

# PUBLIC INSPECTION COPY

EXTENDED UNTIL NOVEMBER 15, 2021

## Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Form **990**

Department of the Treasury  
Internal Revenue Service

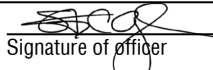
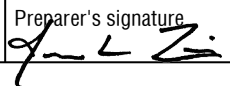
<b>A</b> For the <b>2020</b> calendar year, or tax year beginning and ending																													
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN</td> <td><b>D</b> Employer identification number 91-2153073</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number 216-444-2200</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">6801 BRECKSVILLE RD, RK1-85</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code INDEPENDENCE, OH 44131</td> <td><b>G</b> Gross receipts \$ 17,301,903,844.</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: TOMISLAV MIHALJEVIC 9500 EUCLID AVE, CLEVELAND, OH 44195</td> <td><b>H(a)</b> Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td><b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527</td> <td><b>H(c)</b> Group exemption number 3641</td> </tr> <tr> <td colspan="2"><b>J</b> Website: WWW.CLEVELANDCLINIC.ORG</td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other</td> <td><b>L</b> Year of formation: <b>M</b> State of legal domicile:</td> </tr> </table>	<b>C</b> Name of organization THE CLEVELAND CLINIC FOUNDATION GROUP RETURN		<b>D</b> Employer identification number 91-2153073	Doing business as		<b>E</b> Telephone number 216-444-2200	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	6801 BRECKSVILLE RD, RK1-85		City or town, state or province, country, and ZIP or foreign postal code INDEPENDENCE, OH 44131		<b>G</b> Gross receipts \$ 17,301,903,844.	<b>F</b> Name and address of principal officer: TOMISLAV MIHALJEVIC 9500 EUCLID AVE, CLEVELAND, OH 44195		<b>H(a)</b> Is this a group return STMT 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number 3641	<b>J</b> Website: WWW.CLEVELANDCLINIC.ORG			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>L</b> Year of formation: <b>M</b> State of legal domicile:
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### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: CARING FOR LIFE, RESEARCHING FOR HEALTH AND EDUCATING THOSE WHO SERVE.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	658
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	444
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	77960
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	5177
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	50,643,265.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	327,817,213.	741,758,329.
	<b>9</b> Program service revenue (Part VIII, line 2g)	10,229,466,263.	10,414,535,972.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	537,229,549.	410,757,553.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	464,025,353.	698,168,452.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,558,538,378.	12,265,220,306.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	139,835,146.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,525,322,945.	5,955,185,890.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		1,770,231.	1,701,157.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		16,105,198.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,507,771,963.	4,795,173,044.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,174,700,285.	10,902,845,543.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		1,383,838,093.	1,362,374,763.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	18,683,589,721.	21,307,404,981.
	<b>21</b> Total liabilities (Part X, line 26)	7,000,966,102.	7,682,779,028.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	11,682,623,619.	13,624,625,953.

### Part II Signature Block

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

<b>Sign Here</b>		<b>11/09/2021</b>			
	Signature of officer STEVEN C. GLASS, CHIEF FINANCIAL OFFICER Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JAMES L. ZIESCHE	Preparer's signature 	Date 11/4/2021	Check if self-employed <input type="checkbox"/>	PTIN P01264584
	Firm's name ERNST & YOUNG, LLP	Firm's EIN 34-656596	Phone no. 2168615000		
	Firm's address 950 MAIN AVE, #1800 CLEVELAND, OH 44113				

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2020)

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 ☒ **X**

**1** Briefly describe the organization's mission:

CARING FOR LIFE, RESEARCHING FOR HEALTH AND EDUCATING THOSE WHO SERVE.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 9,635,468,038. including grants of \$ 150,785,452. ) (Revenue \$ 10,414,541,022. )  
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 **9,635,468,038.**

Form **990** (2020)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2020)

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

GROUP RETURN

Form 990 (2020)

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</b> <b>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</b> <b>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 X

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 5387		
<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

GROUP RETURN

Form 990 (2020)

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>	77960	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<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>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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<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>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<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? <i>If "No," provide an explanation on Schedule O</i>	<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?	<b>15</b>	X	
<i>If "Yes," see instructions and file Form 4720, Schedule N.</i>			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
<i>If "Yes," complete Form 4720, Schedule O.</i>			

Form **990** (2020)

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THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990 (2020)

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	<b>1a</b> 658		
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>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 444		
<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?	<b>2</b>	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?	<b>3</b>	X	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	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?	<b>7a</b>	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?	<b>7b</b>	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?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	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	<b>9</b>		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?	<b>10a</b> 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?	<b>10b</b> 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?	<b>11a</b>	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	<b>12a</b> X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> 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	<b>12c</b> X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> 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	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	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?	<b>16a</b> 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?	<b>16b</b> 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 ►

TIMOTHY LONGVILLE - 216-636-7416

6801 BRECKSVILLE ROAD, RK1-45, INDEPENDENCE, OH 44131

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THE CLEVELAND CLINIC FOUNDATION

Form 990 (2020)

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) COSGROVE, MD, DELOS FORMER CCF CEO (RETIRED)	0.00 0.00						X	9,986,209.	0.	59,604.
(2) DONLEY, MD, BRIAN FORMER OFF-CCF, CC LONDON CEO	0.00 50.00						X	0.	2,936,841.	855,615.
(3) MIHALJEVIC, MD, TOMISLAV DIRECTOR, PRES & CEO - CCF	50.00 0.00	X		X				3,577,697.	0.	46,525.
(4) MASARYK, MD, THOMAS PHYSICIAN (2020 RETIREE)	50.00 0.00					X		2,553,165.	0.	297,201.
(5) MCHUGH, LINDA FORMER OFFICER - CCF	50.00 0.00						X	1,021,074.	0.	1,483,266.
(6) PIRAINO, MD, DAVID PHYSICIAN (2020 RETIREE)	50.00 0.00					X		2,324,727.	0.	137,740.
(7) TUZCU, MD, E. MURAT PHYSICIAN	50.00 0.00					X		1,756,390.	0.	633,112.
(8) SURI, MD, RAKESH CEO CCAD	50.00 0.00				X			2,119,920.	0.	167,948.
(9) SABANEKH, MD, EDMUND DIR, PRES, CC MAIN, REG HOSPS	50.00 0.00	X		X				1,130,542.	0.	1,096,668.
(10) SCHILS, MD, JEAN PHYSICIAN (2020 RETIREE)	50.00 0.00					X		1,849,911.	0.	102,628.
(11) PEACOCK, WILLIAM DIRECTOR, COO, PRES- KMA	50.00 0.00	X		X				1,899,581.	0.	48,278.
(12) WIEDEMANN, MD, HERBERT DIR, CHIEF OF STAFF - CCF	50.00 0.00	X		X				1,126,632.	0.	789,310.
(13) GLASS, STEVEN C. DIRECTOR, CFO & TREAS-CCF	50.00 0.00	X		X				1,802,848.	0.	57,962.
(14) NAJM, MD, HANI PHYSICIAN -CCF	50.00 0.00					X		1,761,770.	0.	47,400.
(15) SVENSSON, MD, LARS CHAIR HVI - CCF	50.00 0.00						X	1,743,675.	0.	47,075.
(16) ROWAN, DAVID DIR, SEC, CHIEF GOV OFF	50.00 0.00	X		X				1,757,821.	0.	27,386.
(17) DELANEY, MD, CONOR DIR, CEO & PRES- FLA REG (PART YR)	50.00 0.00	X		X				1,395,184.	0.	48,222.

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THE CLEVELAND CLINIC FOUNDATION

Form 990 (2020)

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) PARKER, MD, RICHARD PRES - HILLCREST HOSP & EAST REGION	50.00 0.00			X				917,092.	0.	515,444.
(19) LORD, ROBERT DIRECTOR, PRES - MARTIN	50.00 0.00	X		X				1,132,239.	0.	100,953.
(20) MACHADO, MD, ANDRE DIRECTOR - KMA, PHYSICIAN	50.00 0.00	X						1,168,028.	0.	49,650.
(21) ERZURUM, MD, SERPIL CHIEF RESEARCH & ACADEMIC OFFICER	50.00 0.00			X				774,662.	0.	441,091.
(22) BARSOUM, MD, WAEL DIR, CEO, PRES- CC FLA REG	50.00 0.00	X		X				1,167,087.	0.	38,775.
(23) BERAN, JOSETTE DIRECTOR, SECRETARY -UNION	50.00 0.00	X		X				787,911.	0.	381,761.
(24) IANNOTTI, MD, JOSEPH DIR-CC FLA REG, MARTIN, IR	50.00 0.00	X						1,125,478.	0.	41,540.
(25) DEWS, MD, TERESA HOSPITAL PRESIDENT - EUCLID	50.00 0.00			X				621,409.	0.	490,472.
(26) HULL, MD, TRACY DIRECTOR - CCF, CCEF & REG HOSP	50.00 0.00	X						653,740.	0.	451,252.
<b>1b Subtotal</b>								46,154,792.	2,936,841.	8,456,878.
<b>c Total from continuation sheets to Part VII, Section A</b>								50,261,291.	1,136,631.	6,174,625.
<b>d Total (add lines 1b and 1c)</b>								96,416,083.	4,073,472.	14,631,503.

**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 9,241

	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE HCI GROUP PO BOX 734305, CHICAGO, IL 60673	HEALTHCARE IT CONSULTING & TECH SOLUTION	27,480,401.
IBM CORP 500 FIRST AVENUE, PITTSBURGH, PA 15219	INFORMATION TECHNOLOGY SYSTEMS	25,766,623.
SIEMENS MEDICAL SOLUTIONS, INC PO BOX 121102, DALLAS, TX 75312	HEALTHCARE IT & ENGINEERING SOLUTIONS	18,849,500.
CARDINAL HEALTH PO BOX 70539, CHICAGO, IL 60673	INTEGRATED HEALTHCARE SOLUTIONS	13,517,557.
ALLIED UNIVERSAL SECURITY PO BOX 828854, PHILADELPHIA, PA 19182	SECURITY SERVICES	12,406,389.

**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 776

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)



# 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) HANCOCK, DNP, K. KELLY CHIEF CAREGIVER OFFICER	50.00 0.00			X				1,031,397.	0.	69,871.
(28) MUAKKASSA, MD, FARID FORMER KEY EMPLOYEE	50.00 0.00					X		1,000,892.	0.	66,159.
(29) YOUNG, MD, JAMES P. CHIEF ACADEMIC OFF - CCF & CCEF	50.00 0.00			X				989,595.	0.	46,664.
(30) MILLER, MD, CHARLIE CHIEF MEDICAL OFF - CCMSI	50.00 0.00			X				947,170.	0.	46,664.
(31) BORDEN, MD, BRAD TRUSTEE - CCCHR, PHYSICIAN	50.00 0.00	X						930,377.	0.	48,850.
(32) AGBA, C. OKEY CFO, FLORIDA; DIRECTOR HSIR	50.00 0.00	X		X				851,904.	0.	102,330.
(33) SMALL, DEBORAH FORMER KEY EMPLOYEE - FAIRVIEW	0.00 50.00					X		0.	786,631.	157,291.
(34) MALONE, JR., MD, DONALD PRESIDENT - OH HOSPITALS & FHC	50.00 0.00	X		X				541,996.	0.	373,735.
(35) BLANDON, MD, RODOLFO TRUSTEE, PRES - CC WESTON	50.00 0.00	X		X				857,410.	0.	26,056.
(36) BOLOGNA, MD, RAYMOND DIR, CHAIR - PPG, PHYSICIAN	50.00 0.00	X		X				823,297.	0.	45,667.
(37) ROSENTHAL, MD, RAUL FORMER OFFICER - CC FLA	50.00 0.00					X		831,948.	0.	21,525.
(38) COLLINS, EDMUND FORMER OFFICER - MMMC	50.00 0.00					X		502,598.	0.	350,511.
(39) BREAU, MD, TODD DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						787,712.	0.	45,538.
(40) RASMUSSEN, MD, PETER DIR, PRES - CC HEALTH SVCS PA	50.00 0.00	X		X				424,493.	350,000.	29,750.
(41) HARTE, MD, BRIAN DIR, PRES - AGMC & SOUTH REG	50.00 0.00	X		X				733,926.	0.	48,258.
(42) STARCK, MD, REBECCA HOSPITAL PRESIDENT - AVON	50.00 0.00			X				694,010.	0.	53,719.
(43) MURRAY, MD, KAREN TRUSTEE, PRESIDENT - CCCHR	50.00 0.00	X		X				692,401.	0.	46,106.
(44) ROSENCRANCE, MD, J. GREGORY DIRECTOR, PRES - INDIAN RIVER	50.00 0.00	X		X				683,080.	0.	40,968.
(45) KALAFATIS, LARA DIR - KMA, PHILANTHROPY CHAIR	50.00 0.00	X						675,934.	0.	46,525.
(46) STOLLER, MD, JAMES CCEF CHAIR, EDUCATION INST	50.00 0.00			X				588,819.	0.	127,839.
Total to Part VII, Section A, line 1c .....										

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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	50.00 0.00			X				646,992.	0.	51,891.
(48) HAMILTON, THOMAS FORMER OFFICER - CCF & CCEF	50.00 0.00					X		494,441.	0.	195,349.
(49) NAPIERKOWSKI, MD, DANIEL PRES -MARYMOUNT HOSP	50.00 0.00			X				631,313.	0.	47,543.
(50) GROOFF, MD, PAUL DIR, PRES, SEC - CCF NY MED	50.00 0.00	X		X				605,110.	0.	45,950.
(51) DAVIS, MARLEINA ASST. SECRETARY - CCF, CCEF	50.00 0.00			X				581,429.	0.	62,832.
(52) HORATTAS, MD, MARK DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						577,670.	0.	52,051.
(53) BARRETT, LISA FORMER OFFICER - AGP	50.00 0.00					X		582,461.	0.	46,195.
(54) DEL CASTILLO, BARBARA DIR, SEC, GEN COUNSEL - FLA	50.00 0.00	X		X				584,661.	0.	42,083.
(55) LONGVILLE, TIMOTHY DIR- KMA, CAO & CONTROLLER	50.00 0.00	X		X				497,264.	0.	117,294.
(56) DELGADO, OSMEL DIRECTOR, COO - CC FLA RE	50.00 0.00	X		X				557,524.	0.	25,626.
(57) MCKENZIE, MD, MARGARET PRESIDENT - S POINTE HOSP	50.00 0.00			X				523,644.	0.	47,400.
(58) SMITH, DO, NEIL PRESIDENT - FAIRVIEW	50.00 0.00			X				519,635.	0.	44,353.
(59) MATT-AMARAL, MD, LAURIE DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						525,439.	0.	24,954.
(60) THOMPSON, MD, THOMAS DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						503,465.	0.	37,220.
(61) RIBLEY, DOUGLAS FORMER KEY EMPLOYEE - AGHS	50.00 0.00					X		267,244.	0.	266,395.
(62) EDELMAN, DO, DAN DIR - COASTAL CARE, PHYSICIAN	50.00 0.00	X						480,105.	0.	49,635.
(63) FENTON, MD, ANDREW DIR, VICE CHAIR - PPG, PHYSCIAN	50.00 0.00	X		X				442,387.	0.	63,769.
(64) VICKERS, MD, JEAN DIR - COASTAL CARE, PHYSICIAN	50.00 0.00	X						475,086.	0.	27,628.
(65) PETER, MD, DAVID DIRECTOR - IRHSI	50.00 0.00	X						442,863.	0.	39,884.
(66) MODLIN, MD, CHARLES DIR (PART YR)- CCF, CCEF & REG HOSP,	50.00 0.00	X						432,225.	0.	47,222.
Total to Part VII, Section A, line 1c .....										

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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) FOLDVARY-SCHAEFER, MD, NANCY DIR- CCF, CCEF & REG HOSP, PHYSICIAN	50.00 0.00	X						434,287.	0.	39,534.
(68) RUSSELL, MD, REBECCA DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						422,165.	0.	48,097.
(69) JAMES, BRUCE TRUSTEE, PRESIDENT - UNION	50.00 0.00	X		X				427,158.	0.	37,425.
(70) SABBAGH, MD, MARWAN DIR - KMA, PHYSICIAN	50.00 0.00	X						415,760.	0.	46,150.
(71) SOSKA, CHRISTOPHER COO - MARTIN	50.00 0.00				X			410,049.	0.	44,183.
(72) MEEHAN, MICHAEL J. RECORDING SEC - CCF, CCEF & REG HOSP	50.00 0.00			X				391,580.	0.	59,240.
(73) VENKATESHAIAH, M.D., LOKESH DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						393,371.	0.	48,359.
(74) MCLAIN, JESSICA DIR (PART YR), CHAIR PHILANTHROPY (F	50.00 0.00	X						397,736.	0.	36,474.
(75) COTY, MIGUEL FORMER OFFICER - MARTIN	50.00 0.00					X		379,149.	0.	48,368.
(76) PAPPAS, MD, RITA FORMER OFF- CCCHR, PHYSICIAN	50.00 0.00					X		371,370.	0.	54,299.
(77) ZINK, MD, JILL DIRECTOR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						403,418.	0.	21,916.
(78) CLEAVER, CHARLES FORMER OFF - COASTAL CARE, MARTIN	50.00 0.00					X		413,836.	0.	0.
(79) DAVIS, DO, DENNIS PRESIDENT - PPG	50.00 0.00			X				366,854.	0.	45,800.
(80) LASH-RITTER, MD, TERI TRUSTEE - UNION HOSP, PHYSICIAN	50.00 0.00	X						365,692.	0.	45,578.
(81) RAUBENOLT, MD, AMY DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						378,292.	0.	26,093.
(82) SHEWBRIDGE, MD, RICHARD HOSPITAL PRESIDENT - MEDINA	50.00 0.00			X				352,136.	0.	46,150.
(83) SHEERS, MD, TITUS DIR - AGMC, LODI, PHYSICIAN	50.00 0.00	X						332,914.	0.	63,321.
(84) VROBEL, MD, MATTHEW DIR- PPG, PHYSICIAN	50.00 0.00	X						345,771.	0.	48,150.
(85) MOEHRING, MICHAEL DIRECTOR - MMFI, ASST TREAS - MMHS,	50.00 0.00	X		X				311,390.	0.	82,142.
(86) CHANDURKAR, DO, ROHIT DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						357,324.	0.	31,616.
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			
(87) CHHABRA, ANKIT	50.00									
DIR - AGMC, OH REG CFO (PART YR)	0.00	X		X				338,402.	0.	39,157.
(88) KOLONICK, RENEE	50.00									
COO - HILLCREST, MARYMOUNT	0.00				X			335,421.	0.	39,141.
(89) BENNETT, KRIS	50.00									
DIR - AGMC, LODI, EXEC DIR	0.00	X						347,932.	0.	25,636.
(90) SHOOK, M.D., STEVEN	50.00									
DIR, PRES - CC HEALTH SVCS PA	0.00	X		X				320,687.	0.	48,845.
(91) FORD, MD, DONALD	50.00									
FORMER OFFICER	0.00						X	322,124.	0.	46,411.
(92) MAJOR, KERRY	50.00									
CNO - CC FLA REGION	0.00				X			321,729.	0.	45,273.
(93) FREEMAN, MD, RICHARD B.	50.00									
TRUSTEE - LAKEWD, PHYSICIAN	0.00	X						319,898.	0.	45,525.
(94) ABDENOUR, STEPHEN	50.00									
COO - AKRON	0.00				X			315,072.	0.	40,216.
(95) MILLS, JOHN	50.00									
COO - FAIRVIEW & AVON	0.00				X			339,560.	0.	12,811.
(96) MACKETT, MD, CHARLES	50.00									
FORMER KEY EMPLOYEE -INDIAN RIVER	0.00						X	337,306.	0.	6,867.
(97) LARCOMBE, VALERIE	50.00									
FORMER OFFICER - HSIR	0.00						X	337,471.	0.	4,965.
(98) BRUYERE, JOHN	50.00									
COO - SOUTH POINTE	0.00				X			243,227.	0.	98,293.
(99) DAVIDSON MD, ELLIOT	50.00									
FORMER OFFICER- PPG	0.00						X	285,524.	0.	53,327.
(100) MARKS, DO, MICHELLE	50.00									
TRUSTEE, MED DIR - CCCHR,	0.00	X		X				288,545.	0.	49,506.
(101) SNYDER, VICKY	50.00									
DIRECTOR - MED HOSP FDN,	0.00	X						289,133.	0.	45,274.
(102) BRAMAN, DO, KENNETH	50.00									
DIRECTOR, CMO -PPG	0.00	X		X				305,399.	0.	28,625.
(103) JUHASZ, DO, ROBERT	50.00									
FORMER OFFICER - S. POINTE	0.00						X	288,876.	0.	43,806.
(104) MEYERHOEFER, TODD	50.00									
FORMER OFFICER - UNION	0.00						X	289,641.	0.	40,056.
(105) MALLOY, MARK	50.00									
DIR - AGMC/LODI, OH REG CFO (PART YR)	0.00	X		X				288,091.	0.	40,962.
(106) TURNER, RALPH	50.00									
DIR- HSIR, COO - IR	0.00	X						312,707.	0.	14,779.
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	50.00									
DIR - AGMC, LODI, PHYSICIAN	0.00	X						301,326.	0.	26,055.
(108) HARLEY, DO, DOUGLAS	50.00									
DIR - PPG, PHYSICIAN	0.00	X						294,590.	0.	28,575.
(109) COLLIER, SUSAN	50.00									
VP NURSING, CNO - HILLCREST	0.00				X			269,672.	0.	52,071.
(110) SHERIDAN, MD, CATHERINE	50.00									
DIR-MED HOSP FDN, PHYSICIAN	0.00	X						269,209.	0.	44,382.
(111) TULISIYAK, MD, THOMAS	50.00									
FORMER OFFICER - MEDINA	0.00					X		268,275.	0.	45,078.
(112) THORN, III, EUGENE A.	50.00									
FORMER OFFICER - UNION	0.00					X		287,431.	0.	21,850.
(113) THOMAS, RAMONA	50.00									
FORMER OFFICER - MMHSI	0.00					X		303,017.	0.	1,440.
(114) MILLER, SHEILA	50.00									
CNO - AGHS	0.00				X			277,055.	0.	25,100.
(115) CLARK, CNO, SUSAN	50.00									
DIR, VP - COASTAL CARE	0.00	X		X				252,664.	0.	31,980.
(116) BURKE, D.O., DAVID	50.00									
DIR - MEDINA HOSP FDN, PHYS	0.00	X						239,165.	0.	42,202.
(117) MARKOVICH, MD, RENEE	50.00									
DIRECTOR - PPG, PHYSICIAN	0.00	X						257,203.	0.	23,928.
(118) OBLANDER, JASON	50.00									
ASST. SEC - CCF & REG HOSPS	0.00			X				247,713.	0.	25,635.
(119) KANE, PERCIVAL	50.00									
COO - MARYMOUNT HOSP	0.00				X			249,649.	0.	22,935.
(120) FOSTER, SUSAN	50.00									
FORMER KEY EMPLOYEE - AGMC	0.00					X		229,299.	0.	40,610.
(121) FRIGO, DAVID	50.00									
DIRECTOR, TREAS - AGP	0.00	X		X				226,729.	0.	42,637.
(122) ESPINOSA, ALEXIS	50.00									
COO - CC FLA HEALTH SYS	0.00				X			250,340.	0.	18,569.
(123) METCALF, ANGIE	5.00									
FORMER OFFICER - MMMC (RETIRED)	0.00					X		249,579.	0.	17,104.
(124) LOWERY, RICHARD	50.00									
CNO - EUCLID HOSPITAL	0.00				X			194,399.	0.	72,249.
(125) FULLER, WARREN	50.00									
FORMER KEY EMPLOYEE IR	0.00					X		242,975.	0.	21,640.
(126) ZINNER, BARBARA	50.00									
CNO - MARYMOUNT	0.00				X			219,167.	0.	45,120.
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) FUNK, MD, JONATHAN R. FORMER OFFICER - MEDINA	50.00 0.00						X	221,481.	0.	39,422.
(128) WILLIAMS, EMILY DIRECTOR, SECRETARY - AGP	50.00 0.00	X		X				250,141.	0.	9,399.
(129) VANLITH, RICHARD FORMER KEY EMPLOYEE - IR	50.00 0.00						X	243,208.	0.	14,205.
(130) HANKINS, STEVEN COO - LUTHERAN HOSPITAL	50.00 0.00				X			245,808.	0.	8,677.
(131) STEPP, LEONARD COO - EUCLID HOSP	50.00 0.00				X			226,708.	0.	26,098.
(132) SAUER, MARY CNO -AVON HOSP	50.00 0.00				X			221,023.	0.	29,079.
(133) SCHUSTER, JANET CNO - LUTHERAN HOSPITAL	50.00 0.00				X			226,515.	0.	22,591.
(134) THOBURN, MARY BETH CNO - FAIRVIEW	50.00 0.00				X			219,522.	0.	21,938.
(135) MADASZ, MD, JIM DIRECTOR - PPG, PHYSICIAN	50.00 0.00	X						218,250.	0.	22,523.
(136) ROME, MD, ELLEN TRUSTEE - CCCHR, PHYSICIAN	50.00 0.00	X						201,439.	0.	38,907.
(137) VIDMAR, ERICK ADMIN DIRECTOR - CC NV	50.00 0.00				X			211,638.	0.	28,070.
(138) CUMMINGS, JEFFREY DIR - KMA, PHYSICIAN	3.00 0.00	X						239,150.	0.	0.
(139) FETTO, JULIE TRUSTEE - UNION, CNO - MEDINA	50.00 0.00	X						221,726.	0.	16,053.
(140) BIBENS, TODD FORMER KEY EMPLOYEE- IR	50.00 0.00						X	230,057.	0.	7,357.
(141) WALTON, LINDA CNO - INDIAN RIVER	50.00 0.00				X			221,897.	0.	8,500.
(142) NOWLIN, JACQUELINE CNO - SOUTH POINTE	50.00 0.00				X			196,134.	0.	24,501.
(143) KOCSIS, DANA CNO - UNION	50.00 0.00				X			198,799.	0.	19,775.
(144) VANHORN, AMANDA FORMER OFFICER - AKRON	50.00 0.00						X	193,452.	0.	19,669.
(145) BECK, CHRIS FORMER OFFICER - UNION	50.00 0.00						X	160,215.	0.	49,198.
(146) CRAIG, ROBERT FORMER OFFICER - UNION	50.00 0.00						X	178,082.	0.	24,792.
Total to Part VII, Section A, line 1c .....										

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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) LUTZ, MD, CATHY DIR - PPG, PHYSICIAN	50.00 0.00	X						179,135.	0.	20,684.
(148) NILSSON, KEITH CFO - CC FLA WESTON (PART YR)	50.00 0.00			X				164,187.	0.	33,836.
(149) SMITH, DARWIN K. FORMER OFFICER - UNION	50.00 0.00						X	166,736.	0.	26,609.
(150) BAKER, JOHN T. FORMER KEY EMPLOYEE - LODI	50.00 0.00					X		175,578.	0.	16,478.
(151) MORRIS, DELESA EXEC DIRECTOR - MARTIN MEM FDN	50.00 0.00			X				145,026.	0.	41,689.
(152) FLIPPO, LIBBY FORMER OFFICER - COASTAL CARE	50.00 0.00					X		171,976.	0.	10,527.
(153) SAHADI, LEE DIRECTOR - PPG, MED STAFF ADMIN	50.00 0.00	X						132,321.	0.	45,723.
(154) SMITH, BRIAN VP- CLINIC CARE	50.00 0.00			X				164,570.	0.	10,712.
(155) BRUNER, LISBETH FORMER OFFICER - IR	50.00 0.00					X		156,638.	0.	8,630.
(156) MAU, KATHLEEN DIRECTOR - MED HOSP FDN	50.00 0.00	X						129,864.	0.	35,343.
(157) FINDING, MSN, MBA, DONIELLE DIRECTOR, SEC - MEDINA HOS	50.00 0.00	X		X				125,775.	0.	35,274.
(158) MODIC, MD, MICHAEL DIR- KMA, LRBI, VP - CC NV	5.00 0.00	X		X				109,916.	0.	37,536.
(159) BROWN, MD, HAL DIRECTOR- IRMHI, PHYSICIAN	3.00 0.00	X						54,400.	0.	0.
(160) BERNICK, MD, CHARLES DIRECTOR-KMA, PHYSICIAN	3.00 0.00	X						27,278.	0.	0.
(161) SOEHNLEN, MD, MICHAEL W. TRUSTEE-UNION HOSP ASSOC, PHYS	3.00 0.00	X						25,875.	0.	0.
(162) RAMDEV, MD, PRANAY DIR - IRMHI, PHYSICIAN	3.00 0.00	X						10,200.	0.	0.
(163) JOHNSON, MD, NATHAN TRUSTEE - UNION HOSP ASSOC, PHYS	3.00 0.00	X						8,400.	0.	0.
(164) TABBAA, MOUSAB TRUSTEE - LAKEWOOD, PHYSIC	3.00 0.00	X						1,800.	0.	0.
(165) ALDEN, JOHN W. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(166) ALEMAGNO, PHD, SONIA DIRECTOR- AGMC, LODI	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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THE CLEVELAND CLINIC FOUNDATION

Form 990

GROUP RETURN

91-2153073

**Part VII**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) AMOS, RET. GEN., JAMES PUBLIC TRUSTEE - LORD FDN	3.00 0.00	X						0.	0.	0.
(168) AULETTA, PATRICK V. DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(169) BARKHEIMER, MARLENE DIRECTOR - AGMC & LODI	3.00 0.00	X						0.	0.	0.
(170) BARROW, CHRISOPHER T. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(171) BEKENY, MD, JAMES TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(172) BENZ, MICHAEL DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(173) BIELSKI, PHD, BRIAN TRUSTEE - UNION HOSP ASSOC	3.00 0.00	X						0.	0.	0.
(174) BILLOW, CHARLES DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(175) BOUSQUETTE, MARGARET DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(176) BOYLE, RICHARD DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(177) BRADFORD, JOHN DIRECTOR - PPG	3.00 0.00	X						0.	0.	0.
(178) BROSKY, CURTIS M. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(179) BROWN, STEPHEN TRUSTEE - CCCHR	3.00 0.00	X						0.	0.	0.
(180) BROWN, KATHRYN DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(181) CARRINO, FRANK DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(182) CHACK, DENNIS M. DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(183) CHERKALA, BRIAN DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(184) CHIN, JENNIFER TRUSTEE - CCCHR	3.00 0.00	X						0.	0.	0.
(185) COLE, ALLISON TRUSTEE - CCCHR	3.00 0.00	X						0.	0.	0.
(186) CORWIN, RUSSELL DIRECTOR - MED HOSP FDN	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



