,340
Retirement benefits adjustment	10,456	(4,196)	-	6,260
Net realized and unrealized gains on investments	(910,851)	(345,612)	-	(1,256,463)
Depreciation and amortization	522,825	78,074	(100)	600,799
Foreign currency translation loss	-	1,395	-	1,395
Donated capital	(38)	-	-	(38)
Restricted gifts, bequests, investment income, and other	(167,285)	(35,421)	-	(202,706)
Transfers to (from) affiliates	28,483	(28,483)	-	-
Amortization of bond premiums and debt issuance costs	(6,455)	188	-	(6,267)
Net loss (gain) in value of derivatives	21,073	(5)	-	21,068
Member substitution contribution	(266,389)	(233,766)	-	(500,155)
Pension funding	(145,438)	(37,655)	-	(183,093)
Changes in operating assets and liabilities:				
Patient receivables	(71,218)	217	(1,197)	(72,198)
Other current assets	(79,811)	10,727	66,967	(2,117)
Other noncurrent assets	(145,393)	(220,986)	31,680	(334,699)
Accounts payable and other current liabilities	74,200	74,874	(66,264)	82,810
Other liabilities	11,986	188,505	76	200,567
Net cash provided by operating activities and net nonoperating gains and losses	544,399	25,190	31,162	600,751
<b>Financing activities</b>				
Proceeds from long-term borrowings	1,253,000	352,503	(31,162)	1,574,341
Payments for advance refunding and redemption of long-term debt	(511,218)	-	-	(511,218)
Principal payments on long-term debt	(264,007)	(40,154)	-	(304,161)
Debt issuance costs	(8,889)	(42)	-	(8,931)
Change in pledges receivables, trusts and interests in foundations	10,330	(8,193)	-	2,137
Restricted gifts, bequests, investment income, and other	167,285	35,421	-	202,706
Net cash provided by financing activities	646,501	339,535	(31,162)	954,874
<b>Investing activities</b>				
Expenditures for property, plant, and equipment	(741,647)	(180,595)	-	(922,242)
Proceeds from sale of property, plant, and equipment	85,348	-	-	85,348
Cash acquired through member substitution	18	16,384	-	16,402
Net change in cash equivalents reported in long-term investments	(58,431)	(422,775)	-	(481,206)
Purchases of investments	(4,740,908)	(542,299)	-	(5,283,207)
Sales of investments	4,435,621	759,903	-	5,195,524
Transfers (to) from affiliates	(28,483)	28,483	-	-
Net cash used in investing activities	(1,048,482)	(340,899)	-	(1,389,381)
Effect of exchange rate changes on cash	-	25,921	-	25,921
Increase in cash, cash equivalents and restricted cash	142,418	49,747	-	192,165
Cash, cash equivalents and restricted cash at beginning of year	280,180	164,941	-	445,121
Cash, cash equivalents and restricted cash at end of year	\$ 422,598	\$ 214,688	\$ -	\$ 637,286

See accompanying note.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Consolidating Statement of Cash Flows

Year Ended December 31, 2018

(In Thousands)

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<b>Operating activities and net nonoperating gains and losses</b>				
Increase (decrease) in net assets	\$ 197,252	\$ (20,818)	\$ -	\$ 176,434
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities and net nonoperating gains and losses:				
Retirement benefits adjustment	(28,398)	3,809	-	(24,589)
Net realized and unrealized losses on investments	227,207	22,152	-	249,359
Depreciation and amortization	432,794	64,663	(100)	497,357
Foreign currency translation loss	-	23,332	-	23,332
Donated capital	(592)	(11)	-	(603)
Restricted gifts, bequests, investment income, and other	(105,292)	(3,233)	-	(108,525)
Transfers (from) to affiliates	(15,793)	15,793	-	-
Amortization of bond premiums and debt issuance costs	(6,109)	63	-	(6,046)
Net gain in value of derivatives	(13,126)	(2,575)	-	(15,701)
Member substitution contribution	-	(64,876)	-	(64,876)
Pension funding	(12,699)	(172)	-	(12,871)
Changes in operating assets and liabilities:				
Patient receivables	(104,672)	12,775	2,789	(89,108)
Other current assets	22,876	467	(50,737)	(27,394)
Other noncurrent assets	19,890	283	45,811	65,984
Accounts payable and other current liabilities	86,971	(54,916)	48,020	80,075
Other liabilities	11,570	(8,761)	(151)	2,658
Net cash provided by (used in) operating activities and net nonoperating gains and losses	711,879	(12,025)	45,632	745,486
<b>Financing activities</b>				
Proceeds from long-term borrowings	45,000	557,496	(45,632)	556,864
Payments for advance refunding and redemption of long-term debt	-	(420,030)	-	(420,030)
Principal payments on long-term debt	(82,613)	(5,824)	-	(88,437)
Debt issuance costs	-	(6,417)	-	(6,417)
Change in pledges receivables, trusts and interests in foundations	(16,249)	(51)	-	(16,300)
Restricted gifts, bequests, investment income, and other	105,292	3,233	-	108,525
Net cash provided by financing activities	51,430	128,407	(45,632)	134,205
<b>Investing activities</b>				
Expenditures for property, plant, and equipment	(723,445)	(81,070)	-	(804,515)
Proceeds from sale of property, plant, and equipment	165	-	-	165
Cash acquired through member substitution	-	1,515	-	1,515
Net change in cash equivalents reported in long-term investments	67,879	(103,277)	-	(35,398)
Purchases of investments	(3,401,430)	(282,340)	-	(3,683,770)
Sales of investments	3,426,273	320,828	-	3,747,101
Transfers from (to) affiliates	15,793	(15,793)	-	-
Net cash used in investing activities	(614,765)	(160,137)	-	(774,902)
Effect of exchange rate changes on cash	-	(4,916)	-	(4,916)
Increase (decrease) in cash, cash equivalents and restricted cash	148,544	(48,671)	-	99,873
Cash, cash equivalents and restricted cash at beginning of year	131,636	213,612	-	345,248
Cash, cash equivalents and restricted cash at end of year	\$ 280,180	\$ 164,941	\$ -	\$ 445,121

See accompanying note.

# PUBLIC INSPECTION COPY

## Cleveland Clinic Health System

### Note to Consolidating Financial Statements

December 31, 2019 and 2018

#### **1. Presentation of Consolidating Financial Statements**

The accompanying financial statement information presents consolidating financial statement information for the Obligated Group (as defined herein) and certain controlled affiliates of The Cleveland Clinic Foundation (collectively referred to as the Non-Obligated Group), which have no liability under the Master Trust Indenture (Indenture), amended and restated as of August 1, 2017 (as supplemented, the Indenture), between The Cleveland Clinic Foundation and The Huntington National Bank, 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 Florida Health System 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.

In 2019, concurrently with the issuance of the Series 2019A Bonds, Martin Memorial Medical Center, Inc. became a member of the Obligated Group. Martin Memorial Medical Center, Inc. is reported as a member of the Obligated Group beginning January 1, 2019, which is the date Martin Memorial Medical Center, Inc. joined the System.

# PUBLIC INSPECTION COPY

EY | Assurance | Tax | Transactions | Advisory

## About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via [ey.com/privacy](https://ey.com/privacy). For more information about our organization, please visit [ey.com](https://ey.com).

© 2020 Ernst & Young LLP.  
All Rights Reserved.

[ey.com](https://ey.com)