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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) COURY, THOMAS J. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(188) CRAWFORD, DEBORAH DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(189) CROCE, KAREN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(190) CULLEY, MD, CARL A., JR. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(191) CULP, LAURA DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(192) CUNNINGHAM, MARYBETH DIRECTOR - IRMHI	3.00 0.00	X						0.	0.	0.
(193) DAVIS, MARK DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(194) DOCKERY, JOSEPH DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(195) DOODY, JOHN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(196) DUNN, LISA A. DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(197) EBERT, PHD, ROBERT DIRECTOR - REGIONAL HOSPIT	5.00 0.00	X						0.	0.	0.
(198) FALCONI, RONALD DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(199) FANCHER, JON M., REV. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(200) FEDELI, UMBERTO P. DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(201) FEDOROVICH, RICHARD DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(202) FEINOUR, EUGENE P. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(203) FETH, WILLAM DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(204) FOLEY, CAROL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(205) FORDE, JOHN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(206) FUJITA, PH.D., HIROYUKI DIRECTOR - REG HOSPITALS	5.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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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) GEIB, ANNE E. TRUSTEE - UNION	3.00 0.00	X						0.	0.	0.
(208) GINSBURG, MERLE DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(209) GOLDSTEIN, SHERRY DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(210) GORTON, WILLIAM R. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(211) GRICE, TERRY DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(212) GRIMM, PETER DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(213) GUNNING, DAVID TRUSTEE - CCCHR	3.00 0.00	X						0.	0.	0.
(214) GUTWALD, DENNIS DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(215) HABER, KENNETH TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(216) HARRIS, RICHARD DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(217) HAYEK, MD, ANTHONY DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(218) HAYES, SAMUEL DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(219) HEIDENREICH, PER DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(220) HERSHBERGER, PERRY TRUSTEE - UNION	3.00 0.00	X						0.	0.	0.
(221) HOOVER, CAROLE DIRECTOR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(222) ISHRAK, PH.D., OMAR DIR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(223) JOHNSON, CINDY DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(224) KEMP III, JOHN B. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(225) KEMPER, BETTY, RN DIR - CCF, CCEF & REG HOSPS	5.00 0.00	X						0.	0.	0.
(226) KILBANE, CATHERINE DIRECTOR - CCF, CCEF, REG HOSPS	5.00 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			
(227) KNAPP, JULES DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(228) KNISELY, JAMES E. TRUSTEE - UNION HOSP ASSOC	3.00 0.00	X						0.	0.	0.
(229) KOHL, STEWART DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(230) KRAMER, RICHARD DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(231) LAMBERT, WILLIAM DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(232) LERNER, NORMA DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(233) LEVITT, MARYLIN DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(234) LOMAX-HOMIER, MD, JULIETTE DIRECTOR - IRMHI	3.00 0.00	X						0.	0.	0.
(235) LONG, JARROD DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(236) LYTTLE, TOM DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(237) MACDONALD, WILLIAM, III DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(238) MARKS, JEANNINE DIR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(239) MATTHEWS, THOMAS (T.J.) DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(240) MCCORKLE, RETIRED LT. GENERAL PUBLIC TRUSTEE - LORD FDN	3.00 0.00	X						0.	0.	0.
(241) MCGAUGH, MICHAEL DIRECTOR - AGMC, LODI	5.00 0.00	X						0.	0.	0.
(242) MCGORRAY, KATHLEEN T. TRUSTEE - LAKEWOOD	3.00 0.00	X						0.	0.	0.
(243) MEYER, ROSEMARY DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(244) MIKSCH, DONALD DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(245) MILLER, PAMELA DIRECTOR - REG HOSPITALS	5.00 0.00	X						0.	0.	0.
(246) MILSTEN, MD, RICHARD DIRECTOR - IRHFI	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			
(247) MORINO, MARIO	5.00									
DIRECTOR - CCF, CCEF, REG HOSPS	0.00	X						0.	0.	0.
(248) MULROY, PATRICIA	3.00									
DIRECTOR - KMA	0.00	X						0.	0.	0.
(249) MUNN, WILLIAM H.	3.00									
DIRECTOR - IRHFI	0.00	X						0.	0.	0.
(250) NANCE, FREDERICK	5.00									
DIRECTOR - CCEF, CCF, REG HOSPS	0.00	X						0.	0.	0.
(251) NANN, VICKY	3.00									
DIRECTOR - MEDINA HOSP FD	0.00	X						0.	0.	0.
(252) NICHOLS, ANNA P.	3.00									
DIRECTOR - IRHFI	0.00	X						0.	0.	0.
(253) O'BRIEN, TIMOTHY	3.00									
TRUSTEE - CCCHR	0.00	X						0.	0.	0.
(254) O'NEILL, JOHN	3.00									
TRUSTEE - LAKEWOOD	0.00	X						0.	0.	0.
(255) ORAFU, MD, CHINYERE	3.00									
TRUSTEE - UNION	0.00	X						0.	0.	0.
(256) PATTON, REBECCA	3.00									
TRUSTEE - LAKEWOOD	0.00	X						0.	0.	0.
(257) PELLEGRINI, DAVID	5.00									
DIR - AGMC, LODI	0.00	X						0.	0.	0.
(258) PETIT, DAN	3.00									
DIRECTOR - KMA	0.00	X						0.	0.	0.
(259) POHL, PAUL M.	3.00									
PUBLIC TRUSTEE - LORD FDN	0.00	X						0.	0.	0.
(260) PRITTS, GARY	3.00									
TRUSTEE - LAKEWOOD	0.00	X						0.	0.	0.
(261) RATCLIFFE, GEORGE	3.00									
DIRECTOR - MMFI	0.00	X						0.	0.	0.
(262) REISER, MATTHEW	3.00									
DIRECTOR - IRMHI	0.00	X						0.	0.	0.
(263) RICE, RONALD	3.00									
TRUSTEE - CCCHR	0.00	X						0.	0.	0.
(264) RICH, ROBERT E., JR.	5.00									
DIRECTOR - CC FLA, WESTON, MARTIN	0.00	X						0.	0.	0.
(265) ROBINSON, SCOTT	3.00									
DIRECTOR - UNION HOS COMM HEALTH FDN	0.00	X						0.	0.	0.
(266) ROCHE, DENNIS J.	3.00									
TRUSTEE - LAKEWOOD	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			
(267) ROGICH, SIGMOND DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(268) ROHRBACH, N. JACK DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(269) SALEK, ANN DIRECTOR - MEDINA HOSP FD	3.00 0.00	X						0.	0.	0.
(270) SAMETH, RICHARD E. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(271) SARNER, GEORGE DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(272) SCHEER, RUTH C. DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(273) SCOTT, HAROLD "LEE" DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(274) SEVERINO, MICHAEL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(275) SHEIFFER, PAMELA DIR - IRHFI	3.00 0.00	X						0.	0.	0.
(276) SHERWOOD, EMILY DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(277) SHROPSHIRE, DONALD DIRECTOR - IRHFI	3.00 0.00	X						0.	0.	0.
(278) SNYDER, JEROME F. DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(279) STEELMAN, PAUL DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(280) STEINBERG, DAVID DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(281) STEVENS, MARK DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(282) STURM, ROLAND DIRECTOR - KMA, LRBI	5.00 0.00	X						0.	0.	0.
(283) TAFFER, JON DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(284) TRUNDLE, SYLVIA DIRECTOR - AGMC & LODI, PPG	5.00 0.00	X						0.	0.	0.
(285) VEGA, LORRAINE DIRECTOR-CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(286) WEBER, ROBERT DIRECTOR - CCF, CCEF, REG HOSPS, FLA	5.00 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) WEINBERG, RONALD DIRECTOR - CCF, CCEF, REG HOSPS	5.00 0.00	X						0.	0.	0.
(288) WEISS, MORRY DIRECTOR (PART YR) - CCF, CCEF, REG	5.00 0.00	X						0.	0.	0.
(289) WEISSMAN, ROBERT DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(290) WEXLER, NANCY DIRECTOR - KMA	3.00 0.00	X						0.	0.	0.
(291) WONG, NANCY DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(292) WRIGHT, RITA MAY DIRECTOR - MMFI	3.00 0.00	X						0.	0.	0.
(293) ANDREAS, LOIS DIRECTOR, BD CHAIR - UHCHF	3.00 0.00	X		X				0.	0.	0.
(294) BAREFOOT, BRIAN DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0.	0.	0.
(295) BAUCHMAN, ROBERT W. DIRECTOR, ASST SEC - IRHFI	3.00 0.00	X		X				0.	0.	0.
(296) BRYZTWA, ELLEN TRUSTEE, BD VICE CHAIR - LAKEWD	3.00 0.00	X		X				0.	0.	0.
(297) CARTER, THERESA DIRECTOR, CHAIR - AGMC	5.00 0.00	X		X				0.	0.	0.
(298) CLIFFORD, J. CHRISTOPHER DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0.	0.	0.
(299) DAKERS, KAREN DIRECTOR, BD CHAIR - MMFI	3.00 0.00	X		X				0.	0.	0.
(300) DALY, JAMES J. DIRECTOR, ASST SEC - IRHFI	3.00 0.00	X		X				0.	0.	0.
(301) DOOLING, JOHN E. (JACK) TRUSTEE, VICE CHAIR - UNION	3.00 0.00	X		X				0.	0.	0.
(302) EIGHMY, GEORGE DIRECTOR, TREAS - INDIAN R	3.00 0.00	X		X				0.	0.	0.
(303) GABLE, THOMAS J. TRUSTEE, BOARD CHAIR - LKW	5.00 0.00	X		X				0.	0.	0.
(304) GRAY, KEVIN DIR, BD CHAIR - UNION HOSP ASSOC	5.00 0.00	X		X				0.	0.	0.
(305) GULLQUIST, HERBERT DIRECTOR, ASST TREAS -IRHFI	3.00 0.00	X		X				0.	0.	0.
(306) HAMMES, MICHAEL J. DIRECTOR, VICE CHAIR - IRMHI	3.00 0.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Form 990

91-2153073

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(307) HERZIG, JOHN	3.00									
DIRECTOR, SECRETARY - UHCH	0.00	X		X				0.	0.	0.
(308) HOCKMEYER, PH.D., WAYNE	5.00									
DIRECTOR, CHAIR - IRMHI	0.00	X		X				0.	0.	0.
(309) HORN, ROBERT A.	5.00									
TRUSTEE, VICE CHAIR, TREAS -UHCHF	0.00	X		X				0.	0.	0.
(310) HUNTER, ELLEN	3.00									
DIRECTOR, BD CHAIR - MEDIN	0.00	X		X				0.	0.	0.
(311) HUSTON, WILLIAM	3.00									
DIR, VICE CHAIR - MED HOSP FND	0.00	X		X				0.	0.	0.
(312) KAY, HARVEY	3.00									
TRUSTEE, VICE CHAIR - CCCH	0.00	X		X				0.	0.	0.
(313) KELLER, JOHN	3.00									
DIRECTOR, CHAIR - MMFI	0.00	X		X				0.	0.	0.
(314) LAFAGE, JUDITH	3.00									
DIRECTOR, SECRETARY - IRHF	0.00	X		X				0.	0.	0.
(315) LERNER, MARK	5.00									
DIR- CCF, CHAIR - AGMC	0.00	X		X				0.	0.	0.
(316) LICHTENBERGER, WILLIAM	5.00									
DIRECTOR, VICE CHAIR-MMHS	0.00	X		X				0.	0.	0.
(317) MAROONE, MICHAEL	5.00									
DIR, CHAIR - CC FLA REG	0.00	X		X				0.	0.	0.
(318) MILLER-DAWSON, DIANE	5.00									
DIR - AGMC, LODI, VICE CHAIR - AGMC	0.00	X		X				0.	0.	0.
(319) MONDELLO, JAMES	3.00									
DIRECTOR, VICE CHAIR - MMF	0.00	X		X				0.	0.	0.
(320) MOONEY, BETH E.	5.00									
DIR, BD CHAIR - CCF, CCEF, REG HOSPS	0.00	X		X				0.	0.	0.
(321) MORRIS, JAMES	3.00									
PUBLIC TRUSTEE, PRES- LORD	0.00	X		X				0.	0.	0.
(322) NEVILLE, JAMES R.	3.00									
TRUSTEE, ASST SEC - CCCHR	0.00	X		X				0.	0.	0.
(323) PALOMBI, MARK	3.00									
DIRECTOR, VICE CHAIR - MMFI	0.00	X		X				0.	0.	0.
(324) PETRAS, JR., MICHAEL	5.00									
DIR, VICE CHAIR, FINANCE & BUS DEV	0.00	X		X				0.	0.	0.
(325) PLAZEK, RONALD	3.00									
DIR, TREAS - MEDINA HOSP FD	0.00	X		X				0.	0.	0.
(326) POLLOCK, LARRY	5.00									
DIR, VICE CHAIR PHILANTHROPY	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			
(327) RICE, JAMES DIRECTOR, PRESIDENT - LODI	5.00 0.00	X		X				0.	0.	0.
(328) ROGERS, JR, CB DIR, CHAIRMAN EMERITUS- IR	3.00 0.00	X		X				0.	0.	0.
(329) RUVO, LARRY DIRECTOR, CHAIR - KMA	5.00 0.00	X		X				0.	0.	0.
(330) RUVO, CAMILLE DIR, VICE CHAIRMAN - KMA	3.00 0.00	X		X				0.	0.	0.
(331) SALERNO, FREDERIC DIRECTOR, CHAIR - MMHSI	5.00 0.00	X		X				0.	0.	0.
(332) SCULLY, WILLIAM P. DIRECTOR, VICE CHAIR - IRHFI	3.00 0.00	X		X				0.	0.	0.
(333) SWIGART, AGNES K. DIRECTOR, PRESIDENT - UHCH	3.00 0.00	X		X				0.	0.	0.
(334) TANSILL, DOUGLAS T. DIRECTOR, ASST TREAS -IRHFI	3.00 0.00	X		X				0.	0.	0.
(335) TREIER, J. BRIET DIR, VICE CHAIR - AGMC, LO	5.00 0.00	X		X				0.	0.	0.
(336) WARTHER, PAT A. DIR, CHAIR - UNION HOSP	3.00 0.00	X		X				0.	0.	0.
(337) WEBB, THEORA DIRECTOR, SECRETARY - MMHS	5.00 0.00	X		X				0.	0.	0.
(338) WOODRUFF, ANTHONY C. DIRECTOR, CHAIR - IRHFI	5.00 0.00	X		X				0.	0.	0.
(339) ZIELSDORF, ROBERT L. DIRECTOR, TREAS - IRHFI	3.00 0.00	X		X				0.	0.	0.
(340) MULLEN, RN, MBA , KAREN PRESIDENT, DIRECTOR - VNS	3.00 0.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c .....								50,261,291.	1,136,631.	6,174,625.



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2020)

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

☒ X

				(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>	10,985,496.				
	<b>d</b>	Related organizations .....	<b>1d</b>	38,255,845.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	542,830,820.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	149,686,168.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 41,846,407.				
	<b>h Total.</b> Add lines 1a-1f .....				741,758,329.			
<b>Program Service Revenue</b>				<b>Business Code</b>				
	<b>2 a</b>	NET PATIENT SERVICES	621990	5,234,796,382.	5,212,145,885.	22,650,497.		
	<b>b</b>	MEDICARE/MEDICAID PAYM	921990	4,423,514,919.	4,423,514,919.			
	<b>c</b>	OTHER PROGRAM SERVICES	900099	687,323,189.	671,079,997.	16,243,192.		
	<b>d</b>	PARKING, PHONE & OTHER	900099	38,476,030.		6,594,177.	31,881,853.	
	<b>e</b>	MANAGEMENT FEES	561000	26,671,321.	26,671,321.			
	<b>f</b>	All other program service revenue .....	900099	3,754,131.	3,696,181.	57,950.		
	<b>g Total.</b> Add lines 2a-2f .....				10,414,535,972.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		104,071,323.			104,071,323.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....		29,807,506.			29,807,506.	
	<b>6 a</b>		(i) Real	(ii) Personal				
			<b>6a</b>	Gross rents .....	31,039,250.			
			<b>6b</b>	Less: rental expenses ...	0.			
	<b>6c</b>	Rental income or (loss) .....	31,039,250.					
	<b>d</b>	Net rental income or (loss) .....		31,039,250.		140,884.	30,898,366.	
	<b>7 a</b>		(i) Securities	(ii) Other				
			<b>7a</b>	Gross amount from sales of assets other than inventory .....	5335810627.	3,316,702.		
			<b>7b</b>	Less: cost or other basis and sales expenses .....	5025915191.	6,525,908.		
	<b>7c</b>	Gain or (loss) .....	309,895,436.	-3,209,206.				
	<b>d</b>	Net gain or (loss) .....		306,686,230.			306,686,230.	
	<b>8 a</b>		Gross income from fundraising events (not including \$ 10,985,496. of contributions reported on line 1c). See Part IV, line 18 .....		2,063,720.			
			<b>8b</b>	Less: direct expenses .....	4,237,369.			
<b>c</b>	Net income or (loss) from fundraising events .....		-2,173,649.			-2,173,649.		
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....		10,120.				
		<b>9b</b>	Less: direct expenses .....	5,070.				
<b>c</b>	Net income or (loss) from gaming activities .....		5,050.			5,050.		
<b>10 a</b>		Gross sales of inventory, less returns and allowances .....						
		<b>10b</b>	Less: cost of goods sold .....					
		<b>c</b>	Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
	<b>11 a</b>	INCOME ON INVESTMENTS	523000	689,403,579.		4,956,565.	684,447,014.	
	<b>b</b>	INVESTMENT IN AFFILIAT	523000	11,521,227.			11,521,227.	
	<b>c</b>	FOREIGN CURRENCY	525990	92,893.			92,893.	
	<b>d</b>	All other revenue .....	525990	-61,527,404.			-61,527,404.	
	<b>e Total.</b> Add lines 11a-11d .....				639,490,295.			
<b>12 Total revenue.</b> See instructions .....				12,265,220,306.	10,337,108,303.	50,643,265.	1135710409.	

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2020)

GROUP RETURN

91-2153073

Page **10**

## Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	45,597,891.	45,597,891.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	103,722,121.	103,722,121.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,465,440.	1,465,440.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	72,438,013.	32,560,999.	39,877,014.	
<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) .....	26,132,625.	16,923,365.	9,209,260.	
<b>7</b> Other salaries and wages .....	4,737,710,147.	4,023,383,138.	704,968,381.	9,358,628.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	265,014,237.	225,027,707.	39,433,957.	552,573.
<b>9</b> Other employee benefits .....	538,978,229.	457,744,266.	80,199,632.	1,034,331.
<b>10</b> Payroll taxes .....	314,912,639.	267,433,156.	46,858,809.	620,674.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	11,554,269.	9,835,001.	1,719,268.	
<b>b</b> Legal .....	9,080,895.	7,729,663.	1,351,232.	
<b>c</b> Accounting .....	4,176,483.		4,173,295.	3,188.
<b>d</b> Lobbying .....	603,035.	603,035.		
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	1,701,157.			1,701,157.
<b>f</b> Investment management fees .....	24,565,540.		24,565,540.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	479,676,528.	406,349,176.	71,375,575.	1,951,777.
<b>12</b> Advertising and promotion .....	43,409,247.	36,705,890.	6,459,269.	244,088.
<b>13</b> Office expenses .....	141,183,582.	120,044,002.	21,008,031.	131,549.
<b>14</b> Information technology .....	155,729,707.	132,514,339.	23,172,485.	42,883.
<b>15</b> Royalties .....	2,495,169.	2,123,889.	371,280.	
<b>16</b> Occupancy .....	164,269,137.	139,825,990.	24,443,147.	
<b>17</b> Travel .....	10,766,058.	8,995,525.	1,601,983.	168,550.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	4,130,638.	3,349,334.	614,636.	166,668.
<b>20</b> Interest .....	131,132,309.	111,619,901.	19,512,408.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	575,036,115.	489,455,994.	85,565,023.	15,098.
<b>23</b> Insurance .....	88,224,044.	75,096,360.	13,127,684.	
<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	2,250,057,648.	2,250,052,866.		4,782.
<b>b</b> BAD DEBT EXPENSE	339,273,988.	339,273,988.		
<b>c</b> EQUIPMENT RENTAL & MAIN	160,030,330.	136,196,979.	23,812,416.	20,935.
<b>d</b> STATE FRANCHISE FEE	112,442,160.	112,442,160.		
<b>e</b> All other expenses	87,336,162.	79,395,863.	7,851,982.	88,317.
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,902,845,543.	9,635,468,038.	1,251,272,307.	16,105,198.
<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)

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THE CLEVELAND CLINIC FOUNDATION

Form 990 (2020)

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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	349,487,435.	<b>1</b>	1,030,255,194.
	<b>2</b> Savings and temporary cash investments .....	204,824,448.	<b>2</b>	71,936,633.
	<b>3</b> Pledges and grants receivable, net .....	255,234,495.	<b>3</b>	226,126,190.
	<b>4</b> Accounts receivable, net .....	1,319,081,134.	<b>4</b>	1,322,290,667.
	<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 .....	7,756,160.	<b>5</b>	
	<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 .....	109,990,379.	<b>7</b>	181,467,030.
	<b>8</b> Inventories for sale or use .....	179,507,850.	<b>8</b>	245,395,571.
	<b>9</b> Prepaid expenses and deferred charges .....	81,384,011.	<b>9</b>	76,444,242.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10,649,196,615.		
	<b>b</b> Less: accumulated depreciation .....	5,526,893,162.		
		4,918,532,254.	<b>10c</b>	5,122,303,453.
	<b>11</b> Investments - publicly traded securities .....	6,409,749,203.	<b>11</b>	5,981,537,493.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,577,321,949.	<b>12</b>	5,332,374,509.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	301,191,921.	<b>13</b>	332,745,057.
	<b>14</b> Intangible assets .....	95,229,354.	<b>14</b>	116,318,757.
<b>15</b> Other assets. See Part IV, line 11 .....	874,299,128.	<b>15</b>	1,268,210,185.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	18,683,589,721.	<b>16</b>	21,307,404,981.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,210,615,064.	<b>17</b>	1,300,334,887.
	<b>18</b> Grants payable .....	443,987.	<b>18</b>	643,540.
	<b>19</b> Deferred revenue .....	81,485,067.	<b>19</b>	90,295,090.
	<b>20</b> Tax-exempt bond liabilities .....	4,014,821,159.	<b>20</b>	4,263,881,070.
	<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 .....	2,212,850.	<b>23</b>	1,966,676.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	302,706,471.	<b>24</b>	388,267,793.
	<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 .....	1,388,681,504.	<b>25</b>	1,637,389,972.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,000,966,102.	<b>26</b>	7,682,779,028.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <span style="border: 1px solid black; padding: 0 5px;">X</span> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	10,467,651,324.	<b>27</b>	12,285,433,993.
	<b>28</b> Net assets with donor restrictions .....	1,214,972,295.	<b>28</b>	1,339,191,960.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <span style="border: 1px solid black; padding: 0 5px;"> </span> <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> Total net assets or fund balances .....	11,682,623,619.	<b>32</b>	13,624,625,953.
	<b>33</b> Total liabilities and net assets/fund balances .....	18,683,589,721.	<b>33</b>	21,307,404,981.

Form **990** (2020)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Form 990 (2020)

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>	12,265,220,306.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,902,845,543.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,362,374,763.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,682,623,619.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	67,677,176.
<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>	369,148,355.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	142,802,040.
<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>	13,624,625,953.

## Part XII Financial Statements and Reporting

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2020)



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	302,252,529.	297,153,216.	317,989,021.	327,817,213.	741,758,329.	1986970308.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....	302,252,529.	297,153,216.	317,989,021.	327,817,213.	741,758,329.	1986970308.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						1986970308.

### Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	302,252,529.	297,153,216.	317,989,021.	327,817,213.	741,758,329.	1986970308.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	124,406,638.	160,820,856.	128,454,359.	164,884,332.	164,918,079.	743,484,264.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...			1,686,203.	769,871.	0.	2,456,074.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	104,055,964.	127,186,173.	187,750,642.	437,964,438.	701,022,749.	1557979966.
11 <b>Total support.</b> Add lines 7 through 10						4290890612.
12 Gross receipts from related activities, etc. (see instructions) .....					12	51,849,317,417.
13 <b>First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	46.31	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2020.</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 - 2019.</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"/>
17a <b>10% -facts-and-circumstances test - 2020.</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 - 2019.</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"/>
18 <b>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) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 GROUP RETURN

91-2153073

Page 3

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

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

### Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.)						

### Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....

### Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15 .....	16	%

### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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

Schedule A (Form 990 or 990-EZ) 2020 GROUP RETURN

91-2153073

Page 4

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

	Yes	No
<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>		
<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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>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>		
<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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>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>		
<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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>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?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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>		
<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>		
<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>		
<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>		
<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>		
<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>		
<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 line 10b below.</i>		
<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>		



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 GROUP RETURN

91-2153073

Page 5

## 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

### Section B. Type I Supporting Organizations

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

### 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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

### 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>1</b>		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

	Yes	No
<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> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<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? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<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? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b> Enter 0.85 of line 1.	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b> 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) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 GROUP RETURN

91-2153073

Page 7

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 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

2016 AMOUNT: \$ 103,453,582.

2017 AMOUNT: \$ 126,762,607.

2018 AMOUNT: \$ 138,561,020.

2019 AMOUNT: \$ 279,307,436.

2020 AMOUNT: \$ 689,403,579.

##### FOREIGN CURRENCY

2016 AMOUNT: \$ 73,310.

2017 AMOUNT: \$ 273,145.

2019 AMOUNT: \$ 286,197.

2020 AMOUNT: \$ 92,893.

##### INCOME FROM FUNDRAISING/GAMING EVENTS

2016 AMOUNT: \$ 397,995.

2018 AMOUNT: \$ 13,597.

2020 AMOUNT: \$ 5,050.

##### DERIVATIVE INCOME

2018 AMOUNT: \$ 689,834.

##### LIFE INSURANCE TRUST

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) 2020 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

2018 AMOUNT: \$ 48,486,191.

2019 AMOUNT: \$ 158,355,944.

2020 AMOUNT: \$ 11,521,227.

#### PART I, PUBLIC CHARITY STATUS

BOX 3 HAS BEEN CHECKED AS THE MOST ACCURATE REPRESENTATION OF THE

CLEVELAND CLINIC FOUNDATION GROUP RETURN'S PUBLIC CHARITY STATUS SINCE

THE VAST MAJORITY OF THE INFORMATION REPORTED IN THE CLEVELAND CLINIC

FOUNDATION GROUP RETURN RELATES TO SECTION 170(B)(1)(A)(III) HOSPITAL

ENTITIES. ALL OF THE SUBORDINATE ORGANIZATIONS MAINTAIN A PUBLIC

CHARITY STATUS PURSUANT TO SECTION 509(A) AND THE INFORMATION REQUIRED

IN PARTS II THROUGH V HAS BEEN REPORTED IN PART VI WHERE APPLICABLE TO

ONE OR MORE OF THE SUBORDINATE ORGANIZATIONS.

#### PART 1, LINE 12

PURSUANT TO THE INSTRUCTIONS FOR GROUP FILINGS, THE FOLLOWING

INFORMATION FOR PARTS 12A-12G IS BEING PROVIDED.

#### LINE 12E

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

RECOGNIZED AS TYPE I SUPPORTING ORGANIZATIONS UNDER THE CLEVELAND

CLINIC FOUNDATION'S GROUP EXEMPTION.

#### LINE 12F

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 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 TOTAL NUMBER OF SUPPORTED ORGANIZATIONS: 9

LINE 12G

THE FOLLOWING INFORMATION IS PROVIDED ABOUT THE SUPPORTED

ORGANIZATIONS: NAME OF SUPPORTED ORGANIZATION, EIN, TYPE OF

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

SUPPORTED ORGANIZATION IS LISTED IN THE GOVERNING DOCUMENTS OF THE

SUPPORTING ORGANIZATION, AMOUNT OF MONETARY SUPPORT AND SUPPORTING

ORGANIZATION.

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

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

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

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

CLINIC FLORIDA, CLEVELAND CLINIC FLORIDA HOSPITAL, CLEVELAND CLINIC

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

LABORATORIES, CLEVELAND CLINIC NEVADA, CLEVELAND CLINIC SUPPORT

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

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

HEALTH SERVICES PROFESSIONAL ASSOCIATION, CLEVELAND CLINIC FLORIDA

REGIONAL HEALTH SYSTEM, THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION AND

CLEVELAND CLINIC ALLIANCE FOR PATIENT & CAREGIVER SAFETY PATIENT SAFETY

ORGANIZATION.

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

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 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.)

CLEVELAND CLINIC HOME CARE, INC.

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

HEALTH SYSTEM, AKRON GENERAL PARTNERS AND PARTNERS PHYSICIAN GROUP.

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

SYSTEM.

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

FLORIDA PHARMACY SERVICES.

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

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

MARTIN MEMORIAL MEDICAL CENTER, INC., 59-0637874, 3, YES, \$0, COASTAL

CARE CORPORATION AND MARTIN MEMORIAL HEALTH SYSTEM, INC.

CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION,

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

PART IV, SECTION A AND SECTION B

PURSUANT TO THE INSTRUCTIONS, THE FOLLOWING INFORMATION FOR SECTIONS A

AND B IS BEING PROVIDED:

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

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

LYNDHURST PROPERTY CORPORATION AND CCF TENNESSEE MEDICAL SERVICES,

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THE CLEVELAND CLINIC FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020 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.)

P.C.). INSTEAD, THE GOVERNING DOCUMENTS INDICATE THAT IF THE ENTITY

WERE TO DISSOLVE, THE SUPPORTED ORGANIZATION WOULD CONTROL THE ASSETS

OF THE SUPPORTING ORGANIZATION.

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

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

509(A)(1) ORGANIZATIONS.

PART IV -SECTION A - LINE 6 - THERE ARE 3 SUPPORTING ORGANIZATIONS

THAT PROVIDED SUPPORT TO OTHER ORGANIZATIONS EXEMPT UNDER 501(C)(3)

THAT WERE NOT LISTED IN THE SUPPORTING ORGANIZATION'S GOVERNING

DOCUMENTS. THIS INCLUDED SUPPORT TO ORGANIZATIONS SUCH AS LOCAL

HOSPITALS, MEDICAL/HEALTH ASSOCIATIONS, AND OTHER ORGANIZATIONS THAT

BENEFIT THE LOCAL COMMUNITIES.

ALL OTHER QUESTIONS IN PART IV OF SECTION A ARE ANSWERED EITHER "NO"

OR "N/A" FOR ALL OF THE SUPPORTING ORGANIZATIONS IN THE GROUP.

PART IV -SECTION B - LINE 1 - YES

PART IV - SECTION B - LINE 2 - NO



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## 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

**2020**

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 21,524,268.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 14,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3		\$ 12,770,899.	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,345,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5		\$ 4,617,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6		\$ 1,083,234.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,005,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
8		\$ 1,000,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
9		\$ 1,000,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
10		\$ 1,000,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
11		\$ 912,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
12		\$ 870,663.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 632,750.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
14		\$ 500,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
15		\$ 500,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
16		\$ 489,515.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
17		\$ 473,183.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
18		\$ 418,400.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 400,199.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 380,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 368,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 357,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 353,874.	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) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
26		\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
27		\$ 306,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
28		\$ 301,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
29		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
30		\$ 299,757.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 265,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
32		\$ 252,825.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
33		\$ 250,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
34		\$ 213,097.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
35		\$ 182,211.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
36		\$ 176,087.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	   	\$ 151,825.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
38	   	\$ 150,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
39	   	\$ 135,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
40	   	\$ 125,000.	<b>Person</b> <b>Payroll</b> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	   	\$ 125,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
42	   	\$ 125,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)



# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 120,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
44		\$ 112,500.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
45		\$ 100,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
46		\$ 100,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
47		\$ 100,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
48		\$ 100,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	   	\$ 100,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
50	   	\$ 93,500.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
51	   	\$ 90,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
52	   	\$ 75,001.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
53	   	\$ 72,951.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
54	   	\$ 68,732.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 60,050.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
56		\$ 60,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
57		\$ 60,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
58		\$ 55,750.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
59		\$ 52,418.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
60		\$ 50,325.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 50,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
62		\$ 50,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
63		\$ 50,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
64		\$ 50,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
65		\$ 50,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
66		\$ 50,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 43,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
68		\$ 42,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
69		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
70		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
71		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
72		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 30,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
74		\$ 25,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
75		\$ 25,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
76		\$ 25,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
77		\$ 24,356.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
78		\$ 22,629.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

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

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

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	   	\$ 19,780.	<b>Person</b> <input checked="checked" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
	   	\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
	   	\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
	   	\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
	   	\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
	   	\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
	   	\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
	   	\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)



# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **3**

Name of organization

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

Employer identification number

91-2153073

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	REAL ESTATE (RESIDENTIAL/COMMERCIAL) _____ _____ _____	\$ 7,892,265.	05/14/20
19	APPLE INC _____ _____ _____	\$ 400,199.	05/27/20
30	AUTONATION INC _____ _____ _____	\$ 299,757.	12/15/20
40	MEDICAL EQUIPMENT _____ _____ _____	\$ 125,000.	04/09/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____		

# PUBLIC INSPECTION COPY

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **4**

Name of organization

THE CLEVELAND CLINIC FOUNDATION

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
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	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

FORM 990

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

STATEMENT 1

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

STATEMENT(S) 1

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THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

CLEVELAND CLINIC FLORIDA FOUNDATION NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-1133985
CLEVELAND CLINIC FLORIDA HOSPITAL A NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-0172168
CLEVELAND CLINIC FLORIDA PHARMACY SERVICES NONPROFIT CORPORATION	2950 CLEVELAND CLINIC BLVD - WESTON, FL 33331	46-2633774
CLEVELAND CLINIC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD RK15 - INDEPENDENCE, OH 44131	83-2249666
CLEVELAND CLINIC HEALTH SERVICES PROFESSIONAL ASSOCIATION INC	9500 EUCLID AVENUE RK 15 - CLEVELAND, OH 44195	82-1803735
CLEVELAND CLINIC HEALTH SYSTEM EAST REGION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-0714593
CLEVELAND CLINIC HOME CARE	6801 BRECKSVILLE ROAD, SUITE 20, RK 15 - INDEPENDENCE, OH 44131	34-1435257
CLEVELAND CLINIC HOME CARE SERVICES	6801 BRECKSVILLE ROAD, SUITE 20, RK 15 - INDEPENDENCE, OH 44131	34-1720934
CLEVELAND CLINIC MEDICAL SERVICES INC	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	31-1562102
CLEVELAND CLINIC NEVADA	6801 BRECKSVILLE ROAD, NUM RK85 - INDEPENDENCE, OH 44131	26-4367036
CLEVELAND CLINIC RESEARCH FOUNDATION	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	91-2156376
CLEVELAND CLINIC SUPPORT SERVICES	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	45-5384998
CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	65-0844880

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THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

CLINIC CARE INC	6100 W CREEK RD STE 25 - INDEPENDENCE, OH 44131	34-0777619
COASTAL CARE CORPORATION	PO BOX 9033 - STUART, FL 34995	59-2333374
CORONARY CLUB	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	23-7156175
FAIRVIEW HOSPITAL	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0714618
HEALTH SYSTEMS OF INDIAN RIVER, INC	1000 36TH ST - VERO BEACH, FL 32960	65-0705680
INDIAN RIVER HEALTH SERVICES INC	1000 36TH ST - VERO BEACH, FL 32960	65-0029298
INDIAN RIVER HOSPITAL FOUNDATION INC	1000 36TH ST - VERO BEACH, FL 32960	59-0760215
INDIAN RIVER MEMORIAL HOSPITAL, INC.	1000 36TH ST - VERO BEACH, FL 32960	59-2496294
KEEP MEMORY ALIVE	888 BONNEVILLE AVE - LAS VEGAS, NV 89106	88-0515534
LAKEWOOD HOSPITAL ASSOCIATION	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-1542312
LODI COMMUNITY HOSPITAL	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0718390
LORD FOUNDATION OF OHIO	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-1298884
LOU RUVO BRAIN INSTITUTE	888 W BONNEVILLE AVE - LAS VEGAS, NV 89106	20-8077691
LUTHERAN HOSPITAL	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0714684
MARTIN MEMORIAL FOUNDATION INC	PO BOX 9033 - STUART, FL 34995	59-2343938

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THE CLEVELAND CLINIC FOUNDATION GROUP RE

91-2153073

MARTIN MEMORIAL HEALTH SYSTEMS INC	PO BOX 9033 - STUART, FL 34995	59-2307522
MARTIN MEMORIAL MEDICAL CENTER, INC.	PO BOX 9010 - STUART, FL 34995	59-0637874
MARYMOUNT HOSPITAL INC	6801 BRECKSVILLE ROAD, RK51-85 - INDEPENDENCE, OH 44131	34-0714458
MEDINA HOSPITAL	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0733166
MEDINA HOSPITAL FOUNDATION	1000 E WASHINGTON ST - MEDINA, OH 44256	34-1657989
PARTNERS PHYSICIAN GROUP	6801 BRECKSVILLE ROAD, RK1-85 - INDEPENDENCE, OH 44131	34-1843403
PEDIATRIC MEDICAL MANAGEMENT INC	6801 BRECKSVILLE ROAD, SUITE 20, RK 15 - INDEPENDENCE, OH 44131	34-1837018
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0714553
THE UNION HOSPITAL ASSOCIATION	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0714771
UNION HEALTH SYSTEM	6801 BRECKSVILLE RD STE 20 - INDEPENDENCE, OH 44131	82-5279835
UNION HOSPITAL COMMUNITY HEALTH FOUNDATION	659 BOULEVARD ST - DOVER, OH 44622	82-4952635
VISITING NURSE SERVICE INC	6801 BRECKSVILLE ROAD, RK-85 - INDEPENDENCE, OH 44131	34-0714779

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

Department of the Treasury  
Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2020

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**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) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990 or 990-EZ) 2020 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)			603,035.												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			603,035.												
<b>d</b> Other exempt purpose expenditures			10,901,319,364.												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			10,901,922,399.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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?		Yes	No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
<b>c</b> Total lobbying expenditures			630,216.	603,035.	1,233,251.
<b>d</b> Grassroots nontaxable amount			250,000.	250,000.	500,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020



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THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990 or 990-EZ) 2020 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<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: \$579,166

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule C (Form 990 or 990-EZ) 2020 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: \$23,868

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. IS A 501(C)(3)

ORGANIZATION WHICH HAD A 501(H) ELECTION PREVIOUSLY IN PLACE WHICH WAS

REVOKED AS OF 12/31/2020.

# 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

# 2020

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 ▶ \$

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THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) 2020

GROUP RETURN

91-2153073

Page **2**

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	467,849,153.	388,135,477.	381,810,007.	324,551,580.	295,878,858.
<b>b</b> Contributions	26,948,322.	40,929,881.	17,655,756.	22,185,007.	20,199,629.
<b>c</b> Net investment earnings, gains, and losses	59,710,925.	46,870,849.	-5,582,019.	40,398,300.	15,766,204.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	16,904,528.	8,087,054.	5,748,267.	5,324,880.	7,293,111.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	537,603,872.	467,849,153.	388,135,477.	381,810,007.	324,551,580.

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

**a** Board designated or quasi-endowment ☐ \_\_\_\_\_ %

**b** Permanent endowment ☐ 100 %

**c** Term endowment ☐ \_\_\_\_\_ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

**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		325,834,966.		325,834,966.
<b>b</b> Buildings		6,801,448,237.	3,265,869,022.	3,535,579,215.
<b>c</b> Leasehold improvements		230,304,942.	145,806,522.	84,498,420.
<b>d</b> Equipment		2,928,461,759.	2,023,895,762.	904,565,997.
<b>e</b> Other		363,146,711.	91,321,856.	271,824,855.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,122,303,453.

Schedule D (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) 2020

GROUP RETURN

91-2153073

Page **3**

## Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) OTHER SECURITIES (PRIVATE EQUITY)	2,061,073,440.	COST
(B) OTHER SECURITIES (HEDGE FUNDS)	3,271,301,069.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,332,374,509.	

## 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) DUE FROM AFFILIATES	118,887,529.
(2) PERPETUAL & BENEFICIAL TRUSTS	112,424,797.
(3) INVESTMENT IN AFFILIATES	507,316,496.
(4) OTHER ASSETS	51,045,774.
(5) DEFERRED ANNUITIES	327,999,773.
(6) OPERATING LEASE ASSET	150,535,816.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,268,210,185.

## Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	-106,905.
(2) DEFERRED ANNUITY TRUST	1,009,930.
(3) OTHER LIABILITIES	345,079,750.
(4) FUTURE GIFT ANNUITY PAYMENTS	12,892,711.
(5) INTEREST RATE SWAP	159,762,109.
(6) DUE TO AFFILIATES	95,519,509.
(7) ACCRUED PENSION	636,878,198.
(8) ACCRUED BENEFITS	213,581,974.
(9) FICA RECEIVABLE	172,772,696.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,637,389,972.

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) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) 2020

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 (2). THESE

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

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

THIS LAND ARE REFLECTED IN THE STATEMENT OF EXPENSES.

PART V, LINE 4:

THE ENDOWMENT FUNDS OF CLEVELAND CLINIC FOUNDATION AND ITS AFFILIATES ARE

USED IN FURTHERANCE OF ITS EXEMPT PURPOSE. SPECIFICALLY, THESE FUNDS ARE

USED FOR EDUCATION, RESEARCH, AND PATIENT CARE.

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THE CLEVELAND CLINIC FOUNDATION

Schedule D (Form 990) 2020

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, 2020 AND 2019, THE LIABILITY FOR UNCERTAINTY IN INCOME TAXES WAS \$1.5 MILLION AND \$1.0 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.

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## SCHEDULE F (Form 990)

Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

# 2020

Open to Public  
Inspection

Name of the organization  
THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number

91-2153073

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	2,120,000.
NORTH AMERICA	2	0	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	46,559,000.
EUROPE	2	12	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	477,674,000.
MIDDLE EAST & NORTH AFRICA	2	89	PROGRAM SERVICES	INVESTMENT IN WHOLLY-OWNED FOREIGN ENTITY	5,488,000.
EUROPE	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	11,000.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	ATTENDANCE AT MEDICAL EDUCATION SEMINARS	7,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	26,000.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	345,000.
<b>3 a Subtotal</b> .....	6	101			532,230,000.
<b>b Total from continuation sheets to Part I</b> .....	0	0			3587328000.
<b>c Totals</b> (add lines 3a and 3b) .....	6	101			4119558000.

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

Schedule F (Form 990) 2020



# 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	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	468,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	80,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	14,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	48,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL FOR MEETINGS/CONFERENCES	2,000.
CENTRAL AMERICA & THE CARIBBEAN	0	0	FUNDRAISING		0.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		0.
EUROPE	0	0	FUNDRAISING		37,000.
MIDDLE EAST & NORTH AFRICA	0	0	FUNDRAISING		24,000.
NORTH AMERICA	0	0	FUNDRAISING		1,000.
<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
SOUTH AMERICA	0	0	FUNDRAISING		0.
SUB-SAHARAN AFRICA	0	0	FUNDRAISING		0.
EUROPE	0	0	INVESTING		101,755,000.
SUB-SAHARAN AFRICA	0	0	INVESTING		46,222,000.
MIDDLE EAST & NORTH AFRICA	0	0	INVESTING		2,419,000.
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTING		3436258000.
<b>Totals</b> .....					3587328000.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) 2020

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	9,657.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	5,820.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	6,670.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	6,148.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	8,955.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	10,700.	CHECK AND/OR WIRE	0.		
		CENTRAL AMERICA & THE CARIBBEAN	RESEARCH	33,900.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	10,000.	CHECK AND/OR WIRE	0.		

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 12
- 3 Enter total number of other organizations or entities ..... 8

Schedule F (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Schedule F (Form 990)

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH	37,200.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	407,225.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	6,225.	CHECK AND/OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	43,200.	CHECK AND/OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	5,800.	CHECK AND/OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	72,846.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	559,647.	CHECK AND/OR WIRE	0.		
		SOUTH AMERICA	RESEARCH	107,892.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	5,550.	CHECK AND/OR WIRE	0.		

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Schedule F (Form 990)

Page **2**

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

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	RESEARCH	5,400.	CHECK AND/OR WIRE	0.		
		EUROPE	RESEARCH	7,100.	CHECK AND/OR WIRE	0.		
		NORTH AMERICA	RESEARCH	32,520.	CHECK AND/OR WIRE	0.		

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) 2020

GROUP RETURN

91-2153073

Page 3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH	EUROPE	1	15,000.	CHECK AND/OR WIRE	0.		
RESEARCH	EUROPE	1	8,000.	CHECK AND/OR WIRE	0.		
RESEARCH	EUROPE	1	6,240.	CHECK AND/OR WIRE	0.		
RESEARCH	NORTH AMERICA	1	10,849.	CHECK AND/OR WIRE	0.		
RESEARCH	RUSSIA & NEIGHBORING STATES	1	5,908.	CHECK AND/OR WIRE	0.		
RESEARCH	EUROPE	1	20,000.	CHECK AND/OR WIRE	0.		
RESEARCH	EAST ASIA AND THE PACIFIC	1	8,988.	CHECK AND/OR WIRE	0.		
RESEARCH	EAST ASIA AND THE PACIFIC	1	8,000.	CHECK AND/OR WIRE	0.		

Schedule F (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) 2020

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) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule F (Form 990) 2020

GROUP RETURN

91-2153073

Page 5

## Part V Supplemental Information

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

PART I, LINE 2:

A MAJORITY OF THE RESEARCH GRANTS PROVIDED TO FOREIGN ORGANIZATIONS ARE

PART OF A NATIONAL INSTITUTES OF HEALTH OR FEDERALLY FUNDED PROGRAM. AS

SUCH, THE FOREIGN ORGANIZATION IS REQUIRED TO MEET AND ADHERE TO FEDERAL

GRANT REPORTING REQUIREMENTS WITH RESPECT TO THE USE OF THE FUNDS ON AN

ON-GOING BASIS IN ORDER TO BE ELIGIBLE TO PARTICIPATE OR CONTINUE TO

PARTICIPATE IN THE RESEARCH STUDY. FOR THOSE GRANTS THAT ARE NOT

FEDERALLY FUNDED, A CONTRACT EXISTS WITH THE FOREIGN GRANTEE ORGANIZATION

THAT ESTABLISHES HOW THE FUNDS ARE TO BE USED AND REQUIRES CERTAIN

REPRESENTATIONS AND ACCOUNTING REGARDING THEIR USE. CLEVELAND CLINIC

MAINTAINS OVERSIGHT OF THESE GRANTS AND REGULARLY MONITORS THEIR

COMPLIANCE WITH EITHER THE FEDERAL REGULATIONS OR THE CONTRACT

PROVISIONS.

PART I, LINE 3:

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.



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## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

# 2020

Open to Public  
Inspection

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

### Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |   |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants     |
| c <input checked="" type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events            |
| d <input checked="" type="checkbox"/> In-person solicitations          |   |

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CLASSY - 350 TENTH AVE, STE 1300, SAN DIEGO, CA 92101	ONLINE SOLICITATION		X	3,861,437.	335,776.	3,525,661.
RR DONNELLEY - 35 W. WACKER DR, CHICAGO, IL 60601	DIRECT MAIL		X	1,468,254.	837,213.	631,041.
TSM DONOR ENGAGEMENT TEAM - 155 COMMERCE DR, FREEDOM, PA	PHONE SOLICITATION		X	406,998.	528,168.	-121,170.
<b>Total</b> .....				5,736,689.	1,701,157.	4,035,532.

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule G (Form 990 or 990-EZ) 2020 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 KEEP MEMORY ALIVE GALA	(b) Event #2 VELOSANO	(c) Other events 3	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	8,377,854.	3,529,191.	1,142,171.	13,049,216.
	2 Less: Contributions .....	6,468,604.	3,460,786.	1,056,106.	10,985,496.
	3 Gross income (line 1 minus line 2) .....	1,909,250.	68,405.	86,065.	2,063,720.
Direct Expenses	4 Cash prizes .....	0.	0.	1,113.	1,113.
	5 Noncash prizes .....	0.	0.	0.	
	6 Rent/facility costs .....	40,495.	66,966.	10,608.	118,069.
	7 Food and beverages .....	528,800.	3,696.	294,002.	826,498.
	8 Entertainment .....	2,397,321.	0.	50,426.	2,447,747.
	9 Other direct expenses .....	0.	685,209.	158,733.	843,942.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				4,237,369.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-2,173,649.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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THE CLEVELAND CLINIC FOUNDATION

Schedule G (Form 990 or 990-EZ) 2020 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

THE CLEVELAND CLINIC FOUNDATION

Page 4[illegible]

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## SCHEDULE H (Form 990)

Department of the Treasury  
Internal Revenue Service

## Hospitals

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

OMB No. 1545-0047

# 2020

**Open to Public  
Inspection**

<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: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 250 %	X	
<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: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %	X	
<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? .....		
<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) .....			190,100,923.	6,000,000.	184,100,923.	1.73%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			1351321111.	817,143,443.	534,177,668.	5.03%
<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 .....			1541422034.	823,143,443.	718,278,591.	6.76%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			148,518,750.	30,043,669.	118,475,081.	1.11%
<b>f</b> Health professions education (from Worksheet 5) .....			361,407,428.	51,747,657.	309,659,771.	2.91%
<b>g</b> Subsidized health services (from Worksheet 6) .....			159,877,313.	125,474,430.	34,402,883.	.32%
<b>h</b> Research (from Worksheet 7) .....			261,765,371.	159,834,936.	101,930,435.	.96%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			9,314,135.	410,374.	8,903,761.	.08%
<b>j Total.</b> Other Benefits .....			940,882,997.	367,511,066.	573,371,931.	5.38%
<b>k Total.</b> Add lines 7d and 7j .....			2482305031.	1190654509.	1291650522.	12.14%

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

## GROUP RETURN

91-2153073

Page 2

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			1,003.	0.	1,003.	.00%
2 Economic development			7,316.	0.	7,316.	.00%
3 Community support			38,674,611.	37,138,945.	1,535,666.	.01%
4 Environmental improvements			0.	0.		.00%
5 Leadership development and training for community members			0.	0.		.00%
6 Coalition building			53,215.	0.	53,215.	.00%
7 Community health improvement advocacy			5,596.	0.	5,596.	.00%
8 Workforce development			115,006.	0.	115,006.	.00%
9 Other			0.	0.		
10 Total			38,856,747.	37,138,945.	1,717,802.	.01%

<b>Part III</b>	<b>Bad Debt, Medicare, &amp; Collection Practices</b>
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### Section A. Bad Debt Expense

Section A. Bad Debt Expense		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	341,030,036.
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	0.
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME) .....	5	1,520,471,665.
6	Enter Medicare allowable costs of care relating to payments on line 5 .....	6	1,584,649,630.
7	Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-64,177,965.
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
Section C. Collection Practices			
9a	Did the organization have a written debt collection policy during the tax year? .....	9a	X
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b	X

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

Schedule H (Form 990) 2020

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? 25

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 CLEVELAND CLINIC MARTIN NORTH HOSPITAL 200 HOSPITAL AVENUE STUART, FL 34994 WWW.CLEVELANDCLINIC.ORG FL LICENSE 4102	X	X					X			C
7 INDIAN RIVER MEMORIAL HOSPITAL 1000 36TH STREET VERO BEACH, FL 32960 WWW.CLEVELANDCLINIC.ORG FL LICENSE 4029	X	X					X			
8 MARYMOUNT HOSPITAL 12300 MCCracken GARFIELD HEIGHTS, OH 44125 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1136AHR	X	X		X		X	X			A
9 CLEVELAND CLINIC AVON HOSPITAL 33300 CLEVELAND CLINIC BOULEVARD AVON, OH 44011 WWW.CLEVELANDCLINIC.ORG OH STATE ID 1531AHR	X	X		X		X	X			A
10 CLEVELAND CLINIC TRADITION HOSPITAL 10000 SW INNOVATION WAY PORT ST. LUCIE, FL 34987 WWW.CLEVELANDCLINIC.ORG FL LICENSE 4102	X	X					X			C

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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 MEDINA HOSPITAL										
1000 E WASHINGTON STREET										
MEDINA, OH 44256										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1236AHR	X	X		X		X	X			A
12 SOUTH POINTE HOSPITAL										
20000 HARVARD ROAD										
WARRENSVILLE HTS, OH 44122										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1297AHR	X	X		X		X	X			A
13 LUTHERAN HOSPITAL										
1730 WEST 25TH STREET										
CLEVELAND, OH 44113										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1149AHR	X	X		X		X	X			A
14 THE UNION HOSPITAL ASSOCIATION										
659 BOULEVARD										
DOVER, OH 44622										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1285AHR	X	X					X			
15 EUCLID HOSPITAL										
18901 LAKESHORE BOULEVARD										
EUCLID, OH 44119										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1133AHR	X	X		X		X	X			A
16 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
17 LODI COMMUNITY HOSPITAL										
225 ELYRIA STREET										
LODI, OH 44254										
WWW.CLEVELANDCLINIC.ORG										
OHIO STATE ID 1234AHR	X	X			X		X			A
18 CLEVELAND CLINIC MARTIN SOUTH HOSPITA										
2100 SE SALERNO ROAD										
STUART, FL 34997										
WWW.CLEVELANDCLINIC.ORG										
FL LICENSE 4102	X	X					X			C
19 CLEVELAND CLINIC REHAB - BEACHWOOD										
3025 SCIENCE PARK DRIVE										
BEACHWOOD, OH 44122										
WWW.CLEVELANDCLINIC.ORG										
OH STATE ID 1906	X									B
20 CLEVELAND CLINIC REHABILITATION-AVON										
33355 HEALTH CAMPUS BOULEVARD										
AVON, OH 44011										
WWW.CLEVELANDCLINIC.ORG										
OHIO STATE ID 1522AHR	X									B



THE CLEVELAND CLINIC FOUNDATION

Page 3

## Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page 4

## Part V Facility Information *(continued)*

### Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4, 5, 8, 9, 11, 12, 13, 15, 16, 17

		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? .....	<b>1</b>		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 .....	<b>2</b>		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 .....	<b>3</b>	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 .....	<b>5</b>	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 .....	<b>6a</b>	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 .....	<b>6b</b>	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	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 .....	<b>8</b>	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	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? .....	<b>10b</b>		
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)? .....	<b>12a</b>		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page 5

## Part V Facility Information (continued)

### Financial Assistance Policy (FAP)

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

	Yes	No
Did the hospital facility have in place during the tax year a written 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>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **6**

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

**Billing and Collections**

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

		Yes	No
<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? .....	<b>17</b>	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> Reporting to credit agency(ies)			
<b>b</b> Selling an individual's debt to another party			
<b>c</b> 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> Actions that require a legal or judicial process			
<b>e</b> 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? .....	<b>19</b>		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b> Reporting to credit agency(ies)			
<b>b</b> Selling an individual's debt to another party			
<b>c</b> 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> Actions that require a legal or judicial process			
<b>e</b> 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 checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b> 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? .....	<b>21</b>	X	
If "No," indicate why:			
<b>a</b> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> The hospital facility's policy was not in writing			
<b>c</b> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> Other (describe in Section C)			

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **7**

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

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

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

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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): 19, 20, 21, 22, 23, 24, 25

		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? .....	<b>1</b>		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 .....	<b>2</b>		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 .....	<b>3</b>	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 .....	<b>5</b>	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 .....	<b>6a</b>	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 .....	<b>6b</b>		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	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 .....	<b>8</b>	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	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? .....	<b>10b</b>		
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)? .....	<b>12a</b>		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? .....	<b>17</b>	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> Reporting to credit agency(ies)			
<b>b</b> Selling an individual's debt to another party			
<b>c</b> 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> Actions that require a legal or judicial process			
<b>e</b> 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? .....	<b>19</b>		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b> Reporting to credit agency(ies)			
<b>b</b> Selling an individual's debt to another party			
<b>c</b> 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> Actions that require a legal or judicial process			
<b>e</b> 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> Other (describe in Section C)			
<b>f</b> 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? .....	<b>21</b>		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> The hospital facility's policy was not in writing			
<b>c</b> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> Other (describe in Section C)			

Schedule H (Form 990) 2020



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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **7**

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

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

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

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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): 14

		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? .....	<b>1</b>		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 .....	<b>2</b>		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 .....	<b>3</b>	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 .....	<b>5</b>	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 .....	<b>6a</b>	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 .....	<b>6b</b>	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	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 .....	<b>8</b>	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? .....	<b>10</b>	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? .....	<b>10b</b>		
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)? .....	<b>12a</b>		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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:		
<b>a</b> Reporting to credit agency(ies)		
<b>b</b> Selling an individual's debt to another party		
<b>c</b> 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> Actions that require a legal or judicial process		
<b>e</b> 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> Reporting to credit agency(ies)		
<b>b</b> Selling an individual's debt to another party		
<b>c</b> 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> Actions that require a legal or judicial process		
<b>e</b> 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 checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> Other (describe in Section C)		
<b>f</b> 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> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> The hospital facility's policy was not in writing			
<b>c</b> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> Other (describe in Section C)			

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

**Schedule H (Form 990) 2020**

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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): 7

		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? .....	<b>1</b>		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 .....	<b>2</b>	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 .....	<b>3</b>	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 .....	<b>5</b>	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 .....	<b>6a</b>		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 .....	<b>6b</b>	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	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 .....	<b>8</b>	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? .....	<b>10</b>	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? .....	<b>10b</b>		
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)? .....	<b>12a</b>		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? .....	<b>17</b>	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> Reporting to credit agency(ies)			
<b>b</b> Selling an individual's debt to another party			
<b>c</b> 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> Actions that require a legal or judicial process			
<b>e</b> 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? .....	<b>19</b>		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b> Reporting to credit agency(ies)			
<b>b</b> Selling an individual's debt to another party			
<b>c</b> 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> Actions that require a legal or judicial process			
<b>e</b> 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 checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b> 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? .....	<b>21</b>	X	
If "No," indicate why:			
<b>a</b> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> The hospital facility's policy was not in writing			
<b>c</b> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> Other (describe in Section C)			

Schedule H (Form 990) 2020



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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

**Schedule H (Form 990) 2020**

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page 4

## Part V Facility Information *(continued)*

### Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6, 10, 18

		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? .....	<b>1</b>		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 .....	<b>2</b>	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 .....	<b>3</b>	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 20</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 .....	<b>5</b>	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 .....	<b>6a</b>	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 .....	<b>6b</b>		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	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>HTTPS://WWW.MARTINHEALTH.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 .....	<b>8</b>	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	X	
a If "Yes," (list url): <u>HTTPS://WWW.MARTINHEALTH.ORG</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>		
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)? .....	<b>12a</b>		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page 5

## Part V Facility Information (continued)

### Financial Assistance Policy (FAP)

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

	Yes	No
Did the hospital facility have in place during the tax year a written 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>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>MY.CLEVELANDCLINIC.ORG/PATIENTS</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page 6

## Part V Facility Information *(continued)*

### Billing and Collections

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

		Yes	No
<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? .....	<b>17</b>	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> Reporting to credit agency(ies)			
<b>b</b> Selling an individual's debt to another party			
<b>c</b> 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> Actions that require a legal or judicial process			
<b>e</b> 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? .....	<b>19</b>		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b> Reporting to credit agency(ies)			
<b>b</b> Selling an individual's debt to another party			
<b>c</b> 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> Actions that require a legal or judicial process			
<b>e</b> 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 checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b> 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? .....	<b>21</b>	X	
If "No," indicate why:			
<b>a</b> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> The hospital facility's policy was not in writing			
<b>c</b> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> Other (describe in Section C)			

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **7**

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

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

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

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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.

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.

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:



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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.

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: INDIAN RIVER MEMORIAL HOSPITAL IS ADDRESSING

THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA BY

(A) ADOPTION OF AN IMPLEMENTATION STRATEGY THAT ADDRESSES EACH OF THE

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

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

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

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

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

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

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

INDIAN RIVER WILL ADDRESS THE FOLLOWING NEEDS IDENTIFIED AS PRIORITIES:

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

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

INITIATIVE WILL BE LED BY OTHER FACILITIES AND OTHER ORGANIZATIONS IN

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

COMMUNITY HEALTH IMPROVEMENT PLAN AT [WWW.INDIANRIVERMEDICAL.COM](http://WWW.INDIANRIVERMEDICAL.COM).

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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.

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, INCLUDING INDIAN RIVER MEMORIAL

HOSPITAL. 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.

REPORTING GROUP A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

MY.CLEVELANDCLINIC.ORG/PATIENTS

REPORTING GROUP B

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

MY.CLEVELANDCLINIC.ORG/PATIENTS

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

MY.CLEVELANDCLINIC.ORG/PATIENTS

INDIAN RIVER MEMORIAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

MY.CLEVELANDCLINIC.ORG/PATIENTS

REPORTING GROUP C

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

MY.CLEVELANDCLINIC.ORG/PATIENTS

INDIAN RIVER MEMORIAL HOSPITAL:

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

ASSISTANCE IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL

ASSISTANCE PROGRAM AND CLEVELAND CLINIC, INCLUDING INDIAN RIVER MEMORIAL

HOSPITAL, 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

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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, INDIAN

RIVER MEMORIAL HOSPITAL 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

- FACILITY 8: MARYMOUNT HOSPITAL

- FACILITY 12: SOUTH POINTE HOSPITAL

- FACILITY 13: LUTHERAN HOSPITAL

- FACILITY 11: MEDINA HOSPITAL

- FACILITY 15: EUCLID HOSPITAL

- FACILITY 16: CLEV CLINIC CHILDREN'S HOSP FOR REHAB

- FACILITY 17: LODI COMMUNITY HOSPITAL

- FACILITY 2: AKRON GENERAL MEDICAL CENTER

- FACILITY 9: CLEVELAND CLINIC AVON HOSPITAL

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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 1 -- THE CLEVELAND CLINIC FOUNDATION

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018.

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

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

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

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

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

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

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

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

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

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX H OF THE HOSPITAL FACILITY'S CHNA.

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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: THE CLEVELAND CLINIC FOUNDATION, AS PART OF

THE 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: THE KEY NEEDS IDENTIFIED BY THE CLEVELAND

CLINIC FOUNDATION WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE,

ADDICTION AND MENTAL HEALTH, CHRONIC DISEASE PREVENTION AND MANAGEMENT,

INFANT MORTALITY, MEDICAL RESEARCH AND HEALTH PROFESSIONS EDUCATION, AND

SOCIOECONOMIC CONCERNS. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE

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

HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

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

INCOME.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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 THE CLEVELAND CLINIC FOUNDATION.

UNINSURED PATIENTS THAT THE CLEVELAND CLINIC FOUNDATION DETERMINES THROUGH

THIRD PARTY VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400%

OF THE FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS

SUCH IN WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL

ASSISTANCE, THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC CONTINUOUSLY STRIVES TO IMPROVE ITS COMMUNICATION

WITH PATIENTS ON THE AVAILABILITY OF FINANCIAL ASSISTANCE. INFORMATION

ABOUT THE FINANCIAL ASSISTANCE POLICY IS POSTED ON THE CLEVELAND CLINIC

WEBSITE. PATIENT BILLS INCLUDE DETAILED INFORMATION REGARDING THE

FINANCIAL ASSISTANCE POLICY. A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY IS AVAILABLE THROUGHOUT CCHS, INCLUDING IN PATIENT

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

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

ASSIST PATIENTS IN QUALIFYING FOR GOVERNMENTAL ASSISTANCE PROGRAMS AND

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

INSURANCE AND BILLING INFORMATION PATIENT BROCHURE, WHICH IS AVAILABLE AT

REGISTRATION DESKS AND WITH FINANCIAL COUNSELORS.

GROUP A-FACILITY 1 -- THE CLEVELAND CLINIC FOUNDATION

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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

CLEVELAND CLINIC FOUNDATION NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF

FINANCIAL ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT

REMINDERS, IN THEIR DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL

CUSTOMER SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018.

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

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

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

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

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

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

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

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

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

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 3 -- FAIRVIEW HOSPITAL

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



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL

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

HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, THE CLEVELAND CLINIC

FOUNDATION MAIN CAMPUS, 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 3 -- FAIRVIEW HOSPITAL

PART V, SECTION B, LINE 6B: FAIRVIEW HOSPITAL, AS PART OF THE 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 11: THE KEY NEEDS IDENTIFIED IN BY FAIRVIEW

HOSPITAL 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) 2020

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 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, INCLUDING FAIRVIEW HOSPITAL, 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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, FAIRVIEW

HOSPITAL NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE

IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018.

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

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

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

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

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

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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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: HILLCREST HOSPITAL, AS PART OF THE 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 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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, INCLUDING HILLCREST HOSPITAL.

UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY VERIFICATION

SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY

GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF

THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY

SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 4 -- HILLCREST HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC, INCLUDING HILLCREST HOSPITAL, CONTINUOUSLY STRIVES

TO IMPROVE ITS COMMUNICATION WITH PATIENTS ON THE AVAILABILITY OF

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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. 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,

HILLCREST HOSPITAL NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL

ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN

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

SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 5 -- CLEVELAND CLINIC WESTON HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

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

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

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

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

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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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 WESTON HOSPITAL, AS PART OF

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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, INCLUDING CLEVELAND CLINIC

WESTON HOSPITAL. 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.



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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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, INCLUDING CLEVELAND CLINIC WESTON HOSPITAL,

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,

CLEVELAND CLINIC WESTON HOSPITAL 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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: MARYMOUNT HOSPITAL, AS PART OF THE CLEVELAND

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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 8 -- MARYMOUNT HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY MARYMOUNT HOSPITAL

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, INCLUDING MARYMOUNT HOSPITAL.

UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY VERIFICATION

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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.

SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY

GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF

THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY

SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 8 -- MARYMOUNT HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC, INCLUDING MARYMOUNT HOSPITAL, 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,

MARYMOUNT HOSPITAL 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 12 -- 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 12 -- 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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

CLEVELAND CLINIC WESTON HOSPITAL. SOUTH POINTE HOSPITAL ALSO COLLABORATED

WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 12 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 6B: SOUTH POINTE HOSPITAL, AS PART OF THE

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 12 -- SOUTH POINTE HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY SOUTH POINTE

HOSPITAL 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 12 -- 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.

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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 12 -- SOUTH POINTE HOSPITAL

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION BY CCHS, INCLUDING SOUTH POINTE HOSPITAL.

UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY VERIFICATION

SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE FEDERAL POVERTY

GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN WRITING. IF

THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE, THEY MAY

SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 12 -- 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, INCLUDING SOUTH POINTE HOSPITAL, 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

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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.

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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GROUP A-FACILITY 12 -- SOUTH POINTE HOSPITAL

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

POINTE HOSPITAL 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 -- 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 15 -- EUCLID HOSPITAL

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



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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL

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

HOSPITAL FOR REHABILITATION, THE CLEVELAND CLINIC FOUNDATION, FAIRVIEW

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

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

AND CLEVELAND CLINIC WESTON HOSPITAL. EUCLID HOSPITAL ALSO COLLABORATED

WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 15 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 6B: EUCLID HOSPITAL, AS PART OF THE 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 -- EUCLID HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY EUCLID HOSPITAL

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 -- EUCLID HOSPITAL

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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

PART V, SECTION B, LINE 13B: PATIENTS WHO DO NOT MEET FINANCIAL 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 -- 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, INCLUDING EUCLID HOSPITAL.

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 -- 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, INCLUDING EUCLID HOSPITAL, 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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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 -- EUCLID HOSPITAL

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

HOSPITAL NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE

IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN THEIR

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

AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 13 -- 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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 13 -- LUTHERAN HOSPITAL

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

CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS, INCLUDING: AKRON GENERAL MEDICAL

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

HOSPITAL FOR REHABILITATION, EUCLID HOSPITAL, FAIRVIEW HOSPITAL,

HILLCREST HOSPITAL, LODI COMMUNITY HOSPITAL, THE CLEVELAND CLINIC

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

UNION HOSPITAL AND CLEVELAND CLINIC WESTON HOSPITAL. LUTHERAN HOSPITAL

ALSO COLLABORATED WITH ASHTABULA COUNTY MEDICAL CENTER AND GLENBEIGH.

GROUP A-FACILITY 13 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 6B: LUTHERAN HOSPITAL, AS PART OF THE 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 -- LUTHERAN HOSPITAL

PART V, SECTION B, LINE 11: 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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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.

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 -- LUTHERAN HOSPITAL

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

FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS QUALIFY FOR

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

INCOME.

GROUP A-FACILITY 13 -- 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, INCLUDING LUTHERAN HOSPITAL.

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 -- 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, INCLUDING LUTHERAN HOSPITAL, 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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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.

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 -- LUTHERAN HOSPITAL

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

HOSPITAL 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 -- 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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

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PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 11 -- 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 11 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 6B: MEDINA HOSPITAL, AS PART OF THE CLEVELAND

CLINIC HEALTH SYSTEM, COLLABORATES WITH THE STATE'S DEPARTMENT OF HEALTH,

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

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# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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GROUP A-FACILITY 11 -- MEDINA HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY MEDINA HOSPITAL

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 -- 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 11 -- 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, INCLUDING MEDINA HOSPITAL.

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GROUP A-FACILITY 11 -- MEDINA HOSPITAL

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



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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OHIO FAMILY HEALTH CENTER TO ASSIST PATIENTS IN QUALIFYING FOR

GOVERNMENTAL ASSISTANCE PROGRAMS AND FINANCIAL ASSISTANCE. A DESCRIPTION

OF THE POLICY IS ALSO INCLUDED IN OUR INSURANCE AND BILLING INFORMATION

PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH

FINANCIAL COUNSELORS.

GROUP A-FACILITY 11 -- MEDINA HOSPITAL

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

HOSPITAL 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 16 -- 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

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# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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.

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

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

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

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

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

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

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

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

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

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

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX H OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 16 -- 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 16 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

REHABILITATION, AS PART OF THE CLEVELAND CLINIC HEALTH SYSTEM,

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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 16 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY CLEVELAND CLINIC

CHILDREN'S HOSPITAL FOR REHABILITATION 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 16 -- 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 16 -- 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

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CHILDREN'S HOSPITAL FOR REHABILITATION. UNINSURED PATIENTS THAT CCHS

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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.

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 16 -- 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, INCLUDING CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR

REHABILITATION, 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 16 -- CLEV CLINIC CHILDREN'S HOSP FOR REHAB

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

CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION NOTIFIES

INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IN COMMUNICATIONS

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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 17 -- LODI COMMUNITY HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

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

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

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

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

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

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

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

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

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

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

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

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

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

APPENDIX C OF THE HOSPITAL FACILITY'S CHNA.

GROUP A-FACILITY 17 -- 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,

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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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 17 -- LODI COMMUNITY HOSPITAL

PART V, SECTION B, LINE 6B: LODI COMMUNITY HOSPITAL, AS PART OF THE

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 17 -- LODI COMMUNITY HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY LODI COMMUNITY

HOSPITAL 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 17 -- 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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

INCOME.

GROUP A-FACILITY 17 -- 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, INCLUDING LODI COMMUNITY

HOSPITAL. 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 17 -- LODI COMMUNITY HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC, INCLUDING LODI COMMUNITY HOSPITAL, 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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.

PATIENT BROCHURE, WHICH IS AVAILABLE AT REGISTRATION DESKS AND WITH

FINANCIAL COUNSELORS.

GROUP A-FACILITY 17 -- LODI COMMUNITY HOSPITAL

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

COMMUNITY HOSPITAL NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF FINANCIAL

ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT REMINDERS, IN

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

SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 9 -- CLEVELAND CLINIC AVON HOSPITAL

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

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

LEADERSHIP AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD

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

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

AND THEIR PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS

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

LOCAL PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION

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

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

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

INFORMANT WAS INTERVIEWED OVER THE PHONE BY THE CONSULTANT, VERITE

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

PARTICIPANT. A LIST OF EACH PARTICIPANT ORGANIZATION IS IDENTIFIED IN

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# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

GROUP A-FACILITY 9 -- 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 9 -- CLEVELAND CLINIC AVON HOSPITAL

PART V, SECTION B, LINE 6B: CLEVELAND CLINIC AVON, AS PART OF THE

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 -- CLEVELAND CLINIC AVON HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED VY CLEVELAND CLINIC

AVON HOSPITAL 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) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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GROUP A-FACILITY 9 -- 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 9 -- 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, INCLUDING CLEVELAND CLINIC AVON

HOSPITAL. 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 -- CLEVELAND CLINIC AVON HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC, INCLUDING CLEVELAND CLINIC AVON HOSPITAL

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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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 -- CLEVELAND CLINIC AVON HOSPITAL

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

CLEVELAND CLINIC AVON HOSPITAL NOTIFIES INDIVIDUALS OF THE AVAILABILITY OF

FINANCIAL ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT APPOINTMENT

REMINDERS, IN THEIR DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE IF THEY CALL

CUSTOMER SERVICE, AND ON WEB PAGES INCLUDING THE ONLINE BILL PAY PORTAL.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

KEY INFORMANT INTERVIEWS WHICH TOOK PLACE AUGUST 2018 THROUGH DECEMBER

2018.

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

AS PERSONS OR ORGANIZATIONS THAT REPRESENTED THE BROAD INTERESTS OF EACH

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

SELECTED BASED ON THEIR INVOLVEMENT WITH THE COMMUNITY AND THEIR

PARTICIPATION IN OVERALL COMMUNITY HEALTH. THE KEY INFORMANTS INCLUDED

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

PUBLIC HEALTH DEPARTMENTS; AGENCIES WITH CURRENT DATA OR INFORMATION ABOUT

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

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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: AKRON GENERAL MEDICAL CENTER, AS PART OF THE

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 2 -- AKRON GENERAL MEDICAL CENTER

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY AKRON GENERAL

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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MEDICAL CENTER 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, INCLUDING AKRON GENERAL MEDICAL

CENTER. UNINSURED PATIENTS THAT CCHS DETERMINES THROUGH THIRD PARTY

VERIFICATION SOURCES TO HAVE ANNUAL FAMILY INCOME UNDER 400% OF THE

FEDERAL POVERTY GUIDELINES WILL BE DEEMED ELIGIBLE AND NOTIFIED AS SUCH IN

WRITING. IF THE PATIENT BELIEVES THEY QUALIFY FOR ADDITIONAL ASSISTANCE,

THEY MAY SUBMIT A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP A-FACILITY 2 -- AKRON GENERAL MEDICAL CENTER

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC, INCLUDING AKRON GENERAL MEDICAL CENTER, CONTINUOUSLY

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Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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, AKRON

GENERAL MEDICAL CENTER 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

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 20: CLEVELAND CLINIC REHABILITATION-AVON

- FACILITY 24: SELECT SPECIALTY - REGENCY WEST

- FACILITY 23: SELECT SPECIALTY - REGENCY EAST

- FACILITY 22: SELECT SPECIALTY - FAIRHILL

- FACILITY 25: SELECT SPECIALTY - GATEWAY

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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 21: CLEVELAND CLINIC REHAB - EDWIN SHAW

- FACILITY 19: CLEVELAND CLINIC REHAB - BEACHWOOD

GROUP B-FACILITY 20 -- CLEVELAND CLINIC REHABILITATION- AVON

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

KEY INFORMANT INTERVIEWS CONDUCTED BETWEEN JUNE AND OCTOBER 2017.

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 20 -- CLEVELAND CLINIC REHABILITATION- AVON

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

COLLABORATED WITH THE CLEVELAND CLINIC HEALTH SYSTEM AND WITH THE

FOLLOWING SELECT MEDICAL HOSPITALS: 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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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.

CLEVELAND WEST.

GROUP B-FACILITY 20 -- CLEVELAND CLINIC REHABILITATION- AVON

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY CLEVELAND CLINIC

REHABILITATION - AVON WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

CLEVELAND CLINIC REHABILITATION - AVON CANNOT DIRECTLY ADDRESS THOSE

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

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

NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO

ADDRESS. ALTHOUGH CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS

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

THEIR EFFORTS TO HELP WITH THESE NEEDS.

CLEVELAND CLINIC REHABILITATION - AVON CANNOT ADDRESS THE FOLLOWING

COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT:

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

CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED

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

DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT

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

THESE NEEDS. CLEVELAND CLINIC REHABILITATION - AVON SERVICES POPULATIONS

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

ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 20 -- CLEVELAND CLINIC REHABILITATION- AVON



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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 20D: PATIENTS CAN APPLY FOR FINANCIAL ASSISTANCE

THROUGHOUT ANY POINT IN THE CARE PROCESS.

GROUP B-FACILITY 24 -- 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.

GROUP B-FACILITY 24 -- 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.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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 24 -- SELECT SPECIALTY - REGENCY WEST

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY SELECT SPECIALTY -

REGENCY WEST WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC

DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE

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

HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

SELECT SPECIALTY - REGENCY WEST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY

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

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

ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

ALTHOUGH SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THESE NEEDS

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

TO HELP WITH THESE NEEDS.

SELECT SPECIALTY - REGENCY WEST CANNOT ADDRESS THE FOLLOWING COMMUNITY

NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC

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

POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL

SERVICES). ALTHOUGH SELECT SPECIALTY - REGENCY WEST IS NOT DIRECTLY

INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES

SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH

THESE NEEDS. SELECT SPECIALTY - REGENCY WEST SERVICES POPULATIONS ACROSS

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

HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 24 -- SELECT SPECIALTY - REGENCY WEST

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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.

THROUGHOUT ANY POINT IN THE CARE PROCESS.

GROUP B-FACILITY 23 -- 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.

GROUP B-FACILITY 23 -- 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.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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 23 -- SELECT SPECIALTY - REGENCY EAST

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY SELECT SPECIALTY -

REGENCY EAST 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 EAST CANNOT DIRECTLY ADDRESS THOSE COMMUNITY

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

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

ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

ALTHOUGH SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THESE NEEDS

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

TO HELP WITH THESE NEEDS.

SELECT SPECIALTY - REGENCY EAST CANNOT ADDRESS THE FOLLOWING COMMUNITY

NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC

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

POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL

SERVICES). ALTHOUGH SELECT SPECIALTY - REGENCY EAST IS NOT DIRECTLY

INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES

SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH

THESE NEEDS. SELECT SPECIALTY - REGENCY EAST SERVICES POPULATIONS ACROSS

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

HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 23 -- SELECT SPECIALTY - REGENCY EAST

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

THROUGHOUT ANY POINT IN THE CARE PROCESS.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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 - 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.

GROUP B-FACILITY 22 -- 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 22 -- SELECT SPECIALTY - FAIRHILL

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

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PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY SELECT SPECIALTY -

FAIRHILL WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC

DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE

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

HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

SELECT SPECIALTY - FAIRHILL CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS

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

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

ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

ALTHOUGH SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THESE NEEDS DIRECTLY,

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

WITH THESE NEEDS.

SELECT SPECIALTY - FAIRHILL CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED

IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC

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

POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL

SERVICES). ALTHOUGH SELECT SPECIALTY - FAIRHILL IS NOT DIRECTLY INVOLVED

WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT

GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS.

SELECT SPECIALTY - FAIRHILL SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND

THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO

SUPPORT PATIENT CARE.

GROUP B-FACILITY 22 -- SELECT SPECIALTY - FAIRHILL

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

THROUGHOUT ANY POINT IN THE CARE PROCESS.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
---------------	--

**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 25 -- 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.

GROUP B-FACILITY 25 -- 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 25 -- SELECT SPECIALTY - GATEWAY

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY SELECT SPECIALTY -

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

GATEWAY WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH CARE, CHRONIC

DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC CONCERNS. HOW THE

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

HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

SELECT SPECIALTY - GATEWAY CANNOT DIRECTLY ADDRESS THOSE COMMUNITY NEEDS

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

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

ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO ADDRESS.

ALTHOUGH SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THESE NEEDS DIRECTLY,

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

WITH THESE NEEDS.

SELECT SPECIALTY - GATEWAY CANNOT ADDRESS THE FOLLOWING COMMUNITY NEED

IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIOECONOMIC

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

POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED SOCIAL

SERVICES). ALTHOUGH SELECT SPECIALTY - GATEWAY IS NOT DIRECTLY INVOLVED

WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS, IT DOES SUPPORT

GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS.

SELECT SPECIALTY - GATEWAY SERVICES POPULATIONS ACROSS NORTHEAST OHIO AND

THUS HAS A WIDE-REACHING ECONOMIC IMPACT THROUGH ITS HIRING PRACTICES TO

SUPPORT PATIENT CARE.

GROUP B-FACILITY 25 -- 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 21 -- CLEVELAND CLINIC REHAB - EDWIN SHAW



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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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.

GROUP B-FACILITY 21 -- 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 21 -- CLEVELAND CLINIC REHAB - EDWIN SHAW

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY CLEVELAND CLINIC

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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.

REHABILITATION - EDWIN SHAW WERE THE FOLLOWING: ACCESS TO AFFORDABLE

HEALTH CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT DIRECTLY ADDRESS THOSE

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

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

NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE EXPERTISE AND RESOURCES TO

ADDRESS. ALTHOUGH CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT

ADDRESS THESE NEEDS DIRECTLY, IT DOES SUPPORT GOVERNMENTAL AND OTHER

AGENCIES IN THEIR EFFORTS TO HELP WITH THESE NEEDS.

CLEVELAND CLINIC REHABILITATION - EDWIN SHAW CANNOT ADDRESS THE FOLLOWING

COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT:

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

CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED

SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION - EDWIN SHAW IS

NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS,

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

WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION -EDWIN SHAW SERVICES

POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC

IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 21 -- 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 19 -- CLEVELAND CLINIC REHAB - BEACHWOOD

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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.

GROUP B-FACILITY 19 -- 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 19 -- CLEVELAND CLINIC REHAB - BEACHWOOD

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED BY CLEVELAND CLINIC

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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REHABILITATION - BEACHWOOD WERE THE FOLLOWING: ACCESS TO AFFORDABLE HEALTH

CARE, CHRONIC DISEASE PREVENTION AND MANAGEMENT, AND SOCIOECONOMIC

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

IN THE RELEVANT HOSPITAL FACILITY'S IMPLEMENTATION STRATEGY REPORT.

CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT DIRECTLY ADDRESS THOSE

COMMUNITY NEEDS THAT DO NOT RELATE DIRECTLY TO THE REHABILITATION

HOSPITAL'S MISSION TO DELIVER HEALTH CARE. THESE ARE NEEDS THAT OTHER

GOVERNMENTAL AND/OR NONPROFIT ORGANIZATIONS HAVE MORE APPROPRIATE

EXPERTISE AND RESOURCES TO ADDRESS. ALTHOUGH CLEVELAND CLINIC

REHABILITATION - BEACHWOOD CANNOT ADDRESS THESE NEEDS DIRECTLY, IT DOES

SUPPORT GOVERNMENTAL AND OTHER AGENCIES IN THEIR EFFORTS TO HELP WITH

THESE NEEDS.

CLEVELAND CLINIC REHABILITATION - BEACHWOOD CANNOT ADDRESS THE FOLLOWING

COMMUNITY NEED IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT:

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

CRIME, AIR POLLUTION, INADEQUATE TRANSPORTATION AND UNDERSUPPLY OF NEEDED

SOCIAL SERVICES). ALTHOUGH CLEVELAND CLINIC REHABILITATION -BEACHWOOD IS

NOT DIRECTLY INVOLVED WITH ECONOMIC DEVELOPMENT OR COMMUNITY CONDITIONS,

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

WITH THESE NEEDS. CLEVELAND CLINIC REHABILITATION - BEACHWOOD SERVICES

POPULATIONS ACROSS NORTHEAST OHIO AND THUS HAS A WIDE-REACHING ECONOMIC

IMPACT THROUGH ITS HIRING PRACTICES TO SUPPORT PATIENT CARE.

GROUP B-FACILITY 19 -- CLEVELAND CLINIC REHAB - BEACHWOOD

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

THROUGHOUT ANY POINT IN THE CARE PROCESS.

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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

FACILITY REPORTING GROUP C CONSISTS OF:

- FACILITY 6: CLEVELAND CLINIC MARTIN NORTH HOSPITAL

- FACILITY 10: CLEVELAND CLINIC TRADITION HOSPITAL

- FACILITY 18: CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

GROUP C-FACILITY 6 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 2: ON JANUARY 1, 2019, THE CLEVELAND CLINIC

FOUNDATION BECAME THE SOLE MEMBER OF MARTIN HEALTH SYSTEM THROUGH A

NON-CASH BUSINESS COMBINATION TRANSACTION. MARTIN HEALTH SYSTEM OPERATES

THREE HOSPITALS, INCLUDING CLEVELAND CLINIC MARTIN NORTH HOSPITAL.

GROUP C-FACILITY 6 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 5: PRIMARY DATA SOURCES UTILIZED FOR THE CHNA ARE

LISTED IN APPENDIX C OF THE CHNA. INFORMATION WAS GATHERED BY CONDUCTING

INTERVIEWS WITH INDIVIDUALS REPRESENTING COMMUNITY HEALTH AND PUBLIC

SERVICE ORGANIZATIONS, MEDICAL PROFESSIONALS, HOSPITAL ADMINISTRATION, AND

OTHER HOSPITAL STAFF MEMBERS. INPUT FROM THE COMMUNITY WAS RECEIVED

THROUGH TWENTY FIVE COMMUNITY LEADER INTERVIEWS WHICH TOOK PLACE JANUARY

6, 2020 THROUGH JANUARY 29, 2020. THESE INDIVIDUALS WERE IDENTIFIED AS

PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY. INTERVIEWERS

FOLLOWED THE SAME PROCESS FOR EACH INTERVIEW. THE COMPLETE LIST OF

INTERVIEW QUESTIONS AND RESPONSES CAN BE FOUND IN APPENDIX D OF THE CHNA.

FOLLOWING THE COMPLETION OF THE COMMUNITY LEADER INTERVIEWS, THE HOSPITAL

SOUGHT ADDITIONAL INPUT FROM PUBLIC HEALTH EXPERTS REGARDING COVID 19 AND

SYSTEMIC RACISM ISSUES. THREE ADDITIONAL PHONE INTERVIEWS WERE CONDUCTED

WITH PREVIOUSLY INTERVIEWED PUBLIC HEALTH EXPERTS FROM JULY 20, 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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THROUGH JULY 28, 2020. INTERVIEWERS FOLLOWED THE SAME PROCESS FOR EACH

INTERVIEW. THE COMPLETE LIST OF INTERVIEW QUESTIONS AND RESPONSES CAN BE

FOUND IN APPENDIX E OF THE CHNA.

GROUP C-FACILITY 6 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC MARTIN NORTH HOSPITAL

COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS,

INCLUDING: CLEVELAND CLINIC TRADITION HOSPITAL AND CLEVELAND CLINIC

MARTIN SOUTH HOSPITAL.

GROUP C-FACILITY 6 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED IN THE CHNA WERE THE

FOLLOWING: COVID-19; ACCESS TO CARE; HEALTH EQUITY & SOCIAL DETERMINANTS

OF HEALTH; CHRONIC DISEASE PREVENTION & MANAGEMENT; BEHAVIORAL HEALTH;

MATERNAL& CHILD HEALTH; AND MEDICAL RESEARCH & HEALTH PROFESSIONS

EDUCATION. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL

ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT FACILITY'S

IMPLEMENTATION STRATEGY REPORT.

GROUP C-FACILITY 6 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

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

CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS

QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR

ANNUAL FAMILY INCOME

GROUP C-FACILITY 6 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION BY CCHS, INCLUDING CLEVELAND CLINIC

MARTIN NORTH HOSPITAL. 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 SUBMITTED A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP C-FACILITY 6 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC, INCLUDING CLEVELAND CLINIC MARTIN NORTH HOSPITAL,

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 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 C-FACILITY 6 -- CLEVELAND CLINIC MARTIN NORTH HOSPITAL

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

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CLEVELAND CLINIC MARTIN NORTH HOSPITAL 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 C-FACILITY 10 -- CLEVELAND CLINIC TRADITION HOSPITAL

PART V, SECTION B, LINE 2: ON JANUARY 1, 2019, THE CLEVELAND CLINIC

FOUNDATION BECAME THE SOLE MEMBER OF MARTIN HEALTH SYSTEM THROUGH A

NON-CASH BUSINESS COMBINATION TRANSACTION. MARTIN HEALTH SYSTEM OPERATES

THREE HOSPITALS, INCLUDING CLEVELAND CLINIC TRADITION HOSPITAL.

GROUP C-FACILITY 10 -- CLEVELAND CLINIC TRADITION HOSPITAL

PART V, SECTION B, LINE 5: PRIMARY DATA SOURCES UTILIZED FOR THE CHNA ARE

LISTED IN APPENDIX C OF THE CHNA. INFORMATION WAS GATHERED BY CONDUCTING

INTERVIEWS WITH INDIVIDUALS REPRESENTING COMMUNITY HEALTH AND PUBLIC

SERVICE ORGANIZATIONS, MEDICAL PROFESSIONALS, HOSPITAL ADMINISTRATION, AND

OTHER HOSPITAL STAFF MEMBERS. INPUT FROM THE COMMUNITY WAS RECEIVED

THROUGH TWENTY FIVE COMMUNITY LEADER INTERVIEWS WHICH TOOK PLACE JANUARY

6, 2020 THROUGH JANUARY 29, 2020. THESE INDIVIDUALS WERE IDENTIFIED AS

PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY. INTERVIEWERS

FOLLOWED THE SAME PROCESS FOR EACH INTERVIEW. THE COMPLETE LIST OF

INTERVIEW QUESTIONS AND RESPONSES CAN BE FOUND IN APPENDIX D OF THE CHNA.

FOLLOWING THE COMPLETION OF THE COMMUNITY LEADER INTERVIEWS, THE HOSPITAL

SOUGHT ADDITIONAL INPUT FROM PUBLIC HEALTH EXPERTS REGARDING COVID 19 AND

SYSTEMIC RACISM ISSUES. THREE ADDITIONAL PHONE INTERVIEWS WERE CONDUCTED

WITH PREVIOUSLY INTERVIEWED PUBLIC HEALTH EXPERTS FROM JULY 20, 2020



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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

<b>Part V</b>	<b>Facility Information</b> <i>(continued)</i>
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THROUGH JULY 28, 2020. INTERVIEWERS FOLLOWED THE SAME PROCESS FOR EACH

INTERVIEW. THE COMPLETE LIST OF INTERVIEW QUESTIONS AND RESPONSES CAN BE

FOUND IN APPENDIX E OF THE CHNA.

GROUP C-FACILITY 10 -- CLEVELAND CLINIC TRADITION HOSPITAL

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

COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS,

INCLUDING: CLEVELAND CLINIC MARTIN NORTH HOSPITAL AND CLEVELAND CLINIC

MARTIN SOUTH HOSPITAL.

GROUP C-FACILITY 10 -- CLEVELAND CLINIC TRADITION HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED IN THE CHNA WERE THE

FOLLOWING: COVID-19; ACCESS TO CARE; HEALTH EQUITY & SOCIAL DETERMINANTS

OF HEALTH; CHRONIC DISEASE PREVENTION & MANAGEMENT; BEHAVIORAL HEALTH;

MATERNAL& CHILD HEALTH; AND MEDICAL RESEARCH & HEALTH PROFESSIONS

EDUCATION. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL

ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT FACILITY'S

IMPLEMENTATION STRATEGY REPORT.

GROUP C-FACILITY 10 -- CLEVELAND CLINIC TRADITION HOSPITAL

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

CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS

QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR

ANNUAL FAMILY INCOME

GROUP C-FACILITY 10 -- CLEVELAND CLINIC TRADITION HOSPITAL

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page 8

## Part V Facility Information *(continued)*

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION BY CCHS, INCLUDING CLEVELAND CLINIC

TRADITION HOSPITAL. 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 SUBMITTED A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP C-FACILITY 10 -- CLEVELAND CLINIC TRADITION HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC, INCLUDING CLEVELAND CLINIC TRADITION HOSPITAL,

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 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 C-FACILITY 10 -- CLEVELAND CLINIC TRADITION HOSPITAL

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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.

CLEVELAND CLINIC TRADITION HOSPITAL 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 C-FACILITY 18 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

PART V, SECTION B, LINE 2: ON JANUARY 1, 2019, THE CLEVELAND CLINIC

FOUNDATION BECAME THE SOLE MEMBER OF MARTIN HEALTH SYSTEM THROUGH A

NON-CASH BUSINESS COMBINATION TRANSACTION. MARTIN HEALTH SYSTEM OPERATES

THREE HOSPITALS, INCLUDING CLEVELAND CLINIC MARTIN SOUTH HOSPITAL.

GROUP C-FACILITY 18 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

PART V, SECTION B, LINE 5: PRIMARY DATA SOURCES UTILIZED FOR THE CHNA ARE

LISTED IN APPENDIX C OF THE CHNA. INFORMATION WAS GATHERED BY CONDUCTING

INTERVIEWS WITH INDIVIDUALS REPRESENTING COMMUNITY HEALTH AND PUBLIC

SERVICE ORGANIZATIONS, MEDICAL PROFESSIONALS, HOSPITAL ADMINISTRATION, AND

OTHER HOSPITAL STAFF MEMBERS. INPUT FROM THE COMMUNITY WAS RECEIVED

THROUGH TWENTY FIVE COMMUNITY LEADER INTERVIEWS WHICH TOOK PLACE JANUARY

6, 2020 THROUGH JANUARY 29, 2020. THESE INDIVIDUALS WERE IDENTIFIED AS

PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY. INTERVIEWERS

FOLLOWED THE SAME PROCESS FOR EACH INTERVIEW. THE COMPLETE LIST OF

INTERVIEW QUESTIONS AND RESPONSES CAN BE FOUND IN APPENDIX D OF THE CHNA.

FOLLOWING THE COMPLETION OF THE COMMUNITY LEADER INTERVIEWS, THE HOSPITAL

SOUGHT ADDITIONAL INPUT FROM PUBLIC HEALTH EXPERTS REGARDING COVID 19 AND

SYSTEMIC RACISM ISSUES. THREE ADDITIONAL PHONE INTERVIEWS WERE CONDUCTED

WITH PREVIOUSLY INTERVIEWED PUBLIC HEALTH EXPERTS FROM JULY 20, 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page **8**

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

THROUGH JULY 28, 2020. INTERVIEWERS FOLLOWED THE SAME PROCESS FOR EACH

INTERVIEW. THE COMPLETE LIST OF INTERVIEW QUESTIONS AND RESPONSES CAN BE

FOUND IN APPENDIX E OF THE CHNA.

GROUP C-FACILITY 18 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

PART V, SECTION B, LINE 6A: CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

COLLABORATED WITH OTHER CLEVELAND CLINIC HEALTH SYSTEM HOSPITALS,

INCLUDING: CLEVELAND CLINIC MARTIN NORTH HOSPITAL AND CLEVELAND CLINIC

TRADITION HOSPITAL.

GROUP C-FACILITY 18 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

PART V, SECTION B, LINE 11: THE KEY NEEDS IDENTIFIED IN THE CHNA WERE THE

FOLLOWING: COVID-19; ACCESS TO CARE; HEALTH EQUITY & SOCIAL DETERMINANTS

OF HEALTH; CHRONIC DISEASE PREVENTION & MANAGEMENT; BEHAVIORAL HEALTH;

MATERNAL& CHILD HEALTH; AND MEDICAL RESEARCH & HEALTH PROFESSIONS

EDUCATION. ALL KEY NEEDS IDENTIFIED ARE ADDRESSED. HOW THE FACILITY WILL

ADDRESS EACH NEED IS DESCRIBED IN DETAIL IN THE RELEVANT FACILITY'S

IMPLEMENTATION STRATEGY REPORT.

GROUP C-FACILITY 18 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

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

CRITERIA FOR ASSISTANCE BASED ON FEDERAL POVERTY LEVEL MAY NONETHELESS

QUALIFY FOR ASSISTANCE IF THEIR MEDICAL EXPENSES EXCEED 15% OF THEIR

ANNUAL FAMILY INCOME

GROUP C-FACILITY 18 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

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

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

GROUP RETURN

91-2153073

Page 8

## Part V Facility Information *(continued)*

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

FINANCIAL ASSISTANCE APPLICATION, PATIENTS MAY BE EVALUATED UPON

SCHEDULING OR PRIOR TO ADMISSION BY CCHS, INCLUDING CLEVELAND CLINIC

MARTIN SOUTH HOSPITAL. 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 SUBMITTED A COMPLETED APPLICATION FOR CONSIDERATION.

GROUP C-FACILITY 18 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

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

IS AVAILABLE IS AN IMPORTANT ELEMENT OF OUR FINANCIAL ASSISTANCE PROGRAM

AND CLEVELAND CLINIC, INCLUDING CLEVELAND CLINIC MARTIN SOUTH HOSPITAL,

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 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 C-FACILITY 18 -- CLEVELAND CLINIC MARTIN SOUTH HOSPITAL

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

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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.

CLEVELAND CLINIC MARTIN SOUTH HOSPITAL NOTIFIES INDIVIDUALS OF THE

AVAILABILITY OF FINANCIAL ASSISTANCE IN COMMUNICATIONS WITH PATIENTS ABOUT

APPOINTMENT REMINDERS, IN THEIR DISCHARGE SUMMARY, IN THE ON HOLD MESSAGE

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

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 STRONGSVILLE FAMILY HEALTH & SURGERY 16761 SOUTH PARK CENTER STRONGSVILLE, OH 44136	FAMILY HEALTH CENTER
5 RICHARD E. JACOBS HEALTH CENTER 33100 CLEVELAND CLINIC BOULEVARD AVON, OH 44011	FAMILY HEALTH CENTER
6 BEACHWOOD FAMILY HEALTH & SURGERY CE 26900 CEDAR ROAD BEACHWOOD, OH 44122	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 MARTIN HEALTH AT ST. LUCIE WEST 1095 NW ST LUCIE WEST BOULEVARD PORT ST LUCIE, FL 34986	FAMILY HEALTH CENTER
10 LORAIN FAMILY HEALTH & SURGERY CENTE 5700 COOPER FOSTER PARK ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
11 WILLOUGHBY HILLS FAMILY HEALTH CENTE 2550 & 2570 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	FAMILY HEALTH CENTER
12 AKRON GENERAL HEALTH & WELLNESS CENT 4125 MEDINA ROAD AKRON, OH 44333	FAMILY HEALTH CENTER
13 CLEVELAND CLINIC CANCER CENTERS 417 QUARRY LAKES DRIVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
14 WOOSTER FAMILY HEALTH CENTER 1740 CLEVELAND ROAD WOOSTER, OH 44691	FAMILY HEALTH CENTER
15 AKRON GENERAL HEALTH & WELLNESS CENT 1940 TOWN PARK BLVD UNIONTOWN, OH 44685	FAMILY HEALTH CENTER
16 AKRON GENERAL HEALTH & WELLNESS CENT 4300 ALLEN ROAD STOW, OH 44224	FAMILY HEALTH CENTER
17 BRUNSWICK FAMILY HEALTH CENTER 3574 CENTER ROAD BRUNSWICK, OH 44212	FAMILY HEALTH CENTER
18 HILLCREST MEDICAL OFFICE I & II 6803 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124	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) 2020



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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
21 SOLON FAMILY HEALTH CENTER 29800 BAINBRIDGE ROAD SOLON, OH 44139	FAMILY HEALTH CENTER
22 TOMSICH HEALTH AND MEDICAL CENTER OF 525 OKEECHOBEE BOULEVARD, CITY PLACE WEST PALM BEACH, FL 33401	FAMILY HEALTH CENTER
23 WESTLAKE MEDICAL CAMPUS A 850 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC & DIAGNOSTIC CTR
24 ELYRIA FAMILY HEALTH & SURGERY CENTE 303 CHESTNUT COMMONS DRIVE ELYRIA, OH 44035	FAMILY HEALTH CENTER
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 NORTH OHIO GASTROENTEROLOGY 30701 CLEMENS ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
28 VERO RADIOLOGY ASSOCIATES 3725 11TH CIRCLE VERO BEACH, FL 32960	DIAGNOSTIC CENTER
29 SKILLED NURSING SOUTH 6011 SE TOWER ROAD STUART, FL 34997	HOME CARE SERVICES
30 CHAGRIN FALLS FAMILY HEALTH CENTER 551 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022	FAMILY HEALTH CENTER

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
31 SHEFFIELD FAMILY HEALTH CENTER 5334 MEADOW LANE CT SHEFFIELD VILLAGE, OH 44035	FAMILY HEALTH CENTER
32 LANDERBROOK OFFICE AND ENDOSCOPY CEN 5900 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	OUTPATIENT PHYSICIAN CLINIC
33 AVON POINTE FAMILY HEALTH CENTER 36901 AMERICAN WAY AVON, OH 44011	FAMILY HEALTH CENTER
34 SUMMIT GASTROENTEROLOGY ASSOCIATES 3939 S CLEVELAND MASSILLON ROAD BARBERTON, OH 44203	OUTPATIENT PHYSICIAN CLINIC
35 CCF CONSULTANTS IN GASTROENTEROLOGY 7530 FREDLE DRIVE CONCORD, OH 44077	OUTPATIENT PHYSICIAN CLINIC
36 AKRON GENERAL PHYSICIAN OFFICE 224 W EXCHANGE STREET AKRON, OH 44307	OUTPATIENT PHYSICIAN CLINIC
37 CLEVELAND CLINIC LOU RUVO CENTER FOR 888 WEST BONNEVILLE AVENUE LAS VEGAS, NV 89106	OUTPATIENT PHYSICIAN CLINIC
38 STEPHANIE TUBBS JONES HEALTH CENTER 13944 EUCLID AVENUE EAST CLEVELAND, OH 44112	FAMILY HEALTH CENTER
39 CLEVELAND CLINIC SUMMIT OPHTHALMOLOG 1 PARK WEST BOULEVARD, STE 150 AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC
40 AKRON GENERAL TALLMADGE HEALTH CENTE 33 NORTH AVENUE TALLMADGE, OH 44278	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
41 AMHERST FAMILY HEALTH CENTER 5172 LEAVITT ROAD LORAIN, OH 44053	FAMILY HEALTH CENTER
42 AVON LAKE FAMILY HEALTH CENTER 450 AVON BELDEN ROAD AVON LAKE, OH 44012	FAMILY HEALTH CENTER
43 CLEVELAND CLINIC ADMINISTRATIVE CAMP 3275 SCIENCE PARK DRIVE, BLDG 5 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
44 MENTOR MEDICAL OFFICE 7060 WAYSIDE DRIVE MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
45 PALM BEACH GARDENS 4520 DONALD ROSS ROAD STE 200 PALM BEACH GARDENS, FL 33418	OUTPATIENT PHYSICIAN CLINIC
46 MIDDLEBURG HEIGHTS ORTHOPAEDICS 7010 ENGLE ROAD STE 105 MIDDLEBURG HEIGHTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
47 COMMUNITY PEDIATRICS 8254 MAYFIELD ROAD CHESTERLAND, OH 44026	OUTPATIENT PHYSICIAN CLINIC
48 MENTOR REHABILITATION AND SPORTS THE 7533 CENTER STREET MENTOR, OH 44060	OUTPATIENT PHYSICIAN CLINIC
49 UNION HOSPITAL TUSCARAWAS AMBULATORY 320 OXFORD STREET DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
50 MADISON MEDICAL OFFICE 2999 MCMACKIN ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
51 SOUTHSIDE MEDICAL BUILDING 5595 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
52 OHIO RENAL CARE, CLEVELAND EAST 2429 MARTIN LUTHER KING JR. DR CLEVELAND, OH 44104	DIALYSIS CENTER
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 CLEVELAND CLINIC FLORIDA WELLINGTON 2789 S STATE RD 7, STE 100/200 WELLINGTON, FL 33414	OUTPATIENT PHYSICIAN CLINIC
56 FAIRLAWN UROLOGY 2651 W MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
57 OHIO RENAL CARE GROUP, WEST 14670 SNOW ROAD BROOKPARK, OH 44142	DIALYSIS CENTER
58 CLEVELAND CLINIC COLE EYE OF STREETS 9424 STATE ROUTE 14 STREETSBORO, OH 44241	OUTPATIENT PHYSICIAN CLINIC
59 ASHLAND OPHTHALMOLOGY/SUGARBUSH EYE 21 SUGARBUSH COURT ASHLAND, OH 44805	OUTPATIENT PHYSICIAN CLINIC
60 UNION HOSPITAL FIRSTCARE URGENT CARE 110 DUBLIN DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
61 OHIO RENAL CARE GROUP, WESTLAKE 26024 DETROIT AVENUE WESTLAKE, OH 44145	DIALYSIS CENTER
62 EAST OHIO ORTHOPAEDICS 515 UNION AVENUE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
63 GEMINI RECREATION CENTER 21225 LORAIN ROAD FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
64 MARYMOUNT REHABILITATION AND SPORTS 2525 EAST ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	OUTPATIENT PHYSICIAN CLINIC
65 NEW FAMILY PHYSICIANS, LYNDHURST 5187 MAYFIELD ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
66 MAYFIELD VILLAGE PEDIATRICS 6559 WILSON MILLS RD, STE101-D MAYFIELD VILLAGE, OH 44143	OUTPATIENT PHYSICIAN CLINIC
67 TWINSBURG MEDICAL OFFICE 2365 EDISON BOULEVARD TWINSBURG, OH 44087	OUTPATIENT PHYSICIAN CLINIC
68 SOUTH RUSSELL FAMILY PRACTICE 5192 CHILLICOTHE ROAD SOUTH RUSSELL, OH 44022	OUTPATIENT PHYSICIAN CLINIC
69 SOUTH POINTE HOSPITAL MEDICAL OFFICE 20050 HARVARD ROAD WARRENSVILLE HEIGHTS, OH 44122	OUTPATIENT PHYSICIAN CLINIC
70 SUMMIT OPHTHALMOLOGY 1587 BOETTLER ROAD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
71 UNION MEDICAL OFFICE 3 400 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
72 BROOKPARK COMPREHENSIVE FAMILY CARE 14401 SNOW ROAD BROOKPARK, OH 44142	OUTPATIENT PHYSICIAN CLINIC
73 OHIO RENAL CARE GROUP, HERITAGE 1160 E BROAD ST ELYRIA, OH 44035	DIALYSIS CENTER
74 BRUNSWICK EMERGENCY CARE 3724 CENTER ROAD BRUNSWICK, OH 44212	OUTPATIENT PHYSICIAN CLINIC
75 BAINBRIDGE URGENT CARE 17747 CHILLICOTHE ROAD, STE 100 BAINBRIDGE, OH 44023	OUTPATIENT PHYSICIAN CLINIC
76 OHIO RENAL CARE GROUP, GARFIELD HEIG 9729 GRANGER RD GARFIELD HTS, OH 44125	DIALYSIS CENTER
77 COMMUNITY PEDIATRICS 2001 CROCKER ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
78 EUCLID MEDICAL OFFICE 99 NORTHLINE CIRCLE EUCLID, OH 44119	OUTPATIENT PHYSICIAN CLINIC
79 OHIO RENAL CARE GROUP, LTAC ACUTE/WH 690 WHITE POND DR AKRON, OH 44320	DIALYSIS CENTER
80 WADSWORTH PRIMARY CARE ONE PARK CENTER DRIVE WADSWORTH, OH 44281	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
81 NEW FAMILY PHYSICIANS, WILLOUGHBY HI 34500 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
82 RIDGE PARK OBSTETRICS AND GYNECOLOGY 7575 NORTHCLIFF AVENUE, #302 BROOKLYN, OH 44144	OUTPATIENT PHYSICIAN CLINIC
83 WILLOUGHBY HILLS BEHAVIORAL HEALTH 2785 SOM CENTER ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
84 NORTH RIDGEVILLE MEDICAL OFFICE 35105 CENTER RIDGE ROAD NORTH RIDGEVILLE, OH 44039	OUTPATIENT PHYSICIAN CLINIC
85 MARTIN HEALTH AT HOBE SOUND 11600 SE FEDERAL HIGHWAY HOBE SOUND, FL 33455	OUTPATIENT PHYSICIAN CLINIC
86 BRECKSVILLE EXPRESS CARE 8805 BRECKSVILLE ROAD BRECKSVILLE, OH 44141	OUTPATIENT PHYSICIAN CLINIC
87 OHIO RENAL CARE GROUP, EUCLID 26450 EUCLID AVENUE EUCLID, OH 44132	DIALYSIS CENTER
88 OHIO RENAL CARE GROUP, FARNSWORTH 3280 W 25TH ST CLEVELAND, OH 44109	DIALYSIS CENTER
89 CLEVELAND CLINIC CHILDREN'S CENTER F 21016 HILLIARD BOULEVARD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
90 UNION PHYSICIAN SERVICES CENTRAL 205 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
91 WESTLAKE PHYSICIANS CENTER 805 COLUMBIA ROAD WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
92 OHIO RENAL CARE GROUP, AMHERST 100 COPPER FOSTER PARK RD AMHERST, OH 44001	DIALYSIS CENTER
93 CHARDON REHABILITATION AND SPORTS TH 325 CENTER STREET CHARDON, OH 44024	OUTPATIENT PHYSICIAN CLINIC
94 OHIO RENAL CARE, NORTH RANDALL 5035 RICHMOND ROAD BEDFORD HEIGHTS, OH 44146	DIALYSIS CENTER
95 AKRON GENERAL EXPRESS CARE CLINIC 4494 STATE ROUTE 43 KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
96 OHIO RENAL CARE GROUP, SOLON 6020 ENTERPRISE PARKWAY SOLON, OH 44139	DIALYSIS CENTER
97 CLEVELAND CLINIC DIABETES AND ENDOCR 3733 PARK EAST DRIVE, STE 105 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
98 MACEDONIA EXPRESS AND OUTPATIENT CAR 8210 MACEDONIA COMMONS BOULEVARD MACEDONIA, OH 44056	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) 2020



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
101 OHIO RENAL CARE GROUP, OHIO ACUTES 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	DIALYSIS CENTER
102 OHIO RENAL CARE GROUP, ELYRIA 5316 HOAG DR SHEFFILED, OH 44035	DIALYSIS CENTER
103 CLEVELAND CLINIC LYNDHURST CAMPUS 1950 RICHMOND ROAD LYNDHURST, OH 44124	OUTPATIENT PHYSICIAN CLINIC
104 NEWCOMERSTOWN UNION PHYSICIAN SERVIC 60881 COUNTY ROAD 9 #1 NEWCOMERSTOWN, OH 43832	OUTPATIENT PHYSICIAN CLINIC
105 CLEVELAND CLINIC URGENT CARE, ROCKY 19895 DETROIT ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
106 AKRON GENERAL REHABILITATION AND SPO 585 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT REHABILITATION
107 SEVERANCE MEDICAL ARTS 5 SEVERANCE CIRCLE CLEVELAND HEIGHTS, OH 44118	OUTPATIENT PHYSICIAN CLINIC
108 OHIO RENAL CARE GROUP, WADSWORTH 1160 WILLIAMS RESERVE BLVD WADSWORTH, OH 44281	DIALYSIS CENTER
109 DOWNTOWN EXPRESS CARE 315 EUCLID AVENUE, STE 2 CLEVELAND, OH 44114	OUTPATIENT PHYSICIAN CLINIC
110 MOHICAN EYE CENTER 484 PARK AVENUE WEST MANSFIELD, OH 44906	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
111 STARK MEDICAL SPECIALTIES, DOVER 821 ANOLA AVENUE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
112 OHIO RENAL CARE GROUP, SOUTHPOINT DI 4200 WARRENSVILLE CENTER RD, STE 100 WARRENSVILLE HTS, OH 44122	DIALYSIS CENTER
113 MEDICAL OFFICE PAVILION 1946 TOWN PARK BLVD UNIONTOWN, OH 44685	OUTPATIENT PHYSICIAN CLINIC
114 EXPRESS CARE 82 WEST STREETSBORO STREET HUDSON, OH 44236	OUTPATIENT PHYSICIAN CLINIC
115 STARK MEDICAL SPECIALTIES, MASSILLON 323 MARION AVENUE MASSILLON, OH 44646	OUTPATIENT PHYSICIAN CLINIC
116 MADISON REHABILITATION AND SPORTS TH 2622 HUBBARD ROAD MADISON, OH 44057	OUTPATIENT PHYSICIAN CLINIC
117 CLEVELAND CLINIC CHILDRENS STOW 3925 DARROW ROAD STOW, OH 44224	OUTPATIENT PHYSICIAN CLINIC
118 CLEVELAND CLINIC FAMILY HEALTH CENTE 3801 S KANNER HIGHWAY STUART, FL 34994	FAMILY HEALTH CENTER
119 OHIO RENAL CARE GROUP, CUYAHOGA FALL 320 BROADWAY ST E E CUYAHOGA FALLS, OH 44221	DIALYSIS CENTER
120 OHIO RENAL CARE GROUP, LAKEWOOD 13900 DETROIT RD LAKEWOOD, OH 44107	DIALYSIS CENTER

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
121 UNION HOSPITAL FAMILY MEDICINE	OUTPATIENT PHYSICIAN CLINIC
155 GARLAND DRIVE SW	
NEW PHILADELPHIA, OH 44663	
122 OBERLIN OPHTHALMOLOGY	OUTPATIENT PHYSICIAN CLINIC
309 WEST LORAIN STREET	
OBERLIN, OH 44074	
123 ALPINE FAMILY MEDICINE	OUTPATIENT PHYSICIAN CLINIC
126 1/2 NORTH BROADWAY	
SUGARCREEK, OH 44681	
124 TRADITION HEALTHPARK I	OUTPATIENT PHYSICIAN CLINIC
10000 SW INNOVATION WAY	
PORT ST LUCIE, FL 34987	
125 MOHICAN EYE CENTER	OUTPATIENT PHYSICIAN CLINIC
637 NORTH UNION STREET	
LOUDONVILLE, OH 44842	
126 CLEVELAND CLINIC EXPRESS CARE	OUTPATIENT PHYSICIAN CLINIC
7580 NORTHCLIFF AVENUE	
BROOKLYN, OH 44144	
127 BELDEN CENTER	OUTPATIENT PHYSICIAN CLINIC
4677 FULTON DRIVE NW	
CANTON, OH 44718	
128 MEDINA MEDICAL OFFICE	OUTPATIENT PHYSICIAN CLINIC
970 E WASHINGTON	
MEDINA, OH 44256	
129 SAGAMORE HILLS MEDICAL OFFICE II	OUTPATIENT PHYSICIAN CLINIC
885 WEST AURORA RD	
SAGAMORE HILLS, OH 44067	
130 MARYMOUNT/CCF PAIN MANAGEMENT CENTER	OUTPATIENT PHYSICIAN CLINIC
12000 MCCracken RD	
GARFIELD HEIGHTS, OH 44125	

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
131 STOW-FALLS MEDICAL OUTPATIENT CENTER 857 GRAHAM RD STOW, OH 44221	OUTPATIENT PHYSICIAN CLINIC
132 OHIO RENAL CARE GROUP, ASHTABULA 2117 LAKE AVENUE ASHTABULA, OH 44004	DIALYSIS CENTER
133 AKRON GENERAL SPINE & PAIN INSTITUTE 2603 W MARKET ST #200-210 AKRON, OH 44313	OUTPATIENT PHYSICIAN CLINIC
134 CLEVELAND CLINIC CANCER CENTERS 509 W. MCPHERSON HIGHWAY CLYDE, OH 43410	OUTPATIENT PHYSICIAN CLINIC
135 WESTOWN PHYSICIAN CENTER 10654 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
136 FAIRVIEW HOSPITAL WELLNESS CENTER 3035 WOOSTER ROAD ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
137 ACCESS TO CARE 29000 AURORA ROAD SOLON, OH 44139	OUTPATIENT PHYSICIAN CLINIC
138 AGMC - PPG - CAMERON PRACTICE 551 WABASH AVENUE NW NEW PHILADELPHIA, OH 44663	OUTPATIENT PHYSICIAN CLINIC
139 AGMC - PPG - STEINBERGER PRACTICE 2708 CRAWFIS BLVD FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
140 AKRON GENERAL GAMMA KNIFE CENTER 762 S CLEVELAND-MASSILLON RD AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
141 AKRON GENERAL HEALTH CENTER 676 S BROADWAY STREET AKRON, OH 44311	OUTPATIENT PHYSICIAN CLINIC
142 AKRON GENERAL JUSTIN T. ROGERS HOSPI 3358 RIDGEWOOD ROAD AKRON, OH 44333	HOSPICE
143 AKRON GENERAL OBSTETRICS AND GYNECOL 1622 E. TURKEYFOOT LAKE ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC
144 AKRON GENERAL OBSTETRICS AND GYNECOL 3634 WEST MARKET STREET FAIRLAWN, OH 44333	OUTPATIENT PHYSICIAN CLINIC
145 AKRON GENERAL ORTHOPEDICS 43 SOUTH MAIN STREET MUNROE FALLS, OH 44262	OUTPATIENT PHYSICIAN CLINIC
146 AKRON GENERAL REHABILITATION AND SPO 1500 AKRON CANTON RD AKRON, OH 44312	OUTPATIENT REHABILITATION
147 ASHTABULA COUNTY MEDICAL CENTER 2422 LAKE AVENUE ASHTABULA, OH 44004	OUTPATIENT PHYSICIAN CLINIC
148 BOARDMAN STAR IMAGING 7067 TIFFANY BOULEVARD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
149 CCF GASTROENTEROLOGY 3700 PARK EAST DRIVE BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
150 CENTER FOR ARTHRITIS 1716 NORTH ROAD SE WARREN, OH 44484	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
151 CENTER FOR UROLOGIC HEALTH 320 W EXCHANGE STREET AKRON, OH 44302	OUTPATIENT PHYSICIAN CLINIC
152 CHARLESTON AREA MEDICAL CENTER 1201 WASHINGTON STREET EAST, STE 100 CHARLESTON, WV 25301	OUTPATIENT PHYSICIAN CLINIC
153 CLEVELAND CLINIC FAMILY MEDICINE 19300 DETROIT AVENUE ROCKY RIVER, OH 44116	OUTPATIENT PHYSICIAN CLINIC
154 CLEVELAND CLINIC HEALTH & WELLNESS C 3450 11TH COURT VERO BEACH, FL 32960	FAMILY HEALTH CENTER
155 CLEVELAND CLINIC INDIAN RIVER AMBULA 3650 10TH COURT VERO BEACH, FL 32960	OUTPATIENT PHYSICIAN CLINIC
156 CLEVELAND CLINIC STAR IMAGING 1449 BOARDMAN-CANFIELD ROAD YOUNGSTOWN, OH 44512	DIAGNOSTIC CENTER
157 CLEVELAND CLINIC SUPERIOR MEDICAL CA 1959 COOPER FOSTER PARK ROAD AMHERST, OH 44053	DIAGNOSTIC CENTER
158 COLE EYE INSTITUTE 2000 AUBURN DRIVE, STE 100 BEACHWOOD, OH 44122	OUTPATIENT PHYSICIAN CLINIC
159 COLUMBUS STAR IMAGING 921 JASONWAY AVENUE COLUMBUS, OH 43214	DIAGNOSTIC CENTER
160 COLUMBUS STAR IMAGING, BEECHER 425 BEECHER ROAD COLUMBUS, OH 43230	DIAGNOSTIC CENTER

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
161 COMMUNITY MENTAL HEALTH, INC. 201 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
162 CORAL SPRINGS FAMILY HEALTH CENTER 5701 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33067	FAMILY HEALTH CENTER
163 DAYTON STAR IMAGING 5529 FAR HILLS AVENUE DAYTON, OH 45429	DIAGNOSTIC CENTER
164 EMBASSY PARK 2603 WEST MARKET STREET AKRON, OH 44313	OUTPATIENT PHYSICIAN CLINIC
165 ENCOMPASS HEALTH REHABILITATION 5850 SE COMMUNITY DRIVE STUART, FL 34994	OUTPATIENT REHABILITATION
166 ERADIOLOGY (WESTON TOWN CENTER) 1792 BELL TOWER LANE WESTON, FL 33326	DIAGNOSTIC CENTER
167 FIRELANDS PEDIATRIC SUBSPECIALTY CLI 1111 HAYES AVE SANDUSKY, OH 44870	OUTPATIENT PHYSICIAN CLINIC
168 FORT LAUDERDALE CONCIERGE MEDICINE 1301 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33301	OUTPATIENT PHYSICIAN CLINIC
169 HEALTH SPOT LAKEWOOD HIGH SCHOOL 14100 FRANKLIN BOULEVARD LAKEWOOD, OH 44107	OUTPATIENT PHYSICIAN CLINIC
170 HOSPICE TCIH 1201 SE INDIAN STREET STUART, FL 34997	HOSPICE

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
171 INDIAN RIVER BARIATRIC AND WEIGHT LO	OUTPATIENT PHYSICIAN CLINIC
920 37TH PLACE	
VERO BEACH, FL 32961	
172 INDIAN RIVER BEHAVIORAL HEALTH CENTE	OUTPATIENT PHYSICIAN CLINIC
1190 37TH STREET	
VERO BEACH, FL 32960	
173 INDIAN RIVER CARDIOLOGY	OUTPATIENT PHYSICIAN CLINIC
3607 15TH AVENUE	
VERO BEACH, FL 32960	
174 INDIAN RIVER HEALTH & WELLNESS CENTE	OUTPATIENT PHYSICIAN CLINIC
3450 11TH COURT	
VERO BEACH, FL 32960	
175 INDIAN RIVER MEDICAL CENTER CARDIOVA	OUTPATIENT PHYSICIAN CLINIC
13885 US HIGHWAY 1	
SEBASTIAN, FL 32958	
176 INDIAN RIVER PRIMARY CARE SOUTH	OUTPATIENT PHYSICIAN CLINIC
4165 9TH STREET SW	
VERO BEACH, FL 32968	
177 KRUPA CENTER	OUTPATIENT PHYSICIAN CLINIC
3250 MERIDIAN PARKWAY	
WESTON, FL 33331	
178 LAKEWOOD FAMILY MEDICINE - ROCKPORT	OUTPATIENT PHYSICIAN CLINIC
11851 DETROIT AVENUE	
LAKEWOOD, OH 44107	
179 LAKEWOOD LAKE POINTE LAB DRAW SITE	DIAGNOSTIC CENTER
15800 DETROIT AVENUE	
LAKEWOOD, OH 44107	
180 LAKEWOOD MEDICAL BUILDING	OUTPATIENT PHYSICIAN CLINIC
1450 BELLE AVENUE	
LAKEWOOD, OH 44107	

Schedule H (Form 990) 2020



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
181 LAKEWOOD MEDICAL OFFICE	OUTPATIENT PHYSICIAN CLINIC
16215 MADISON AVENUE	
LAKEWOOD, OH 44107	
182 LAKEWOOD YMCA	OUTPATIENT PHYSICIAN CLINIC
16915 DETROIT AVENUE	
LAKEWOOD, OH 44107	
183 LAND STUDIO COMMUNITY WELLNESS	OUTPATIENT PHYSICIAN CLINIC
1701 WEST 25TH STREET	
CLEVELAND, OH 44113	
184 LORAIN ORTHOPAEDICS	OUTPATIENT PHYSICIAN CLINIC
5800 COOPER FOSTER PARK ROAD	
LORAIN, OH 44053	
185 LORAIN COUNTY LONG-TERM CARE	OUTPATIENT PHYSICIAN CLINIC
1130 TOWER BOULEVARD	
LORAIN, OH 44052	
186 LUTHERAN HOSPITAL MEDICAL OFFICES	OUTPATIENT PHYSICIAN CLINIC
6412 FRANKLIN BOULEVARD	
CLEVELAND, OH 44102	
187 MARTIN HEALTH AT JENSEN BEACH	OUTPATIENT PHYSICIAN CLINIC
3496 NW FEDERAL HIGHWAY	
JENSEN BEACH, FL 34957	
188 MARTIN HEALTH AT PALM CITY	OUTPATIENT PHYSICIAN CLINIC
3066 SW MARTIN DOWNS BOULEVARD	
PALM CITY, FL 34990	
189 MARTIN HEALTH AT TIFFANY	OUTPATIENT PHYSICIAN CLINIC
1651 SE TIFFANY AVENUE	
PORT ST LUCIE, FL 34952	
190 MARTIN HEALTH MEDICAL OFFICE AND SUR	OUTPATIENT PHYSICIAN CLINIC
509 RIVERSIDE DRIVE	
STUART, FL 34994	

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
191 MARTIN HEALTH OCCUPATIONAL HEALTH SE 432 SE OSCEOLA STREET STUART, FL 34994	OUTPATIENT PHYSICIAN CLINIC
192 MARTIN HEALTH REHAB & FITNESS CENTER 6001 SE TOWER ROAD STUART, FL 34997	OUTPATIENT PHYSICIAN CLINIC
193 MARTIN HEALTH, ROBERT AND CAROL WEIS 501 SE OSCEOLA STREET STUART, FL 34994	OUTPATIENT PHYSICIAN CLINIC
194 MARTIN MAGNETIC IMAGING 625 SE RIVERSIDE DRIVE STUART, FL 34994	DIAGNOSTIC CENTER
195 MEDICAL OFFICE BUILDING 2 300 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
196 MEDICAL OFFICE BUILDING 3 400 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
197 MONTROSE SLEEP CENTER 4880 S. MAIN STREET AKRON, OH 44319	OUTPATIENT PHYSICIAN CLINIC
198 MORNING STAR HEALTH CENTER 247 BLUFFS AVENUE ELKO, NV 89801	DIAGNOSTIC CENTER
199 NILES STAR IMAGING 650 YOUNGSTOWN-WARREN ROAD NILES, OH 44446	DIAGNOSTIC CENTER
200 NORTHEASTERN OHIO MEDICAL SPECIALIST 470 WHITE POND DRIVE AKRON, OH 44320	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
201 OLIVERIO PRACTICE	OUTPATIENT PHYSICIAN CLINIC
5225 WOOSTER ROAD, W.	
BARBERTON, OH 44203	
202 PARKLAND	OUTPATIENT PHYSICIAN CLINIC
7857-7869 NORTH UNIVERSITY DRIVE, BU	
PARKLAND, FL 33067	
203 PARTNERS IN WOMEN'S HEALTH	OUTPATIENT PHYSICIAN CLINIC
1050 37TH PLACE	
VERO BEACH, FL 32960	
204 POINTE WEST MEDICAL OFFICE	OUTPATIENT PHYSICIAN CLINIC
1960 POINTE WEST DRIVE	
VERO BEACH, FL 32966	
205 ROCKSIDE I	OUTPATIENT PHYSICIAN CLINIC
6100 WEST CREEK ROAD	
INDEPENDENCE, OH 44131	
206 ROCKSIDE MEDICAL CENTER	OUTPATIENT PHYSICIAN CLINIC
6701 ROCKSIDE ROAD	
INDEPENDENCE, OH 44131	
207 SAGAMORE HILLS MEDICAL CENTER I	OUTPATIENT PHYSICIAN CLINIC
863 WEST AURORA ROAD	
SAGAMORE HILLS, OH 44067	
208 SCULLY WELSH CANCER CENTER	OUTPATIENT PHYSICIAN CLINIC
3555 10TH COURT	
VERO BEACH, FL 32960	
209 SEBASTIAN MEDICAL SUITES	OUTPATIENT PHYSICIAN CLINIC
801 WELLNESS WAY	
SEBASTIAN, FL 32958	
210 SLEEP DISORDERS CENTER	DIAGNOSTIC CENTER
24901 COUNTRY CLUB BOULEVARD	
NORTH OLMSTED, OH 44070	

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
211 SLEEP DISORDERS CENTER 8971 WILCOX DRIVE TWINSBURG, OH 44087	DIAGNOSTIC CENTER
212 SLEEP DISORDERS CENTER 5051 WEST CREEK ROAD INDEPENDENCE, OH 44131	DIAGNOSTIC CENTER
213 SLEEP DISORDERS CENTER 3122 EASTPOINTE DRIVE MEDINA, OH 44256	DIAGNOSTIC CENTER
214 SMITHFIELD PLAZA 2157-2221 SE OCEAN BOULEVARD STUART, FL 34996	OUTPATIENT PHYSICIAN CLINIC
215 SPINE & PAIN INSTITUTE 307 W MAIN ST #C KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
216 SPINE & PAIN INSTITUTE 265 WEST MAIN STREET KENT, OH 44240	OUTPATIENT PHYSICIAN CLINIC
217 SPORTS HEALTH CENTER 5555 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	OUTPATIENT PHYSICIAN CLINIC
218 STAR IMAGING DUBLIN 333 W. BRIDGE STREET DUBLIN, OH 43017	DIAGNOSTIC CENTER
219 STUART SURGERY CENTER 2096 SE OCEAN BOULEVARD STUART, FL 34996	OUTPATIENT PHYSICIAN CLINIC
220 SUBURBAN HEALTH FAMILY PHYSICIANS 2818 S. ARLINGTON ROAD AKRON, OH 44312	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
221 SUMMIT MEDICAL 3600 WEST MARKET STREET AKRON, OH 44333	OUTPATIENT PHYSICIAN CLINIC
222 SUMMIT VASCULAR SPECIALISTS 1761 BEALL AVENUE WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
223 THE LANGSTON HUGHES CENTER CLEVELAND 2390 E 79TH ST. CLEVELAND, OH 44104	OUTPATIENT PHYSICIAN CLINIC
224 THERAPY SERVICES MEDINA 2498 - 2508 MEDINA ROAD MEDINA, OH 44256	OUTPATIENT PHYSICIAN CLINIC
225 THERAPY SERVICES SOUTH 17800 JEFFERSON PARK DRIVE, STE 101 MIDDLEBURG HTS, OH 44130	OUTPATIENT PHYSICIAN CLINIC
226 THERAPY SERVICES WEST 826 WESTPOINT PKWY, STE 1200 WESTLAKE, OH 44145	OUTPATIENT PHYSICIAN CLINIC
227 TUSCARAWAS VALLEY REGIONAL CANCER CE 659 BOULEVARD ST DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
228 UNION HOSPITAL HEALTHPLEX 500 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
229 UNION HOSPITAL MAMMOGRAPHY 101 HOSPITAL DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
230 UNION HOSPITAL REGIONAL CANCER CENTE 300 MEDICAL PARK DRIVE DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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? 238

Name and address	Type of Facility (describe)
231 UNION MEDICAL OFFICE 1 200 MEDICAL PARK DR DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
232 UNION PHYSICIAN SVCS CARE COORDINATI 301 WEST THIRD STREET DOVER, OH 44622	OUTPATIENT PHYSICIAN CLINIC
233 VALLEY CITY FAMILY MEDICINE 6605 CENTER ROAD VALLEY CITY, OH 44280	OUTPATIENT PHYSICIAN CLINIC
234 WEST PARK LEARNING CENTER 15531 LORAIN AVENUE CLEVELAND, OH 44111	OUTPATIENT PHYSICIAN CLINIC
235 WEST VALLEY MEDICAL 20455 LORAIN ROAD, #301 FAIRVIEW PARK, OH 44126	OUTPATIENT PHYSICIAN CLINIC
236 WILLOUGHBY HILLS REHABILITATION AND 29017 CHARDON ROAD WILLOUGHBY HILLS, OH 44094	OUTPATIENT PHYSICIAN CLINIC
237 WOOSTER MILLTOWN SPECIALTY & SURGERY 721 EAST MILLTOWN ROAD WOOSTER, OH 44691	OUTPATIENT PHYSICIAN CLINIC
238 YMCA SOUTH FLORIDA 20201 SADDLE CLUB ROAD WESTON, FL 33327	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

THE CLEVELAND CLINIC FOUNDATION

## GROUP RETURN

Page 9





# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule H (Form 990) 2020

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 \$14,330,778.

PART I, LINE 7

NOTE THAT THE TOTAL AMOUNT OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY

BENEFITS OF \$1,291,650,522 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 THREE 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.

3) THE COMMUNITY BENEFIT REPORT INCLUDES CLEVELAND CLINIC MERCY

HOSPITAL, A 2021 ACQUISITION THAT FILED A SEPARATE FORM 990 FOR THE

2020 TAX YEAR.

PART I, LINE 2

CLEVELAND CLINIC REHABILITATION AND SELECT FACILITIES HAVE THEIR OWN

FINANCIAL ASSISTANCE POLICIES, WHICH COMPLY WITH ALL 501(R)

REGULATIONS.

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.

PART I, LINE 7

CLEVELAND CLINIC INCURRED COSTS IN SUPPORT OF ITS INITIAL AND ON-GOING

RESPONSE TO THE COVID-19 PANDEMIC. CERTAIN OF THESE COSTS ARE

REFLECTED IN THE COMMUNITY BENEFIT AMOUNTS REPORTED ON PART I, LINE 7.

SPECIFICALLY, COMMUNITY-BASED CLINICAL SERVICES WERE PROVIDED

CONSISTING OF: COVID-19 CLINICS AND SCREENINGS, PUBLIC EDUCATION

RELATED TO COVID-19, AND VARIOUS COVID-19 PUBLIC ASSISTANCE PROGRAMS.

ADDITIONALLY, CLEVELAND CLINIC INVESTED IN CAPITAL AND EQUIPMENT TO

PREPARE FOR THE ANTICIPATED SURGE OF PATIENTS REQUIRING TREATMENT AND

HOSPITALIZATION. TO PARTIALLY DEFRAY ITS COVID-19 COSTS, CLEVELAND

CLINIC APPLIED FOR AND RECEIVED REIMBURSEMENT OF FUNDS FROM THE FEDERAL

EMERGENCY MANAGEMENT AGENCY (FEMA). TO THE EXTENT THE COVID-19 COSTS

REPORTED AS COMMUNITY BENEFIT EXPENSE WERE REIMBURSED BY FEMA, THE

REIMBURSEMENT IS REFLECTED AS DIRECT OFFSETTING REVENUE. OVERALL FOR

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)*

2020, \$101 MILLION OF COVID-19 EXPENSES ARE REPORT IN PART I, LINE 7

REPRESENTING \$168 MILLION OF COMMUNITY BENEFIT EXPENSE NET OF \$67

MILLION OF DIRECT OFFSETTING REVENUE.

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. 11 OF

THE AUDITED FINANCIAL STATEMENTS, WHICH ARE ATTACHED TO THE FORM 990.

PART III, LINE 8:

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

PART III, LINE 9B:

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

TO QUALIFY FOR FINANCIAL ASSISTANCE PROGRAMS OR BEFORE REASONABLE EFFORTS

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)

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 \$1,847,065,705 AND

\$2,420,062,610 RESPECTIVELY. THIS RESULTS IN MEDICARE SHORTFALL OF

\$572,996,905 WHICH ADDED TO THE SHORTFALL OF \$64,177,965 AS REPORTED ON

THE COST REPORTS, BRINGS THE TOTAL MEDICARE SHORTFALL TO \$637,174,870.

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

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)*

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

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

COMMUNITY IS DEFINED BY THE HOSPITAL FACILITY'S IMMEDIATELY CONTIGUOUS

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

MAJORITY OF DISCHARGED INPATIENTS RESIDE. DEMOGRAPHIC DATA BY ZIP CODE

WAS ANALYZED TO ENSURE THAT MEDICALLY UNDERSERVED, LOW-INCOME, OR MINORITY

POPULATIONS WHO LIVE IN THE GEOGRAPHIC AREAS FROM WHICH THE HOSPITALS DRAW

PATIENTS WERE NOT EXCLUDED FROM THE DEFINED COMMUNITY. ADDITIONALLY, THE

COMMUNITY INCLUDES PATIENTS WHO REQUIRE THE EXPERTISE AND SPECIALIZED

SERVICES OF THE CLEVELAND CLINIC. THE COMMUNITY FOR MEDICAL RESEARCH AND

EDUCATION IS THE PUBLIC AT LARGE. ADDITIONAL DETAIL DESCRIBING THE

COMMUNITY THE ORGANIZATION SERVES CAN BE FOUND IN THE COMMUNITY HEALTH

NEEDS ASSESSMENT.

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)

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.

PART VI, LINE 6:

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

PART VI, LINE 7

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

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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

**Employer identification number**  
**91-2153073**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN CANCER SOCIETY 10501 EUCLID AVE CLEVELAND, OH 44106	13-1788491	501(C)(3)	43,000.	0.			COMMUNITY SUPPORT
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	186,377.	0.			HEALTHCARE RESEARCH & EDUCATION
AMERICAN LIVER FOUNDATION 39 BROADWAY, 27TH FL NEW YORK, NY 10006	36-2883000	501(C)(3)	17,000.	0.			HEALTHCARE RESEARCH & EDUCATION
AMERICAN LUNG ASSOCIATION 55 WEST WACKER DRIVE CHICAGO, IL 60601	13-1632524	501(C)(3)	16,000.	0.			HEALTHCARE RESEARCH & EDUCATION
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
AUTISM SOCIETY GREATER AKRON 580 GRANT ST AKRON, OH 44311	47-1129984	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **61.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **3.**

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

**Schedule I (Form 990) 2020**



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AXESSPOINTE COMMUNITY HEALTH CENTERS - 500 FISHERS LANE - ROCKVILLE, MD 20857	34-1735884	501(C)(3)	1,715,633.	0.			HEALTHCARE RESEARCH & EDUCATION
BEAUMONT SCHOOL 3301 N PARK BLVD CLEVELAND, OH 44118	34-0714540	501(C)(6)	7,500.	0.			SUPPORT EDUCATIONAL ACTIVITIES
BENEDICTINE HIGH SCHOOL 2900 MARTIN LUTHER KING JR. DR CLEVELAND, OH 44104	34-1619790	501(C)(3)	7,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE FORT LAUDERDALE, FL 33301	59-2359433	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
BURTEN BELL CARR DEVELOPMENT, INC. 7201 KINSMAN RD CLEVELAND, OH 44104	34-1657533	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CASE WESTERN RESERVE UNIVERSITY 2040 ADELBERT RD CLEVELAND, OH 44106	34-1018992	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION - 18901 LAKESHORE BLVD - EUCLID, OH 44119	34-0714593	501(C)(3)	45,000.	0.			HEALTHCARE RESEARCH & EDUCATION
CLEVELAND METROPARKS ASSOCIATION 9701 BROOKPARK RD PARMA, OH 44129	34-1485350	501(C)(5)	99,380.	0.			COMMUNITY SUPPORT
CLEVELAND RAPE CRISIS CENTER 2937 W 25TH ST, 2ND FL CLEVELAND, OH 44113	51-0164315	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND SCHOOL OF SCIENCE & MEDICINE - 2075 STOKES BLVD - CLEVELAND, OH 44106	34-3740643	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	34-0966056	501(C)(3)	11,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
CLINIC MEDICAL SERVICES 1450 BELLE AVE LAKEWOOD, OH 44107	34-1932969	501(C)(3)	7,104.	0.			COMMUNITY SUPPORT
COASTAL CARE CORPORATION PO BOX 9033 STUART, FL 34995	59-2333374	501(C)(3)	23,855.	0.			HEALTHCARE RESEARCH & EDUCATION
COLLEGE NOW GREATER CLEVELAND, INC. - 50 PUBLIC SQUARE, STE 1800 - CLEVELAND, OH 44113	34-6580096	501(C)(3)	15,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
COMMUNITY WEST FOUNDATION 800 SHARON DR, STE C WESTLAKE, OH 44145	34-1456398	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
CROHNS & COLITIS FOUNDATION OF AMERICA - 23366 COMMERCE PARK RD - BEACHWOOD, OH 44122	13-6193105	501(C)(3)	23,500.	0.			HEALTHCARE RESEARCH & EDUCATION
DANCING CLASSROOMS NORTHEAST OHIO 1085 ROCKSIDE RD, STE 6 PARMA, OH 44134	26-2300532	501(C)(3)	21,250.	0.			COMMUNITY SUPPORT
DEMOCRACY COLLABORATIVE FOUNDATION, INC. - 1422 EUCLID AVE, STE 1652 - CLEVELAND, OH 44115	20-0387511	501(C)(3)	17,500.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE & CHILD ADVOCACY CENTER - 2806 PAYNE AVE - CLEVELAND, OH 44114	34-1278377	501(C)(3)	21,500.	0.			COMMUNITY SUPPORT
FAIRFAX RENAISSANCE DEVELOPMENT CORPORATION - 8111 QUINCY AVE, STE 100 - CLEVELAND, OH 44104	34-1706856	501(C)(3)	173,068.	0.			COMMUNITY SUPPORT
FRIENDS OF BREAKTHROUGH SCHOOL 3615 SUPERIOR AVE, STE 3103A CLEVELAND, OH 44114	20-4948838	501(C)(3)	15,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
GREATER CLEVELAND SPORTS COMMISSION - 334 EUCLID AVE, STE 100 - CLEVELAND, OH 44114	31-1381131	501(C)(3)	62,500.	0.			COMMUNITY SUPPORT
INDIAN RIVER MEDICAL CENTER 1000 36TH ST VERO BEACH, FL 32960	59-2496294	501(C)(3)	10,207,875.	0.			HEALTHCARE RESEARCH & EDUCATION
KAMMS CORNERS DEVELOPMENT CORP 17407 LORAIN AVE, STE 200 CLEVELAND, OH 44111	34-1254542	501(C)(3)	14,000.	0.			COMMUNITY SUPPORT
KENT STATE UNIVERSITY PO BOX 5190 KENT, OH 44242	31-6402079	501(C)(3)	16,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
LAND STUDIO, INC 1939 WEST 25TH ST, STE 200 CLEVELAND, OH 44113	34-1212421	501(C)(3)	21,100.	0.			COMMUNITY SUPPORT
LEGAL AID SOCIETY OF CLEVELAND 1223 W 6TH ST CLEVELAND, OH 44113	34-0866026	501(C)(3)	6,000.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR, STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	16,000.	0.			COMMUNITY SUPPORT
MAIN STREET MEDINA 39 PUBLIC SQUARE, STE 305 MEDINA, OH 44256	26-1802645	501(C)(3)	6,000.	0.			COMMUNITY SUPPORT
MARTIN MEMORIAL MEDICAL CENTER PO BOX 9033 STUART, FL 34995	59-0637874	501(C)(3)	6,447,243.	0.			HEALTHCARE RESEARCH & EDUCATION
MEDINA COMMUNITY RECREATION CENTER 855 WEYMOUTH RD MEDINA, OH 44256	34-6001856	501(C)(6)	18,600.	0.			COMMUNITY SUPPORT
MEDWISH INTERNATIONAL 17325 EUCLID AVE CLEVELAND, OH 44112	34-1903712	501(C)(3)	10,000.	3,385,242.	ESTIMATED VALUE	MEDICAL SUPPLIES	COMMUNITY SUPPORT
NAMI GREATER CLEVELAND 2012 W 25TH ST, STE 600 CLEVELAND, OH 44113	20-2254268	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
NORTH UNION FARMERS MARKET 13212 SHAKER SQUARE, STE 302 CLEVELAND, OH 44120	34-1812026	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
NORTHEAST OHIO COALITION FOR THE HOMELESS - 3631 PERKINS AVE, STE 3A-3 - CLEVELAND, OH 44114	34-1590112	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
OHIO & ERIE CANALWAY COALITION 47 W EXCHANGE ST AKRON, OH 44308	34-1636766	501(C)(3)	7,500.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	500,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
PALM BEACH CIVIC ASSOCIATION INC PO BOX 286 PALM BEACH, FL 33480	59-0542089	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
RONALD MCDONALD HOUSE OF CLEVELAND, INC. - 10415 EUCLID AVE - CLEVELAND, OH 44106	34-1269123	501(C)(3)	5,250.	0.			COMMUNITY SUPPORT
SAINT MARTIN DE PORRES HIGH SCHOOL 6111 LAUSCHE AVE CLEVELAND, OH 44103	52-2401852	501(C)(3)	63,939.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SCHOLARSHIP AMERICA, INC. PO BOX 240 ST PETER, MN 56082	04-2296967	501(C)(3)	24,575.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SEEDS OF LITERACY 3104 W 25TH ST, 3RD FL CLEVELAND, OH 44109	20-0884284	501(C)(3)	10,000.	0.			SUPPORT EDUCATIONAL ACTIVITIES
SOCIETY OF GYNECOLOGIC SURGEONS 1061 EAST MAIN STREET, STE 300 EAST DUNDEE, IL 60118	74-2307811	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
SOUTHERN HILLS ATHLETIC CONFERENCE 13335 US HIGHWAY 62 WINCHESTER, OH 45697	31-0676865	501(C)(3)	20,000.	0.			COMMUNITY SUPPORT
THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION - 9500 EUCLID AVE - CLEVELAND, OH 44195	34-0714553	501(C)(3)	21,524,268.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CLEVELAND FOUNDATION 1422 EUCLID AVE, STE 1300 CLEVELAND, OH 44115	34-0714588	501(C)(3)	250,000.	0.			COMMUNITY SUPPORT
THE COLORECTAL CANCER ALLIANCE 1025 VERMONT AVE, STE 1066 WASHINGTON, DC 20005	86-0947831	501(C)(3)	12,500.	0.			COMMUNITY SUPPORT
THE METROHEALTH SYSTEM 2500 METROHEALTH DR CLEVELAND, OH 44109	34-6004382	501(C)(3)	121,445.	0.			COMMUNITY SUPPORT
THE ORANGE BOWL COMMITTEE, INC 14360 NW 77TH COURT MIAMI LAKES, FL 33016	59-0384382	501(C)(3)	30,000.	0.			COMMUNITY SUPPORT
THE SALVATION ARMY 440 W NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
TOWARDS EMPLOYMENT, INC. 1255 EUCLID AVE, STE 300 CLEVELAND, OH 44115	34-1578831	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
TRANSPLANT HOUSE OF CLEVELAND 2029 E 115TH ST CLEVELAND, OH 44106	27-2834616	501(C)(3)	15,000.	0.			COMMUNITY SUPPORT
TRINITY SUPPORT SERVICES 12425 GRANGER RD GARFIELD HTS, OH 44125	26-3804435	501(C)(3)	23,058.	0.			COMMUNITY SUPPORT
UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CLEVELAND INC - 10011 EUCLID AVE - CLEVELAND, OH 44106	34-0753561	501(C)(3)	102,879.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SUMMIT COUNTY 90 N PROSPECT ST AKRON, OH 44304	34-1169257	501(C)(3)	11,000.	0.			COMMUNITY SUPPORT
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVE CLEVELAND, OH 44115	34-0720563	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT
WALSH UNIVERSITY, INC. 2020 E MAPLE ST NORTH CANTON, OH 44720	34-0868798	501(C)(3)	5,250.	0.			SUPPORT EDUCATIONAL ACTIVITIES
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTH FLORIDA INC - 990 SE 3RD AVE, STE 300 - FORT LAUDERDALE, FL 33316	59-0624464	501(C)(3)	10,000.	0.			COMMUNITY SUPPORT

Schedule I (Form 990)

# PUBLIC INSPECTION COPY

Schedule I (Form 990) 2020

THE CLEVELAND CLINIC FOUNDATION

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	331	8,861,497.	0.		
FELLOWSHIPS	1874	94,860,623.	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

THE CLEVELAND CLINIC FOUNDATION

Schedule I (Form 990)

GROUP RETURN

91-2153073

Page 2

Part IV Supplemental Information

QUALITY OF PATIENT CARE AND RESEARCH THROUGH EDUCATION.

Supplemental information area with horizontal lines for text entry.

# PUBLIC INSPECTION COPY

## SCHEDULE J (Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

OMB No. 1545-0047

# 2020

Open to Public  
Inspection

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number	91-2153073
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### Part I 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) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

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				
(1) COSGROVE, MD, DELOS FORMER CCF CEO (RETIRED)	(i)	193,998.	0.	9,792,211.	59,604.	0.	10,045,813.	2,178,355.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONLEY, MD, BRIAN FORMER OFF-CCF, CC LONDON CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	955,720.	0.	1,981,121.	28,500.	827,115.	3,792,456.	0.
(3) MIHALJEVIC, MD, TOMISLAV DIRECTOR, PRES & CEO - CCF	(i)	3,253,529.	0.	324,168.	28,500.	18,025.	3,624,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MASARYK, MD, THOMAS PHYSICIAN (2020 RETIREE)	(i)	658,404.	0.	1,894,761.	278,301.	18,900.	2,850,366.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MCHUGH, LINDA FORMER OFFICER - CCF	(i)	929,274.	0.	91,800.	1,465,841.	17,425.	2,504,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PIRAINO, MD, DAVID PHYSICIAN (2020 RETIREE)	(i)	613,579.	0.	1,711,148.	117,265.	20,475.	2,462,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TUZCU, MD, E. MURAT PHYSICIAN	(i)	1,183,506.	0.	572,884.	506,564.	126,548.	2,389,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SURI, MD, RAKESH CEO CCAD	(i)	1,343,387.	0.	776,533.	28,500.	139,448.	2,287,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SABANEKH, MD, EDMUND DIR, PRES, CC MAIN, REG HOSPS	(i)	1,028,398.	0.	102,144.	1,078,500.	18,168.	2,227,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SCHILS, MD, JEAN PHYSICIAN (2020 RETIREE)	(i)	351,723.	0.	1,498,188.	93,258.	9,370.	1,952,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PEACOCK, WILLIAM DIRECTOR, COO, PRES- KMA	(i)	1,729,990.	0.	169,591.	30,704.	17,574.	1,947,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) WIEDEMANN, MD, HERBERT DIR, CHIEF OF STAFF - CCF	(i)	1,038,369.	0.	88,263.	769,625.	19,685.	1,915,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) GLASS, STEVEN C. DIRECTOR, CFO & TREAS-CCF	(i)	1,642,654.	0.	160,194.	39,062.	18,900.	1,860,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NAJM, MD, HANI PHYSICIAN -CCF	(i)	1,604,054.	0.	157,716.	28,500.	18,900.	1,809,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SVENSSON, MD, LARS CHAIR HVI - CCF	(i)	1,583,229.	0.	160,446.	28,500.	18,575.	1,790,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ROWAN, DAVID DIR, SEC, CHIEF GOV OFF	(i)	1,587,718.	0.	170,103.	8,550.	18,836.	1,785,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) DELANEY, MD, CONOR	(i)	1,228,188.	0.	166,996.	28,500.	19,722.	1,443,406.	0.
DIR, CEO & PRES- FLA REG (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) PARKER, MD, RICHARD	(i)	833,390.	0.	83,702.	497,280.	18,164.	1,432,536.	0.
PRES - HILLCREST HOSP & EAST REGION	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) LORD, ROBERT	(i)	908,578.	195,534.	28,127.	77,724.	23,229.	1,233,192.	187,166.
DIRECTOR, PRES - MARTIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MACHADO, MD, ANDRE	(i)	1,066,404.	0.	101,624.	28,500.	21,150.	1,217,678.	0.
DIRECTOR - KMA, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) ERZURUM, MD, SERPIL	(i)	724,519.	0.	50,143.	439,841.	1,250.	1,215,753.	0.
CHIEF RESEARCH & ACADEMIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) BARSOUM, MD, WAEI	(i)	1,066,790.	0.	100,297.	28,500.	10,275.	1,205,862.	0.
DIR, CEO, PRES- CC FLA REG	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) BERAN, JOSETTE	(i)	720,612.	0.	67,299.	360,819.	20,942.	1,169,672.	0.
DIRECTOR, SECRETARY -UNION	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) IANNOTTI, MD, JOSEPH	(i)	1,020,725.	0.	104,753.	28,150.	13,390.	1,167,018.	0.
DIR-CC FLA REG, MARTIN, IR	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) DEWS, MD, TERESA	(i)	567,504.	0.	53,905.	470,422.	20,050.	1,111,881.	0.
HOSPITAL PRESIDENT - EUCLID	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) HULL, MD, TRACY	(i)	614,586.	0.	39,154.	430,259.	20,993.	1,104,992.	0.
DIRECTOR - CCF, CCEF & REG HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) HANCOCK, DNP, K. KELLY	(i)	940,571.	0.	90,826.	50,971.	18,900.	1,101,268.	0.
CHIEF CAREGIVER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) MUAKKASSA, MD, FARID	(i)	953,879.	0.	47,013.	46,378.	19,781.	1,067,051.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) YOUNG, MD, JAMES P.	(i)	886,890.	0.	102,705.	28,500.	18,164.	1,036,259.	0.
CHIEF ACADEMIC OFF - CCF & CCEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) MILLER, MD, CHARLIE	(i)	857,015.	0.	90,155.	28,500.	18,164.	993,834.	0.
CHIEF MEDICAL OFF - CCMSI	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) BORDEN, MD, BRAD	(i)	844,704.	0.	85,673.	28,500.	20,350.	979,227.	0.
TRUSTEE - CCCHR, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) AGBA, C. OKEY	(i)	653,971.	0.	197,933.	28,500.	73,830.	954,234.	0.
CFO, FLORIDA; DIRECTOR HSIR	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

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

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(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) SMALL, DEBORAH	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE - FAIRVIEW	(ii)	156,068.	0.	630,563.	26,378.	130,913.	943,922.	0.
(34) MALONE, JR., MD, DONALD	(i)	495,008.	0.	46,988.	355,410.	18,325.	915,731.	0.
PRESIDENT - OH HOSPITALS & FHC	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) BLANDON, MD, RODOLFO	(i)	782,916.	0.	74,494.	8,550.	17,506.	883,466.	0.
TRUSTEE, PRES - CC WESTON	(ii)	0.	0.	0.	0.	0.	0.	0.
(36) BOLOGNA, MD, RAYMOND	(i)	629,395.	0.	193,902.	28,500.	17,167.	868,964.	0.
DIR, CHAIR - PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(37) ROSENTHAL, MD, RAUL	(i)	776,947.	0.	55,001.	8,550.	12,975.	853,473.	0.
FORMER OFFICER - CC FLA	(ii)	0.	0.	0.	0.	0.	0.	0.
(38) COLLINS, EDMUND	(i)	380,062.	121,218.	1,318.	318,750.	31,761.	853,109.	35,386.
FORMER OFFICER - MMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(39) BREAUX, MD, TODD	(i)	604,516.	0.	183,196.	28,500.	17,038.	833,250.	0.
DIR - AGMC, LODI, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(40) RASMUSSEN, MD, PETER	(i)	391,409.	0.	33,084.	28,500.	1,250.	454,243.	0.
DIR, PRES - CC HEALTH SVCS PA	(ii)	350,000.	0.	0.	0.	0.	350,000.	0.
(41) HARTE, MD, BRIAN	(i)	671,249.	0.	62,677.	27,908.	20,350.	782,184.	0.
DIR, PRES - AGMC & SOUTH REG	(ii)	0.	0.	0.	0.	0.	0.	0.
(42) STARCK, MD, REBECCA	(i)	634,904.	0.	59,106.	36,069.	17,650.	747,729.	0.
HOSPITAL PRESIDENT - AVON	(ii)	0.	0.	0.	0.	0.	0.	0.
(43) MURRAY, MD, KAREN	(i)	667,598.	0.	24,803.	28,150.	17,956.	738,507.	0.
TRUSTEE, PRESIDENT - CCCHR	(ii)	0.	0.	0.	0.	0.	0.	0.
(44) ROSENCRANCE, MD, J. GREGORY	(i)	643,104.	0.	39,976.	28,150.	12,818.	724,048.	0.
DIRECTOR, PRES - INDIAN RIVER	(ii)	0.	0.	0.	0.	0.	0.	0.
(45) KALAFATIS, LARA	(i)	546,696.	0.	129,238.	28,500.	18,025.	722,459.	0.
DIR - KMA, PHILANTHROPY CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
(46) STOLLER, MD, JAMES	(i)	550,677.	0.	38,142.	108,962.	18,877.	716,658.	0.
CCEF CHAIR, EDUCATION INST	(ii)	0.	0.	0.	0.	0.	0.	0.
(47) PETRY, DO, FERNANDO	(i)	513,993.	128,224.	4,775.	17,157.	34,734.	698,883.	47,994.
SECRETARY - COASTAL CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
(48) HAMILTON, THOMAS	(i)	461,225.	0.	33,216.	175,520.	19,829.	689,790.	0.
FORMER OFFICER - CCF & CCEF	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(49) NAPIERKOWSKI, MD, DANIEL	(i)	573,511.	0.	57,802.	28,500.	19,043.	678,856.	0.
PRES -MARYMOUNT HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(50) GROOFF, MD, PAUL	(i)	554,104.	0.	51,006.	28,500.	17,450.	651,060.	0.
DIR, PRES, SEC - CCF NY MED	(ii)	0.	0.	0.	0.	0.	0.	0.
(51) DAVIS, MARLEINA	(i)	553,404.	0.	28,025.	45,182.	17,650.	644,261.	0.
ASST. SECRETARY - CCF, CCEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(52) HORATTAS, MD, MARK	(i)	522,645.	0.	55,025.	36,410.	15,641.	629,721.	0.
DIR - AGMC, LODI, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(53) BARRETT, LISA	(i)	553,623.	0.	28,838.	28,764.	17,431.	628,656.	0.
FORMER OFFICER - AGP	(ii)	0.	0.	0.	0.	0.	0.	0.
(54) DEL CASTILLO, BARBARA	(i)	553,532.	0.	31,129.	28,693.	13,390.	626,744.	0.
DIR, SEC, GEN COUNSEL - FLA	(ii)	0.	0.	0.	0.	0.	0.	0.
(55) LONGVILLE, TIMOTHY	(i)	475,361.	0.	21,903.	97,516.	19,778.	614,558.	0.
DIR- KMA, CAO & CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(56) DELGADO, OSMEL	(i)	538,204.	0.	19,320.	12,317.	13,309.	583,150.	0.
DIRECTOR, COO - CC FLA RE	(ii)	0.	0.	0.	0.	0.	0.	0.
(57) MCKENZIE, MD, MARGARET	(i)	476,654.	0.	46,990.	28,500.	18,900.	571,044.	0.
PRESIDENT - S POINTE HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(58) SMITH, DO, NEIL	(i)	458,500.	0.	61,135.	28,500.	15,853.	563,988.	0.
PRESIDENT - FAIRVIEW	(ii)	0.	0.	0.	0.	0.	0.	0.
(59) MATT-AMARAL, MD, LAURIE	(i)	505,223.	0.	20,216.	11,400.	13,554.	550,393.	0.
DIRECTOR - PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(60) THOMPSON, MD, THOMAS	(i)	473,297.	0.	30,168.	24,205.	13,015.	540,685.	0.
DIR - AGMC, LODI, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(61) RIBLEY, DOUGLAS	(i)	245,885.	0.	21,359.	251,640.	14,755.	533,639.	0.
FORMER KEY EMPLOYEE - AGHS	(ii)	0.	0.	0.	0.	0.	0.	0.
(62) EDELMAN, DO, DAN	(i)	441,447.	0.	38,658.	36,660.	12,975.	529,740.	0.
DIR - COASTAL CARE, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(63) FENTON, MD, ANDREW	(i)	414,929.	0.	27,458.	51,131.	12,638.	506,156.	0.
DIR, VICE CHAIR - PPG, PHYSCIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(64) VICKERS, MD, JEAN	(i)	412,831.	49,250.	13,005.	12,005.	15,623.	502,714.	0.
DIR - COASTAL CARE, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(65) PETER, MD, DAVID	(i)	404,675.	0.	38,188.	27,137.	12,747.	482,747.	0.
DIRECTOR - IRHSI	(ii)	0.	0.	0.	0.	0.	0.	0.
(66) MODLIN, MD, CHARLES	(i)	414,832.	0.	17,393.	28,500.	18,722.	479,447.	0.
DIR (PART YR)- CCF, CCEF & REG HOSP,	(ii)	0.	0.	0.	0.	0.	0.	0.
(67) FOLDVARY-SCHAEFER, MD, NANCY	(i)	420,882.	0.	13,405.	22,062.	17,472.	473,821.	0.
DIR- CCF, CCEF & REG HOSP, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(68) RUSSELL, MD, REBECCA	(i)	408,502.	0.	13,663.	28,500.	19,597.	470,262.	0.
DIRECTOR - PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(69) JAMES, BRUCE	(i)	361,845.	60,421.	4,892.	17,100.	20,325.	464,583.	0.
TRUSTEE, PRESIDENT - UNION	(ii)	0.	0.	0.	0.	0.	0.	0.
(70) SABBAGH, MD, MARWAN	(i)	385,804.	0.	29,956.	28,500.	17,650.	461,910.	0.
DIR - KMA, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(71) SOSKA, CHRISTOPHER	(i)	377,223.	0.	32,826.	28,500.	15,683.	454,232.	0.
COO - MARTIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(72) MEEHAN, MICHAEL J.	(i)	350,061.	0.	41,519.	40,947.	18,293.	450,820.	0.
RECORDING SEC - CCF, CCEF & REG HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(73) VENKATESHAIAH, M.D., LOKESH	(i)	360,184.	0.	33,187.	28,500.	19,859.	441,730.	0.
DIR - AGMC, LODI, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(74) MCLAIN, JESSICA	(i)	268,300.	109,381.	20,055.	14,289.	22,185.	434,210.	26,000.
DIR (PART YR), CHAIR PHILANTHROPY (F	(ii)	0.	0.	0.	0.	0.	0.	0.
(75) COTY, MIGUEL	(i)	270,777.	103,629.	4,743.	27,873.	20,495.	427,517.	31,326.
FORMER OFFICER - MARTIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(76) PAPPAS, MD, RITA	(i)	361,400.	0.	9,970.	33,707.	20,592.	425,669.	0.
FORMER OFF- CCCHR, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(77) ZINK, MD, JILL	(i)	402,578.	0.	840.	11,400.	10,516.	425,334.	0.
DIRECTOR - AGMC, LODI, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(78) CLEAVER, CHARLES	(i)	33,021.	0.	380,815.	0.	0.	413,836.	413,836.
FORMER OFF - COASTAL CARE, MARTIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(79) DAVIS, DO, DENNIS	(i)	357,904.	0.	8,950.	28,150.	17,650.	412,654.	0.
PRESIDENT - PPG	(ii)	0.	0.	0.	0.	0.	0.	0.
(80) LASH-RITTER, MD, TERI	(i)	356,976.	0.	8,716.	28,500.	17,078.	411,270.	0.
TRUSTEE - UNION HOSP, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(81) RAUBENOLT, MD, AMY	(i)	354,462.	0.	23,830.	11,400.	14,693.	404,385.	0.
DIR - AGMC, LODI, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(82) SHEWBRIDGE, MD, RICHARD	(i)	343,444.	0.	8,692.	28,500.	17,650.	398,286.	0.
HOSPITAL PRESIDENT - MEDINA	(ii)	0.	0.	0.	0.	0.	0.	0.
(83) SHEERS, MD, TITUS	(i)	326,131.	0.	6,783.	45,868.	17,453.	396,235.	0.
DIR - AGMC, LODI, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(84) VROBEL, MD, MATTHEW	(i)	334,339.	0.	11,432.	28,500.	19,650.	393,921.	0.
DIR- PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(85) MOEHRING, MICHAEL	(i)	236,999.	74,391.	0.	48,585.	33,557.	393,532.	0.
DIRECTOR - MMFI, ASST TREAS - MMHS,	(ii)	0.	0.	0.	0.	0.	0.	0.
(86) CHANDURKAR, DO, ROHIT	(i)	352,747.	0.	4,577.	11,400.	20,216.	388,940.	0.
DIRECTOR - PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(87) CHHABRA, ANKIT	(i)	313,491.	0.	24,911.	27,870.	11,287.	377,559.	0.
DIR - AGMC, OH REG CFO (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(88) KOLONICK, RENEE	(i)	333,675.	0.	1,746.	23,128.	16,013.	374,562.	0.
COO - HILLCREST, MARYMOUNT	(ii)	0.	0.	0.	0.	0.	0.	0.
(89) BENNETT, KRIS	(i)	336,854.	0.	11,078.	8,550.	17,086.	373,568.	0.
DIR - AGMC, LODI, EXEC DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
(90) SHOOK, M.D., STEVEN	(i)	315,709.	0.	4,978.	28,500.	20,345.	369,532.	0.
DIR, PRES - CC HEALTH SVCS PA	(ii)	0.	0.	0.	0.	0.	0.	0.
(91) FORD, MD, DONALD	(i)	295,643.	0.	26,481.	28,500.	17,911.	368,535.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(92) MAJOR, KERRY	(i)	316,850.	0.	4,879.	31,993.	13,280.	367,002.	0.
CNO - CC FLA REGION	(ii)	0.	0.	0.	0.	0.	0.	0.
(93) FREEMAN, MD, RICHARD B.	(i)	288,636.	0.	31,262.	28,500.	17,025.	365,423.	0.
TRUSTEE - LAKEWD, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(94) ABDENOUR, STEPHEN	(i)	310,421.	0.	4,651.	29,751.	10,465.	355,288.	0.
COO - AKRON	(ii)	0.	0.	0.	0.	0.	0.	0.
(95) MILLS, JOHN	(i)	335,330.	0.	4,230.	10,311.	2,500.	352,371.	0.
COO - FAIRVIEW & AVON	(ii)	0.	0.	0.	0.	0.	0.	0.
(96) MACKETT, MD, CHARLES	(i)	335,044.	0.	2,262.	5,500.	1,367.	344,173.	0.
FORMER KEY EMPLOYEE -INDIAN RIVER	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(97) LARCOMBE, VALERIE	(i)	70,676.	0.	266,795.	0.	4,965.	342,436.	263,503.
FORMER OFFICER - HSIR	(ii)	0.	0.	0.	0.	0.	0.	0.
(98) BRUYERE, JOHN	(i)	236,709.	0.	6,518.	80,514.	17,779.	341,520.	0.
COO - SOUTH POINTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(99) DAVIDSON MD, ELLIOT	(i)	264,530.	0.	20,994.	35,389.	17,938.	338,851.	0.
FORMER OFFICER- PPG	(ii)	0.	0.	0.	0.	0.	0.	0.
(100) MARKS, DO, MICHELLE	(i)	286,198.	0.	2,347.	28,500.	21,006.	338,051.	0.
TRUSTEE, MED DIR - CCCHR,	(ii)	0.	0.	0.	0.	0.	0.	0.
(101) SNYDER, VICKY	(i)	283,051.	0.	6,082.	19,274.	26,000.	334,407.	0.
DIRECTOR - MED HOSP FDN,	(ii)	0.	0.	0.	0.	0.	0.	0.
(102) BRAMAN, DO, KENNETH	(i)	296,105.	0.	9,294.	11,120.	17,505.	334,024.	0.
DIRECTOR, CMO -PPG	(ii)	0.	0.	0.	0.	0.	0.	0.
(103) JUHASZ, DO, ROBERT	(i)	263,666.	0.	25,210.	28,183.	15,623.	332,682.	0.
FORMER OFFICER - S. POINTE	(ii)	0.	0.	0.	0.	0.	0.	0.
(104) MEYERHOEFER, TODD	(i)	238,347.	29,259.	22,035.	16,136.	23,920.	329,697.	0.
FORMER OFFICER - UNION	(ii)	0.	0.	0.	0.	0.	0.	0.
(105) MALLOY, MARK	(i)	280,585.	0.	7,506.	23,853.	17,109.	329,053.	0.
DIR - AGMC/LODI, OH REG CFO (PART YR	(ii)	0.	0.	0.	0.	0.	0.	0.
(106) TURNER, RALPH	(i)	311,962.	0.	745.	5,500.	9,279.	327,486.	0.
DIR- HSIR, COO - IR	(ii)	0.	0.	0.	0.	0.	0.	0.
(107) MENDIOLA, MD, AMANDA	(i)	290,943.	0.	10,383.	11,400.	14,655.	327,381.	0.
DIR - AGMC, LODI, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(108) HARLEY, DO, DOUGLAS	(i)	290,205.	0.	4,385.	11,400.	17,175.	323,165.	0.
DIR - PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(109) COLLIER, SUSAN	(i)	264,935.	0.	4,737.	39,937.	12,134.	321,743.	0.
VP NURSING, CNO - HILLCREST	(ii)	0.	0.	0.	0.	0.	0.	0.
(110) SHERIDAN, MD, CATHERINE	(i)	268,122.	0.	1,087.	26,950.	17,432.	313,591.	0.
DIR-MED HOSP FDN, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(111) TULISIAK, MD, THOMAS	(i)	262,476.	0.	5,799.	26,500.	18,578.	313,353.	0.
FORMER OFFICER - MEDINA	(ii)	0.	0.	0.	0.	0.	0.	0.
(112) THORN, III, EUGENE A.	(i)	249,810.	36,219.	1,402.	13,076.	8,774.	309,281.	0.
FORMER OFFICER - UNION	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(113) THOMAS, RAMONA	(i)	13,494.	0.	289,523.	0.	1,440.	304,457.	303,017.
FORMER OFFICER - MMHSI	(ii)	0.	0.	0.	0.	0.	0.	0.
(114) MILLER, SHEILA	(i)	253,964.	0.	23,091.	9,634.	15,466.	302,155.	0.
CNO - AGHS	(ii)	0.	0.	0.	0.	0.	0.	0.
(115) CLARK, CNO, SUSAN	(i)	252,664.	0.	0.	11,891.	20,089.	284,644.	0.
DIR, VP - COASTAL CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
(116) BURKE, D.O., DAVID	(i)	237,922.	0.	1,243.	23,952.	18,250.	281,367.	0.
DIR - MEDINA HOSP FDN, PHYS	(ii)	0.	0.	0.	0.	0.	0.	0.
(117) MARKOVICH, MD, RENEE	(i)	251,932.	0.	5,271.	10,280.	13,648.	281,131.	0.
DIRECTOR - PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(118) OBLANDER, JASON	(i)	240,828.	0.	6,885.	9,094.	16,541.	273,348.	0.
ASST. SEC - CCF & REG HOSPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(119) KANE, PERCIVAL	(i)	249,403.	0.	246.	7,650.	15,285.	272,584.	0.
COO - MARYMOUNT HOSP	(ii)	0.	0.	0.	0.	0.	0.	0.
(120) FOSTER, SUSAN	(i)	202,097.	0.	27,202.	24,966.	15,644.	269,909.	0.
FORMER KEY EMPLOYEE - AGMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(121) FRIGO, DAVID	(i)	221,908.	0.	4,821.	29,003.	13,634.	269,366.	0.
DIRECTOR, TREAS - AGP	(ii)	0.	0.	0.	0.	0.	0.	0.
(122) ESPINOSA, ALEXIS	(i)	241,858.	0.	8,482.	3,277.	15,292.	268,909.	0.
COO - CC FLA HEALTH SYS	(ii)	0.	0.	0.	0.	0.	0.	0.
(123) METCALF, ANGIE	(i)	7,364.	0.	242,215.	0.	17,104.	266,683.	256,616.
FORMER OFFICER - MMC (RETIRED)	(ii)	0.	0.	0.	0.	0.	0.	0.
(124) LOWERY, RICHARD	(i)	187,891.	0.	6,508.	54,624.	17,625.	266,648.	0.
CNO - EUCLID HOSPITAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(125) FULLER, WARREN	(i)	231,536.	10,000.	1,439.	9,970.	11,670.	264,615.	0.
FORMER KEY EMPLOYEE IR	(ii)	0.	0.	0.	0.	0.	0.	0.
(126) ZINNER, BARBARA	(i)	213,465.	0.	5,702.	29,984.	15,136.	264,287.	0.
CNO - MARYMOUNT	(ii)	0.	0.	0.	0.	0.	0.	0.
(127) FUNK, MD, JONATHAN R.	(i)	218,082.	0.	3,399.	21,950.	17,472.	260,903.	0.
FORMER OFFICER - MEDINA	(ii)	0.	0.	0.	0.	0.	0.	0.
(128) WILLIAMS, EMILY	(i)	248,101.	0.	2,040.	7,500.	1,899.	259,540.	0.
DIRECTOR, SECRETARY - AGP	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page **2**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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) VANLITH, RICHARD FORMER KEY EMPLOYEE - IR	(i)	241,679.	0.	1,529.	5,500.	8,705.	257,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(130) HANKINS, STEVEN COO - LUTHERAN HOSPITAL	(i)	231,578.	0.	14,230.	6,992.	1,685.	254,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(131) STEPP, LEONARD COO - EUCLID HOSP	(i)	225,640.	0.	1,068.	7,050.	19,048.	252,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(132) SAUER, MARY CNO -AVON HOSP	(i)	215,432.	0.	5,591.	14,523.	14,556.	250,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(133) SCHUSTER, JANET CNO - LUTHERAN HOSPITAL	(i)	213,805.	0.	12,710.	6,609.	15,982.	249,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(134) THOBURN, MARY BETH CNO - FAIRVIEW	(i)	218,081.	0.	1,441.	7,542.	14,396.	241,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(135) MADASZ, MD, JIM DIRECTOR - PPG, PHYSICIAN	(i)	213,765.	0.	4,485.	6,600.	15,923.	240,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(136) ROME, MD, ELLEN TRUSTEE - CCCHR, PHYSICIAN	(i)	199,184.	0.	2,255.	20,185.	18,722.	240,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(137) VIDMAR, ERICK ADMIN DIRECTOR - CC NV	(i)	205,522.	0.	6,116.	12,431.	15,639.	239,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(138) CUMMINGS, JEFFREY DIR - KMA, PHYSICIAN	(i)	239,150.	0.	0.	0.	0.	239,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(139) FETTO, JULIE TRUSTEE - UNION, CNO - MEDINA	(i)	218,410.	0.	3,316.	2,601.	13,452.	237,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(140) BIBENS, TODD FORMER KEY EMPLOYEE- IR	(i)	229,119.	0.	938.	4,630.	2,727.	237,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(141) WALTON, LINDA CNO - INDIAN RIVER	(i)	220,994.	0.	903.	4,500.	4,000.	230,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(142) NOWLIN, JACQUELINE CNO - SOUTH POINTE	(i)	193,878.	0.	2,256.	10,791.	13,710.	220,635.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(143) KOCSIS, DANA CNO - UNION	(i)	198,020.	0.	779.	12,001.	7,774.	218,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(144) VANHORN, AMANDA FORMER OFFICER - AKRON	(i)	192,531.	0.	921.	6,848.	12,821.	213,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(145) BECK, CHRIS	(i)	142,099.	17,214.	902.	9,007.	40,191.	209,413.	0.
FORMER OFFICER - UNION	(ii)	0.	0.	0.	0.	0.	0.	0.
(146) CRAIG, ROBERT	(i)	158,879.	17,450.	1,753.	7,928.	16,864.	202,874.	0.
FORMER OFFICER - UNION	(ii)	0.	0.	0.	0.	0.	0.	0.
(147) LUTZ, MD, CATHY	(i)	169,303.	0.	9,832.	7,700.	12,984.	199,819.	0.
DIR - PPG, PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(148) NILSSON, KEITH	(i)	163,078.	0.	1,109.	29,527.	4,309.	198,023.	0.
CFO - CC FLA WESTON (PART YR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(149) SMITH, DARWIN K.	(i)	149,053.	16,843.	840.	9,300.	17,309.	193,345.	0.
FORMER OFFICER - UNION	(ii)	0.	0.	0.	0.	0.	0.	0.
(150) BAKER, JOHN T.	(i)	172,784.	0.	2,794.	1,082.	15,396.	192,056.	0.
FORMER KEY EMPLOYEE - LODI	(ii)	0.	0.	0.	0.	0.	0.	0.
(151) MORRIS, DELESA	(i)	145,026.	0.	0.	9,420.	32,269.	186,715.	0.
EXEC DIRECTOR - MARTIN MEM FDN	(ii)	0.	0.	0.	0.	0.	0.	0.
(152) FLIPPO, LIBBY	(i)	0.	0.	171,976.	0.	10,527.	182,503.	174,942.
FORMER OFFICER - COASTAL CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
(153) SAHADI, LEE	(i)	127,535.	0.	4,786.	25,607.	20,116.	178,044.	0.
DIRECTOR - PPG, MED STAFF ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(154) SMITH, BRIAN	(i)	34,433.	0.	130,137.	2,349.	8,363.	175,282.	124,440.
VP- CLINIC CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
(155) BRUNER, LISBETH	(i)	154,992.	0.	1,646.	2,954.	5,676.	165,268.	0.
FORMER OFFICER - IR	(ii)	0.	0.	0.	0.	0.	0.	0.
(156) MAU, KATHLEEN	(i)	123,619.	0.	6,245.	20,061.	15,282.	165,207.	0.
DIRECTOR - MED HOSP FDN	(ii)	0.	0.	0.	0.	0.	0.	0.
(157) FINDING, MSN, MBA, DONIELLE	(i)	120,089.	0.	5,686.	19,265.	16,009.	161,049.	0.
DIRECTOR, SEC - MEDINA HOS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule J (Form 990) 2020

THE CLEVELAND CLINIC FOUNDATION

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 \$380,815

LIBBY FLIPPO \$174,942

VALERIE LARCOMBE \$263,503

ANGIE METCALF \$242,215

DOUG RIBLEY \$13,377

BRIAN SMITH \$127,593

RAMONA THOMAS \$289,523

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page **3**

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SEVERANCE PAYMENTS ACCRUED IN 2020 BUT NOT YET PAID ARE REPORTED IN PART

VII, COLUMN F AND SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING

INDIVIDUALS:

JOSETTE BERAN \$310,417

EDMUND COLLINS \$318,750

LINDA MCHUGH \$1,425,000

DOUG RIBLEY \$235,056

EDMUND SABANEKH, MD \$1,050,000

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

THOMAS MASARYK, MD - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN. FOR MEDICARE TAX PURPOSES \$1,848,215 OF INCOME REPORTED IN PART VII

AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN.

DAVID PIRAINO, MD - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN. FOR MEDICARE TAX PURPOSES \$1,646,814 OF INCOME REPORTED IN PART VII

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule J (Form 990) 2020

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Page **3**

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AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN.

JEAN SCHILS, MD - PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN. FOR MEDICARE TAX PURPOSES \$1,475,988 OF INCOME REPORTED IN PART VII

AND SCHEDULE J REPRESENT HIS VESTED AMOUNT IN THE PLAN.

THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL

NON-QUALIFIED RETIREMENT PLAN:

CHARLES CLEAVER \$33,021

EDMUND COLLINS \$35,386

DELOS COSGROVE, MD \$2,178,355

MIGUEL COTY \$31,326

ROBERT LORD \$187,166

JESSICA MCLAIN \$26,000

ANGIE METCALF \$14,401

MICHAEL MODIC, MD \$109,916

FERNANDO PETRY, DO \$47,994

JEAN SCHILS, MD \$44,622

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page **3**

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RAMONA THOMAS \$13,494

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN AND/OR A QUALIFIED DEFINED BENEFIT PLAN AND THE ANNUAL

INCREASE OR DECREASE OF THE ACTUARIAL VALUE IS INCLUDED IN SCHEDULE J, PART

II, COLUMN C, RETIREMENT AND OTHER DEFERRED COMPENSATION:

STEPHEN ABDENOUR - \$29,751 INCREASE, JOHN BAKER \$1,082 INCREASE, LISA

BARRETT - \$264 INCREASE, JOSETTE BERAN \$21,902 INCREASE, JOHN BRUYERE -

\$74,292 INCREASE, KATHLEEN (BURNS) MAU, DNP - \$16,185 INCREASE, ANKIT

CHHABRA - \$603 DECREASE, SUSAN COLLIER - \$31,916 INCREASE, DELOS COSGROVE,

MD - \$59,604 INCREASE, MIGUEL COTY - \$13,053 INCREASE, ELLIOT DAVIDSON, MD

- \$24,109 INCREASE, MARLEINA DAVIS - \$17,032 INCREASE, BARBARA DEL CASTILLO

- \$193 INCREASE, OSMEL DELGADO - \$6,917 INCREASE, THERESA DEWS, MD -

\$442,272 INCREASE, DAN EDELMAN, DO - \$8,160 INCREASE, SERPIL ERZURUM, MD -

\$411,341 INCREASE, ALEXIS ESPINOSA - \$3,277 INCREASE, ANDREW FENTON, MD -

\$39,731 INCREASE, JULIE FETTO - \$1,499 INCREASE, DONIELLE FINDING - \$15,473

INCREASE, SUSAN FOSTER - \$16,171 INCREASE, DAVID FRIGO - \$20,280 INCREASE,

WARREN FULLER - \$5,127 INCREASE, STEVE GLASS - \$10,562 INCREASE, THOMAS

Schedule J (Form 990) 2020



# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule J (Form 990) 2020

GROUP RETURN

91-2153073

Page **3**

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HAMILTON - \$147,020 INCREASE, KELLY HANCOCK - \$22,471 INCREASE, MARK

HORATTAS, MD - \$25,010 INCREASE, TRACY HULL, MD - \$401,759 INCREASE, RENEE

KOLONICK - \$14,578 INCREASE, TIMOTHY LONGVILLE - \$64,948 INCREASE, ROBERT

LORD - \$51,724 INCREASE, RICHARD LOWERY - \$48,749 INCREASE, CATHY LUTZ, MD

- \$2,522 INCREASE, KERRY MAJOR - \$3,493 INCREASE, MARK MALLOY - \$8,562

INCREASE, DONALD MALONE, MD - \$326,910 INCREASE, THOMAS MASARYK, MD

\$249,801 INCREASE, LINDA MCHUGH - \$12,341 INCREASE, JESSICA MCLAIN - \$1,819

INCREASE, MICHAEL MEEHAN - \$12,447 INCREASE, JOHN MILLS - \$1,761 INCREASE,

MICHAEL MODIC, MD - \$37,536 INCREASE, MICHAEL MOEHRING - \$36,085 INCREASE,

FARID MUAKKASSA, MD - \$34,978 INCREASE, E. MURAT TUZCU, MD - \$478,064

INCREASE, KEITH NILSSON - \$24,560 INCREASE, JACQUELINE NOWLIN - \$4,854

INCREASE, JASON OBLANDER - \$1,664 INCREASE, RITA PAPPAS, MD - \$5,207

INCREASE, RICHARD PARKER, MD - \$468,780 INCREASE, WILLIAM PEACOCK - \$2,204

INCREASE, DAVID PIRAINO, MD - \$88,765 INCREASE, DOUGLAS RIBLEY - \$6,502

INCREASE, LEE SAHADI - \$20,044 INCREASE, MARY SAUER - \$7,914 INCREASE, JEAN

SCHILS, MD - \$65,508 INCREASE, TITUS SHEERS, MD - \$34,468 INCREASE,

DEBORAH SMALL - \$159 INCREASE, BRIAN SMITH - \$2,349 INCREASE, VICKY SNYDER

- \$10,724 INCREASE, REBECCA STARCK, MD - \$7,569 INCREASE, JAMES STOLLER, MD

- \$80,462 INCREASE, MARYBETH THOBURN - \$858 INCREASE, THOMAS THOMPSON -

Schedule J (Form 990) 2020

# PUBLIC INSPECTION COPY

Schedule J (Form 990) 2020

THE CLEVELAND CLINIC FOUNDATION

GROUP RETURN

91-2153073

Page **3**

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\$12,805 INCREASE, ERICK VIDMAR - \$6,087 INCREASE, HERBERT WIEDEMANN, MD

\$741,125 INCREASE, BARBARA ZINNER - \$23,417 INCREASE.

FORM 990, PART VII, SECTION A AND SCHEDULE J

THE COMPENSATION OF DR. BRIAN DONLEY, DR. E. MURAT TUZCU 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 AN AMOUNT RELATED TO THE FORGIVENESS OF A LOAN ON A

SPLIT DOLLAR LIFE INSURANCE PLAN, AS APPROVED BY THE COMPENSATION COMMITTEE

OF THE BOARD OF DIRECTORS.

# 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

**2020**

**Open to Public  
Inspection**

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

**Employer identification number**  
**91-2153073**

Part I	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	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	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
C	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	677561HU9	11/02/11	208,951,439.	BOND 2011A: REFUND 2003A SERIES		X		X		X
D	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

<b>Part II Proceeds</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired .....	76,295,000.		342,425,000.		124,656,428.		17,775,000.	
<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) 2020**

# 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

**2020**

**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) Defeased		(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, 2012		X		X		X

<b>Part II Proceeds</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired .....		233,236,327.		72,159,971.		1,170,000.		42,374,215.	
<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) 2020

# 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

**2020**

**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) 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> MARTIN COUNTY HEALTH FACILITIES AUTHORITY	36-2646523	NONE	09/24/13	26,555,000.	BOND 2013: REFUND 5/2007 BOND ISSUE		X		X		X

<b>Part II Proceeds</b>									
		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired .....	768,773.		758,132.				12,100,000.	
<b>2</b>	Amount of bonds legally defeased .....								
<b>3</b>	Total proceeds of issue .....	259,345,371.		351,450,108.		380,150,000.		26,555,000.	
<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 .....	1,225,374.		1,419,617.		482,631.		26,555,000.	
<b>12</b>	Other unspent proceeds .....								
<b>13</b>	Year of substantial completion .....	2019		2019		2019		2013	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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) 2020

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THE CLEVELAND CLINIC FOUNDATION

ENTITY 1

Schedule K (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

## Part III Private Business Use

	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		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		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		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		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		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		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 .....		.09 %		.21 %		.09 %		.00 %
<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 %		.01 %		.00 %		.00 %
<b>6</b> Total of lines 4 and 5 .....		.09 %		.22 %		.09 %		.00 %
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		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		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		X	

## Part IV Arbitrage

	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		X
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X		X		X		X
<b>b</b> Exception to rebate? .....		X		X		X		X
<b>c</b> No rebate due? .....	X		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	X	

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THE CLEVELAND CLINIC FOUNDATION

ENTITY 2

Schedule K (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

## Part III Private Business Use

	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		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		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		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		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		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		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 .....		.06 %		.12 %		.00 %		1.54 %
<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 .....		.04 %		.00 %		.00 %		.01 %
<b>6</b> Total of lines 4 and 5 .....		.10 %		.12 %		.00 %		1.55 %
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		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		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		X	

## Part IV Arbitrage

	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		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X		X	X		X	
<b>b</b> Exception to rebate? .....		X	X			X		X
<b>c</b> No rebate due? .....	X		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			X

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THE CLEVELAND CLINIC FOUNDATION

ENTITY 3

Schedule K (Form 990) 2020

GROUP RETURN

91-2153073

Page 2

## Part III Private Business Use

	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		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		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		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		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		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		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 %		.20 %		.22 %		.00 %
<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 %		.01 %		.01 %		.00 %
<b>6</b> Total of lines 4 and 5 .....		.00 %		.21 %		.23 %		.00 %
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		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		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		X	

## Part IV Arbitrage

	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		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X		X		X			X
<b>b</b> Exception to rebate? .....		X		X		X		X
<b>c</b> No rebate due? .....		X		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			X



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THE CLEVELAND CLINIC FOUNDATION

ENTITY 1

Schedule K (Form 990) 2020

## GROUP RETURN

91-2153073

Page 3

## Part IV Arbitrage (continued)

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

## Part V Procedures To Undertake Corrective Action

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

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

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THE CLEVELAND CLINIC FOUNDATION

ENTITY 2

Schedule K (Form 990) 2020

GROUP RETURN

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		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		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		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

ENTITY 3

Schedule K (Form 990) 2020

GROUP RETURN

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	X	
<b>b</b> Name of provider .....							WELLS FARGO	
<b>c</b> Term of hedge .....							25.0000000	
<b>d</b> Was the hedge superintegrated? .....								X
<b>e</b> Was the hedge terminated? .....								X
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		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		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

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

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Schedule K (Form 990) 2020 THE CLEVELAND CLINIC FOUNDATION  
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

(A) ISSUER NAME: MARTIN COUNTY HEALTH FACILITIES AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 11/15/2019

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## SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

# 2020

Open To Public  
Inspection

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

Employer identification number  
91-2153073

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

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

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

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

Total ..... ▶ \$

### Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2020

# PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule L (Form 990 or 990-EZ) 2020 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	19,747.	EMPLOYMENT		X
KAREN R. COOPER	FAMILY MEMBER OF ST	158,103.	EMPLOYMENT		X
RYAN OAKLEY	FAMILY MEMBER OF WI	51,019.	EMPLOYMENT		X
KATHERINE MCHUGH	FAMILY MEMBER OF LI	45,938.	EMPLOYMENT		X
SOPHIA HORATTAS	FAMILY MEMBER OF MA	62,734.	EMPLOYMENT		X
AMBER BRADFORD-SAFFLES	FAMILY MEMBER OF JO	363,012.	EMPLOYMENT		X
JOANNE MCDONALD KILBANE	FAMILY MEMBER OF CA	85,572.	EMPLOYMENT		X
LAURA SWEENEY	FAMILY MEMBER OF TI	86,264.	EMPLOYMENT		X
MICHAEL PETRAS	FAMILY MEMBER OF MI	82,928.	EMPLOYMENT		X
ILEANA HORATTAS	FAMILY MEMBER OF MA	59,867.	EMPLOYMENT		X

## Part V Supplemental Information.

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

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 \$ 19,747.

(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 \$ 158,103.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RYAN OAKLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF WILLIAM PEACOCK, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 51,019.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

Schedule L (Form 990 or 990-EZ) 2020

# 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).

(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 \$ 45,938.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

(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 \$ 62,734.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH AGMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

(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 \$ 363,012.

(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 \$ 85,572.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

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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).

(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 \$ 86,264.

(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 \$ 82,928.

(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 \$ 59,867.

(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 \$ 51,553.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH AGMC



# 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).

(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 \$ 18,974.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCCHR

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ELLEN IANNOTTI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOSEPH IANNOTTI, CC FLORIDA TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 36,270.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CC FLORIDA

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: FRANK IANNOTTI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOSEPH IANNOTTI, CC FLORIDA TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 35,039.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CC FLORIDA

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: VICTORIA JAVOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KELLY HANCOCK, CCF OFFICER

(C) AMOUNT OF TRANSACTION \$ 94,668.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH CCF

# 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).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GREGORY BILOWSKY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF AMANDA MENDIOLA, AGMC DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 79,642.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH AGMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ANNE LORD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF ROB LORD, MMMC OFFICER

(C) AMOUNT OF TRANSACTION \$ 13,422.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT AGREEMENT WITH MMMC

(E) SHARING OF ORGANIZATION REVENUES? = NO

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## SCHEDULE M (Form 990)

## Noncash Contributions

OMB No. 1545-0047

# 2020

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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 **THE CLEVELAND CLINIC FOUNDATION**  
**GROUP RETURN**

Employer identification number  
**91-2153073**

### Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	17	167,125.	APPRAISAL
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		25,000.	SALE COMPARABLE GOODS
5 Clothing and household goods .....	X		288,884.	SALE COMPARABLE GOODS
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	180	26,133,707.	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 .....	X	2	8,212,265.	APPRAISAL
17 Real estate - Other .....				
18 Collectibles .....	X	4	4,400.	APPRAISAL
19 Food inventory .....	X	44	171,979.	COST
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( MEDICAL EQUIP )	X	183	6,528,872.	SALE COMPARABLE GOOD
26 Other ▶ ( EVENT TICKETS )	X	47	314,175.	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 V, Donee Acknowledgement ..... **29** 5

- 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 If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2020

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

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.

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## 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

# 2020

Open to Public  
Inspection

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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FORM 990, PART III, PROGRAM SERVICE STATEMENT

CLEVELAND CLINIC, HEADQUARTERED IN CLEVELAND, OHIO, IS A NONPROFIT,

TAX-EXEMPT ACADEMIC MEDICAL CENTER THAT INTEGRATES CLINICAL AND

HOSPITAL CARE WITH RESEARCH AND EDUCATION. THE CLEVELAND CLINIC

FOUNDATION IS THE PARENT OF THE CLEVELAND CLINIC HEALTH SYSTEM.

CLEVELAND CLINIC WAS ESTABLISHED IN 1921. IN JANUARY 2021 AS THE CLINIC

CELEBRATED ITS CENTENNIAL YEAR A NEW MISSION STATEMENT WAS UNVEILED:

CARING FOR LIFE, RESEARCHING FOR HEALTH AND EDUCATING THOSE WHO SERVE.

THE NEW MISSION STATEMENT STAYS TRUE TO THE PAST, ENCOMPASSES THE

PRESENT AND OUTLINES THE FUTURE OF THE ORGANIZATION. 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 2020

CLEVELAND CLINIC AND ITS AFFILIATES PROVIDED \$1.3 BILLION IN BENEFITS

TO THE COMMUNITIES SERVED. THE COMMUNITY BENEFIT THAT THE CLEVELAND

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

Schedule O (Form 990 or 990-EZ) 2020

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

CLINIC HEALTH SYSTEM PROVIDES INCLUDES PATIENT CARE PROVIDED ON A  
CHARITABLE BASIS, RESEARCH, EDUCATION, MEDICAID SHORTFALL, SUBSIDIZED  
HEALTH SERVICES, AND COMMUNITY OUTREACH PROGRAMS.

THE CURRENT COMMUNITY BENEFIT REPORT IS AVAILABLE AT  
CLEVELANDCLINIC.ORG. (COMMUNITY BENEFIT AMOUNTS REPORTED IN THIS

PROGRAM SERVICE STATEMENT REFER TO THE CLEVELAND CLINIC'S 2020  
COMMUNITY CONNECTIONS, BASED ON THE CHA REPORTING METHODOLOGY. SEE  
FORM 990, SCHEDULE H FOR A RECONCILIATION OF SCHEDULE H TO COMMUNITY  
BENEFIT REPORTING.)

COVID-19

ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE NOVEL  
CORONAVIRUS DISEASE (COVID-19) OUTBREAK A GLOBAL PANDEMIC. THE  
GOVERNORS OF OHIO AND FLORIDA DECLARED A STATE OF EMERGENCY FOR THEIR  
RESPECTIVE STATES RELATED TO THE COVID-19 OUTBREAK ON MARCH 9, 2020,  
AND A NATIONAL STATE OF EMERGENCY IN THE U.S. WAS DECLARED ON MARCH 13,  
2020. THE SYSTEM IS WORKING WITH PUBLIC HEALTH PARTNERS AT ALL LEVELS  
TO MAINTAIN THE HEALTH AND SAFETY OF PATIENTS, VISITORS AND CAREGIVERS  
TO PREVENT THE SPREAD OF COVID-19. THE SYSTEM IS ALSO PROVIDING  
EXTENSIVE EDUCATION TO PATIENTS ON THE PRECAUTIONS THAT HAVE BEEN  
IMPLEMENTED TO KEEP PATIENTS AND CAREGIVERS SAFE DURING THEIR  
APPOINTMENTS AND PROCEDURES. THROUGHOUT THE PANDEMIC THE SYSTEM HAS  
REMAINED FOCUSED ON CREATING A SAFE ENVIRONMENT FOR PATIENTS AND  
CAREGIVERS TO ENSURE THE AVAILABILITY OF CARE FOR EARLY IDENTIFICATION  
OF DISEASES AND HELPING PATIENTS IN MANAGING CHRONIC DISEASES.

SINCE THE BEGINNING OF THE PANDEMIC, THE SYSTEM HAS PROVIDED CARE TO  
MORE THAN 20,000 COVID-19 PATIENTS ADMITTED TO ITS OHIO AND FLORIDA  
FACILITIES. IN OHIO, THE SYSTEM HAS CARED FOR APPROXIMATELY 25% OF ALL  
PATIENTS HOSPITALIZED WITH COVID-19. DURING THE EARLY PHASE OF THE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

PANDEMIC, THE SYSTEM ESTABLISHED TESTING SITES IN ITS COMMUNITIES TO  
HELP SLOW THE SPREAD OF COVID-19. THE SYSTEM WAS ONE OF THE FIRST  
HEALTH SYSTEMS TO OFFER COVID-19 TESTING WHEN THE PANDEMIC BEGAN AND  
HAS PERFORMED MORE THAN ONE MILLION TESTS IN ITS LABORATORIES IN OHIO  
AND FLORIDA.

## I. PATIENT CARE

IN 2020, THE CLEVELAND CLINIC HEALTH SYSTEM INCLUDES 18 HOSPITALS;  
THIRTEEN OF THE HOSPITALS ARE OPERATED IN THE NORTHEAST OHIO AREA,  
ANCHORED BY THE CLINIC. CLEVELAND CLINIC OPERATES 21 OUTPATIENT FAMILY  
HEALTH CENTERS, AND 11 AMBULATORY SURGERY CENTERS, AS WELL AS NUMEROUS  
PHYSICIAN OFFICES, WHICH ARE LOCATED THROUGHOUT NORTHEAST OHIO. IN  
FLORIDA, THE CLEVELAND CLINIC HEALTH 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 CLEVELAND CLINIC HEALTH 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. THE  
CLEVELAND CLINIC HEALTH SYSTEM ALSO PROVIDES CARE AT 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.  
CLEVELAND CLINIC ABU DHABI'S CANCER TREATMENT IS MODELED AFTER THE  
CLINIC'S TAUSSIG CANCER CENTER AND EXPANDS THE RANGE OF CANCER  
TREATMENTS AVAILABLE WITH CENTRALIZED ONCOLOGY SERVICES PROVIDING  
DEDICATED CLINICAL PRACTICE AREAS FOR ADVANCED IMAGING, INFUSION,

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

RADIATION, AND CHEMOTHERAPY, AS WELL AS A CONNECTION TO THE HOSPITAL'S  
SURGICAL AREAS.

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 2020, THE CLEVELAND CLINIC HEALTH SYSTEM RECORDED 4,812 TOTAL

STAFFED BEDS, 756,416 EMERGENCY VISITS, 216,866 SURGICAL CASES, 222,494

ADMISSIONS, AND MORE THAN 8.6 MILLION TOTAL CLINIC VISITS. IT IS THE

POLICY OF CLEVELAND CLINIC HEALTH SYSTEM TO TREAT ALL PATIENTS WITH

COMPASSION, DIGNITY AND RESPECT, REGARDLESS OF THEIR RACE, CREED, OR

ABILITY TO PAY.

CLEVELAND CLINIC'S PATIENT CARE SERVICES ARE PROVIDED VIA

PATIENT-ORIENTED INSTITUTES, WHICH ARE STRUCTURED ON THE BASIS OF ORGAN

SYSTEM OR DISEASE. THE INSTITUTES FACILITATE A MULTIDISCIPLINARY

APPROACH, AND ARE DESIGNED TO ENHANCE CONVENIENCE FOR PATIENTS AND THE

EXCHANGE OF KNOWLEDGE, RESEARCH AND EDUCATIONAL COLLABORATION FOR

BETTER PATIENT OUTCOMES. SOME OF THE INSTITUTES ARE: ANESTHESIOLOGY &

PAIN MANAGEMENT; CANCER CENTER/TAUSSIG CANCER; CHILDREN'S & PEDIATRIC;

COMMUNITY CARE; DERMATOLOGY & PLASTIC SURGERY; DIGESTIVE DISEASE &

SURGERY; EMERGENCY SERVICES; ENDOCRINOLOGY & METABOLISM; COLE EYE;

GENOMICS; HEAD & NECK; HEART, VASCULAR & THORACIC; IMAGING;

NEUROLOGICAL; NURSING; OB/GYN & WOMEN'S HEALTH; ORTHOPAEDIC &

RHEUMATOLOGIC; PATHOLOGY & LABORATORY MEDICINE; RESPIRATORY; AND

UROLOGY & KIDNEY.



# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

## 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 2020. OVERALL, CLEVELAND CLINIC WAS AMONG THE NATION'S BEST

HOSPITALS, EARNING THE NO. 2 RANKING. FOR THE 26TH CONSECUTIVE YEAR,

CLEVELAND CLINIC RANKED BEST IN THE NATION FOR CARDIOLOGY AND HEART

SURGERY, EARNING THE NO. 1 SPOT.

13 CLEVELAND CLINIC SPECIALTIES ALSO RANKED IN THE TOP 10. OF THESE,

NINE PLACED IN THE TOP 5 INCLUDING: CARDIOLOGY & HEART SURGERY;

UROLOGY; GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY; NEPHROLOGY;

RHEUMATOLOGY; PULMONOLOGY AND LUNG SURGERY; CANCER; GERIATRICS AND

GYNECOLOGY. CLEVELAND CLINIC WAS NATIONALLY RANKED IN 14 ADULT

SPECIALTIES AND 10 CHILDREN'S SPECIALTIES. CLEVELAND CLINIC WAS ALSO

RATED HIGH PERFORMING IN NINE PROCEDURES AND CONDITIONS.

CLEVELAND CLINIC HAS ACHIEVED THE DISTINGUISHED MAGNET RECOGNITION.

MAGNET STATUS IS THE HIGHEST NATIONAL RECOGNITION AWARDED TO A HOSPITAL

OR MEDICAL CENTER FOR EXCELLENCE IN NURSING. AMERICAN NURSES

CREDENTIALING CENTER, A SUBSIDIARY OF THE AMERICAN NURSES ASSOCIATION,

GRANTS MAGNET STATUS WHEN A HEALTHCARE ORGANIZATION REFLECTS NURSING

PROFESSIONALISM, TEAMWORK AND SUPERIORITY IN PATIENT CARE. FEWER THAN

400 OF THE COUNTRY'S 6,000-PLUS HOSPITALS HAVE EARNED THIS PRESTIGIOUS

HONOR.

FOR THE TENTH TIME IN THE PAST 12 YEARS, CLEVELAND CLINIC HAS BEEN

RECOGNIZED AS ONE OF THE WORLD'S MOST ETHICAL COMPANIES. CLEVELAND

CLINIC IS ONE OF JUST FIVE HEALTHCARE PROVIDERS WORLDWIDE ON THE 2020

LIST BY THE ETHISPHERE INSTITUTE, WHICH DESCRIBES ITSELF AS "ADVANCING

THE STANDARDS OF ETHICAL BUSINESS PRACTICES THAT FUEL CORPORATE

CHARACTER, MARKETPLACE TRUST AND BUSINESS SUCCESS".

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

IN 2020, CLEVELAND CLINIC AND ITS FACILITIES RECEIVED: THE

ENVIRONMENTAL EXCELLENCE AWARD, GREENING THE OR AWARD, EEP

(ENVIRONMENTALLY PREFERABLE PURCHASING) CIRCLE AWARD, CLIMATE CIRCLE

AWARD, GREEN BUILDING CIRCLE AWARD, GREENHEALTH EMERALD AWARD,

GREENHEALTH PARTNER FOR CHANGE AWARD, SYSTEM FOR CHANGE AWARD AND

PARTNER RECOGNITION 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 455 STAFFED BED TEACHING AND RESEARCH MEDICAL CENTER

INCLUDES LODI HOSPITAL AND HEALTH & WELLNESS CENTERS. THE LEVEL 1

TRAUMA CENTER, AS DESIGNATED BY THE AMERICAN COLLEGE OF SURGEONS,

OFFERS THE TECHNOLOGY, EXPERTISE, AND STAFFING TO TREAT ALL INJURIES

REGARDLESS OF SEVERITY. IN 2020 U.S. NEWS & WORLD REPORT RANKED AKRON

GENERAL AS THE SEVENTH BEST HOSPITAL IN OHIO AND THE BEST HOSPITAL IN

AKRON. AKRON GENERAL WAS ALSO RANKED AS HIGH PERFORMING IN SEVEN ADULT

MEDICAL SPECIALTIES AND FIVE COMMON ADULT PROCEDURES AND CONDITIONS.

THE AMERICAN NURSES ASSOCIATION BESTOWED THE PRESTIGIOUS MAGNET STATUS

DESIGNATION TO AKRON GENERAL. AKRON GENERAL IS ACCREDITED BY JOINT

COMMISSION, ALSO RECEIVING ITS GOLD SEAL OF APPROVAL STROKE CARE. IT IS

SUMMIT COUNTY'S FIRST ACCREDITED CHEST PAIN CENTER, MEETING STRICT

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Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

CRITERIA FROM THE SOCIETY OF CHEST PAIN CENTERS AND PROVIDERS. AKRON

GENERAL'S MCDOWELL CANCER INSTITUTE IS THE ONLY AKRON CANCER HOSPITAL

TO RECEIVE AN OUTSTANDING ACHIEVEMENT AWARD FROM THE AMERICAN COLLEGE

OF SURGEONS COMMISSION ON CANCER. AKRON GENERAL PARTICIPATES IN

NATIONAL CANCER INSTITUTE (NCI) SPONSORED CLINICAL TRIALS, AS WELL AS

PHARMACEUTICAL INDUSTRY SPONSORED TRIALS. MEMBERSHIP IN SIX NCI

COOPERATIVE GROUPS PROVIDES PATIENTS WITH ACCESS TO A WIDE MENU OF

CLINICAL TRIALS. AKRON GENERAL WAS NATIONALLY RECOGNIZED FOR THE

WELLNESS PHILOSOPHY - HEALTH & WELLNESS CENTER, LIFESTYLES AND FITNESS

PROGRAMS THAT INCORPORATES INTEGRATED OUTPATIENT CLINICAL CARE,

PREVENTION, REHABILITATION AND NUTRITIONAL COUNSELING.

OPENED IN NOVEMBER 2016, 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 DECEMBER 9TH, 2016. AVON HOSPITAL

HAS OBTAINED AN ADVANCED CERTIFICATION FOR PRIMARY STROKE BY THE JOINT

COMMISSION. IN ADDITION, IN 2020, AVON RECEIVED THE ANTHEM BLUE

DISTINCTION CENTER FOR KNEE AND HIP REPLACEMENT. IN 2020, AVON WAS

AWARDED THE GREENHEALTH PARTNER FOR CHANGE AWARD WHICH RECOGNIZES

SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY.

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,

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

CLEVELAND CLINIC NEURO-REHABILITATION PROGRAM, EMERGENCY DEPARTMENT,  
GERIATRIC ASSESSMENT PROGRAM, HEALING GARDEN WITH LAKEFRONT VIEWS,  
ORTHOPEDICS, AND OUTPATIENT REHABILITATION. IN 2020, EUCLID HOSPITAL  
RECEIVED THE GREENHEALTH EMERALD AWARD, WHICH RECOGNIZES OUTSTANDING  
HOSPITALS FOR DIFFERENT SUSTAINABILITY PROGRAMS AND ACTIVITIES. IN  
2020, EUCLID HOSPITAL ALSO RECEIVED THE GREENING THE OR (OPERATING  
ROOM) RECOGNITION AWARD FROM GREENHEALTH, WHICH HONORS FACILITIES THAT  
HAVE MADE SUBSTANTIAL PROGRESS IN REDUCING THE IMPACT OF THE SURGICAL  
ENVIRONMENT.

FOUNDED IN 1892, FAIRVIEW HOSPITAL IS A FAITH-BASED COMMUNITY HOSPITAL  
WITH 466 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 2020, U.S. NEWS & WORLD REPORT  
RECOGNIZED FAIRVIEW HOSPITAL AS THE NUMBER FOUR HOSPITAL IN THE  
CLEVELAND METROPOLITAN AREA AND NUMBER FIVE IN OHIO. FAIRVIEW  
HOSPITAL WAS NATIONALLY RANKED FOR CARDIOLOGY & HEART SURGERY, UROLOGY,  
NEUROLOGY & NEUROSURGERY AND ORTHOPEDICS AND HIGHEST PERFORMING IN FOUR  
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

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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 2020, FAIRVIEW HOSPITAL RECEIVED SEVERAL AWARDS FROM

PRACTICE GREENHEALTH, INCLUDING: THE EMERALD AWARD AND GREENING THE OR

RECOGNITION AWARD. FAIRVIEW HOSPITAL WAS RECOGNIZED BY THOMSON REUTERS

IN THE TOP 100 HOSPITALS, CATEGORIES INCLUDE LOWER INPATIENT MORTALITY,

FEWER PATIENT COMPLICATIONS, PROVIDED FASTER EMERGENCY CARE, KEPT

INPATIENT EXPENSES LOW WHILE STILL MAINTAINING A HEALTHY FINANCIAL

ENVIRONMENT AND SCORED HIGHER ON PATIENT RATINGS OF THEIR OVERALL

HOSPITAL EXPERIENCE.

OPENED IN NOVEMBER 1968, HILLCREST HOSPITAL HAS 438 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 2020 U.S. NEWS & WORLD REPORT, HILLCREST

HOSPITAL WAS NATIONALLY RANKED IN FOUR ADULT SPECIALTIES, CARDIOLOGY &

HEART SURGERY, GASTROENTEROLOGY & GI SURGERY, ORTHOPEDICS AND

PULMONOLOGY & LUNG SURGERY, AND AS HIGH PERFORMING IN FOR OTHER ADULT

SPECIALTIES. THE HOSPITAL ALSO ACHIEVED HIGH PERFORMING RATINGS IN SIX

COMMON ADULT PROCEDURES AND CONDITIONS. THE HOSPITAL IS ALSO RANKED

THIRD AMONG CLEVELAND -AREA HOSPITALS AND FOURTH IN THE STATE OF OHIO.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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  
2020, HILLCREST WAS AWARDED THE GREENHEALTH PARTNER FOR CHANGE AWARD,  
WHICH RECOGNIZES SUPERIOR PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY.  
OPENED IN 1896, LUTHERAN HOSPITAL IS A 192 STAFFED BED HOSPITAL  
OFFERING QUALITY MEDICAL CARE, CUTTING-EDGE TECHNOLOGY AND ADVANCED  
RESEARCH AND SURGERY. LUTHERAN OFFERS EXPERT CARE IN AREAS SUCH AS  
ORTHOPEDICS, SPINE, PAIN MANAGEMENT, GENERAL SURGERY, BEHAVIORAL  
HEALTH, ALCOHOL AND DRUG RECOVERY, WOUND CARE, LAB AND IMAGING  
SERVICES, AND EMERGENCY MEDICINE. AMONG THE COMMUNITY HOSPITALS  
NATIONWIDE, LUTHERAN HOSPITAL HAS PLACED #1 IN 2019, 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 2020 U.S. NEWS & WORLD  
REPORT, LUTHERAN HOSPITAL WAS ACHIEVED HIGH PERFORMING IN TWO 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  
2020, LUTHERAN WAS AWARDED THE GREENHEALTH PARTNER FOR CHANGE AWARD.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

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 1949, MARYMOUNT HOSPITAL IS A 234 STAFFED BED ACUTE CARE

HOSPITAL PROVIDING ADVANCED HEALTH CARE, GUIDED BY THE VALUES OF

SERVICE, COMPASSION, DIGNITY, AND RESPECT. IN 2020, U.S. NEWS & WORLD

REPORT RECOGNIZED MARYMOUNT HOSPITAL AS HIGH PERFORMING IN CHRONIC

OBSTRUCTIVE PULMONARY DISEASE (COPD). MARYMOUNT HOSPITAL WAS

RECOGNIZED WITH THE GREENHEALTH PARTNER FOR 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, ACCREDITED

BY AMERICAN COLLEGE OF RADIOLOGY FOR MAMMOGRAPHY AND MAGNETIC RESONANCE

IMAGING (MRI), AND CERTIFICATION BY THE AMERICAN ASSOCIATION OF

CARDIOVASCULAR AND PULMONARY REHABILITATION.

FOUNDED IN 1944, MEDINA HOSPITAL IS A 148 STAFFED BED ACUTE CARE

FACILITY. MEDINA'S 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

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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

2020, U.S. NEWS & WORLD REPORT RECOGNIZED MEDINA HOSPITAL AS HIGH

PERFORMING IN HEART FAILURE. MEDINA HOSPITAL WAS RECOGNIZED WITH THE

GREENHEALTH PARTNER FOR CHANGE AWARD BY PRACTICE GREENHEALTH. MEDINA

HOSPITAL CURRENTLY HOLDS ACCREDITATIONS FROM THE COLLEGE OF AMERICAN

PATHOLOGISTS (CAP) FOR THE LABORATORY AND RESPIRATORY THERAPY BLOOD GAS

LAB, AN ACCREDITED HOSPITAL PROGRAM FOR ONCOLOGY FROM THE AMERICAN

COLLEGE OF SURGEONS COMMISSION, AND CERTIFICATION FROM THE AMERICAN

COLLEGE OF RADIOLOGY (ACR) FOR MAMMOGRAPHY, MRI AND ULTRASOUND.

SOUTH POINTE HOSPITAL, IS A 172 STAFFED BED ACUTE CARE, COMMUNITY

TEACHING HOSPITAL WHICH HAS BEEN SERVICING THE HEALTHCARE NEEDS OF ITS

COMMUNITY SINCE 1957. SOUTH POINTE DELIVERS A PATIENT CENTERED MODEL OF

CARE WHICH PROMOTES THE HEALING OF THE MIND, BODY AND SPIRIT. IN 2020

U.S. NEWS & WORLD REPORT RECOGNIZED SOUTH POINTE HOSPITAL AS HIGH

PERFORMING IN FOUR ADULT MEDICAL 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. IN 2020, SOUTH POINTE WAS AWARDED

THE GREENHEALTH PARTNER FOR CHANGE AWARD, WHICH RECOGNIZES SUPERIOR

PERFORMANCE IN ENVIRONMENTAL SUSTAINABILITY. SOUTH POINTE'S CANCER

PROGRAM HAS A FOUR YEAR ACCREDITATION BY THE COMMISSION ON CANCER FOR

THE AMERICAN COLLEGE OF SURGEONS.

FOUNDED IN 1906, UNION HOSPITAL IS A 96 STAFFED BED HOSPITAL. THE



# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

HOSPITAL'S 25 ACRE MEDICAL CAMPUS INCLUDES PHYSICIAN OFFICE BUILDINGS,

OUTPATIENT REHABILITATION AND SPORTS MEDICINE CENTER, AND A MENTAL

HEALTHCARE AGENCY. OFF CAMPUS FACILITIES INCLUDE AN AMBULATORY SURGERY

CENTER, OCCUPATIONAL MEDICINE AND AN URGENT CARE CENTER. UNION HOSPITAL

HAS BEEN NAMED TO THE LIST OF THE 100 GREAT COMMUNITY HOSPITALS BY

BECKER'S HOSPITAL REVIEW, A MONTHLY PUBLICATION OF BUSINESS AND LEGAL

NEWS FOR HOSPITAL EXECUTIVES. IT IS ONE OF SIX HOSPITALS NATIONWIDE

RECOGNIZED AS A TOP PERFORMING HOSPITAL IN THE MIDAS+ PLATINUM QUALITY

AWARD PROGRAM. IN ADDITION, IT ACHIEVED CERTIFICATION AS A PRIMARY

STROKE CENTER. UNION HOSPITAL HAS ALSO BEEN DESIGNATED AS A BREAST

IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY,

INDICATING THAT BREAST IMAGING AT UNION MEETS THE HIGHEST STANDARDS OF

THE RADIOLOGY PROFESSION. 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 230 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 2020, CLEVELAND CLINIC FLORIDA HAD 517,182

PATIENT VISITS, 18,018 INTERNATIONAL PATIENT VISITS; AND MORE THAN 297

STAFF PHYSICIAN AND 136 RESIDENTS AND FELLOWS IN 11 ACCREDITED TRAINING

PROGRAMS. IN 2020, U.S. NEWS & WORLD REPORT NATIONALLY RANKED ONE OF

FLORIDA'S ADULT SPECIALTIES: GASTROENTEROLOGY & GI SURGERY. IT WAS ALSO

HIGH PERFORMING IN FOUR ADULT SPECIALTIES AND SEVEN ADULT PROCEDURES

AND CONDITIONS. IN ADDITION, PRACTICE GREENHEALTH AWARDED IT WITH THE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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 ELEVENTH 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 2020-2021. CLEVELAND CLINIC FLORIDA IS RANKED FIRST IN

THE MIAMI-FT. LAUDERDALE METROPOLITAN REGION AND FIFTH IN THE STATE OF

FLORIDA. CLEVELAND CLINIC FLORIDA HOLDS SEVERAL AWARDS, INCLUDING:

NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS FROM THE AMERICAN

COLLEGE OF SURGEONS, DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE

BY THE AMERICAN COLLEGE OF RADIOLOGY, A 3 YEAR ACCREDITED CANCER

PROGRAM, ADVANCED CERTIFICATION FOR PRIMARY CARE STROKE CENTERS FROM

THE JOINT COMMISSION AND AMERICAN HEART ASSOCIATION, A COMPREHENSIVE

STROKE CENTER DESIGNATION FROM FLORIDA'S AGENCY FOR HEALTH CARE

ADMINISTRATION, A STROKE GOLD PLUS ACHIEVEMENT AWARD WITH TARGET

STROKE HONOR ROLL ELITE PLUS FROM THE AMERICAN HEART ASSOCIATION, A TOP

PERFORMER FOR ADVANCED CERTIFICATION IN VENTRICULAR ASSIST DEVICE (VAD)

FROM JOINT COMMISSION, A FULLY ACCREDITED METABOLIC AND BARIATRIC

SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM FROM THE AMERICAN

COLLEGE OF SURGEONS, THE LANTERN AWARD 2017-2020 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.

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 341 BEDS AND

ASSOCIATED ANCILLARY SERVICE DEPARTMENTS. THE MARTIN HEALTH SYSTEM'S

PRIMARY MISSION IS TO PROVIDE QUALITY HEALTH CARE SERVICES TO CITIZENS

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

OF MARTIN, ST. LUCIE, AND EASTERN OKEECHOBEE COUNTIES THROUGH ITS ACUTE

AND AMBULATORY CARE FACILITIES. IN 2020 U.S. NEWS & WORLD REPORT RANKED

MARTIN MEMORIAL HEALTH SYSTEM AS THE TWENTY-EIGHTH BEST HOSPITALS IN

FLORIDA. THE HOSPITAL ALSO ACHIEVED HIGH PERFORMING RATINGS IN FOUR

COMMON ADULT PROCEDURES AND CONDITIONS. MARTIN MEMORIAL HEALTH SYSTEM

IS THE JOINT COMMISSION ACCREDITED; RANKING AMONG THE TOP 10 PERCENT OF

HOSPITALS NATIONWIDE. THE HOSPITAL WAS ALSO AWARDED CERTIFICATION BY

THE JOINT COMMISSION FOR THE PRIMARY STROKE CENTER, ORTHOPEDIC

SPECIALTY CENTER AND PATIENT BLOOD MANAGEMENT PROGRAM. THE ROBERT AND

CAROL WEISSMAN CANCER CENTER AT MARTIN HEALTH RECEIVED A THREE-YEAR

ACCREDITATION WITH COMMENDATION FROM THE COMMISSION ON CANCER OF THE

AMERICAN COLLEGE OF SURGEONS.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

FOUNDED IN 1939 AS MARTIN COUNTY HOSPITAL, MARTIN NORTH HOSPITAL'S 241

BED FACILITY TREATS PATIENTS WITH MAJOR ILLNESSES OR INJURIES AND

LIFE-THREATENING SYMPTOMS. THE CAMPUS IS HOME TO THE FRANCES LANGFORD

HEART CENTER, THE ROBERT AND CAROL WEISSMAN CANCER CENTER, THE BACK AND

SPINE CENTER AND A MINIMALLY INVASIVE SURGERY CENTER. MARTIN HEALTH

OPENED THE SOUTH HOSPITAL ON SALERNO ROAD IN STUART IN 1992. THIS

100-BED HOSPITAL TREATS PATIENTS WITH MAJOR ILLNESSES OR INJURIES AND

LIFE-THREATENING SYMPTOMS. THIS HOSPITAL IS HOME TO THE MARTIN HEALTH

ORTHOPAEDIC SPECIALTY CENTER, A COMPREHENSIVE PROGRAM DEDICATED TO

HELPING PATIENTS REGAIN INDEPENDENCE FOLLOWING ORTHOPAEDIC SURGERY. IN

DECEMBER 2013, MARTIN HEALTH SYSTEM BROUGHT HIGH-QUALITY HEALTH CARE TO

THE RESIDENTS OF WEST PORT ST. LUCIE WHEN THE DOORS TO TRADITION

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

MEDICAL CENTER OPENED. THE STATE-OF-THE-ART ACUTE CARE FACILITY HAS A

TOTAL OF NINE STORIES WITH 177 PATIENT ROOMS.

FOUNDED IN 1932, INDIAN RIVER HOSPITAL HAS GROWN FROM A SMALL COMMUNITY

HOSPITAL TO A 250 STAFFED BED HOSPITAL. INDIAN RIVER HOSPITAL SERVES AS

THE AREA'S LEADING PROVIDER OF COMPREHENSIVE HIGH QUALITY HEALTH AND

MEDICAL SERVICES AND IMPROVES THE HEALTH AND WELL-BEING OF THE PEOPLE

OF AND COMMUNITIES SERVED. INDIAN RIVER HOSPITAL HAS BEEN DESIGNATED AS

A BLUE DISTINCTION CENTER FOR CARDIAC CARE AND KNEE AND HIP REPLACEMENT

BY FLORIDA BLUE AND AWARDED THE JOINT COMMISSION'S GOLD SEAL OF

APPROVAL. IT HAS BEEN RECOGNIZED AS THE NINETEENTH BEST HOSPITALS IN

FLORIDA BY U.S. NEWS & WORLD REPORT. IN THE 2020 U.S. NEWS & WORLD

REPORT, INDIAN RIVER HOSPITAL ACHIEVED HIGH PERFORMING IN FOUR ADULT

PROCEDURE AND CONDITIONS. INDIAN RIVER WAS AWARDED THE 2019 READERS

CHOICE AWARD WINNER FOR BEST HOSPITALS AS VOTED BY THE HOMETOWN NEWS

READERS OF VERO BEACH. INDIAN RIVER HAS ACHIEVED THE GOLD SEAL OF

APPROVAL FROM THE JOINT COMMISSION. THE AMERICAN ASSOCIATION OF

CRITICAL CARE NURSES ("AACN") RECENTLY CONFERRED A BRONZE-LEVEL BEACON

AWARD FOR EXCELLENCE. THE AWARD RECOGNIZES UNIT CAREGIVERS WHO

SUCCESSFULLY IMPROVE PATIENT OUTCOMES AND ALIGN PRACTICES WITH AACN'S

SIX HEALTHY WORK ENVIRONMENT STANDARDS. INDIAN RIVER RECEIVED

ACCREDITATION FROM: THE AMERICAN COLLEGE OF RADIOLOGY; A THREE YEAR

TERM IN ULTRASOUND BY THE AMERICAN COLLEGE OF RADIOLOGY; COMPUTED

TOMOGRAPHY BY THE AMERICAN COLLEGE OF RADIOLOGY; A CANCER PROGRAM

ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER;

AND IS DESIGNATED AS A CHEST PAIN CENTER V5 WITH PRIMARY PCI

ACCREDITATION. THE AMERICAN HEART ASSOCIATION AWARDED INDIAN RIVER WITH

THE GOLD PLUS ELITE QUALITY ACHIEVEMENT AWARD FOR THE STROKE AND HEART

FAILURE PROGRAM.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

THE CLEVELAND CLINIC LOU RUVO CENTER FOR BRAIN HEALTH IS A  
MULTIDISCIPLINARY CENTER, CO-LOCATED IN LAS VEGAS AND CLEVELAND  
PROVIDING DIAGNOSIS AND TREATMENT FOR PATIENTS WITH COGNITIVE DISORDERS  
AND SUPPORT FOR THEIR FAMILIES. PHYSICIANS AND STAFF FOCUS ON EARLY  
INTERVENTION FOR MILD COGNITIVE DISORDERS THROUGH PHYSICAL EXERCISE,  
COGNITIVE REHABILITATION, AND MEDICATION. THE CENTER ALSO ENGAGES IN  
EDUCATION AND RESEARCH ACTIVITIES. THE LOU RUVO CENTER FOR BRAIN  
HEALTH WAS NAMED A RESEARCH CENTER OF EXCELLENCE BY THE LEWY BODY  
DEMENTIA ASSOCIATION. IT HAS BEEN NAMED ONE OF THE FIRST FIVE CUREPSP  
CENTERS OF CARE IN THE UNITED STATES. IT IS ALSO THE ONLY PROGRAM IN  
SOUTHERN NEVADA TO RECEIVE THE PARTNERS IN CARE DESIGNATION FROM THE  
NATIONAL MULTIPLE SCLEROSIS SOCIETY.  
KEEP MEMORY ALIVE ("KMA") RAISES FUNDS TO OPERATE THE CLEVELAND CLINIC  
LOU RUVO CENTER FOR BRAIN HEALTH TO ADVANCE THE RESEARCH AND TREATMENT  
OF PATIENTS WITH NEUROCOGNITIVE DISORDERS THAT RESULT FROM NEUROLOGICAL  
DISEASES INCLUDING ALZHEIMER'S, HUNTINGTON'S, PARKINSON'S, AND  
AMYOTROPHIC LATERAL SCLEROSIS (ALS). KMA STRIVES TO CREATE GREATER  
AWARENESS OF NEUROCOGNITIVE DISORDERS; EDUCATE FAMILIES ABOUT  
TREATMENTS, RESEARCH EFFORTS, AND AVAILABLE CAREGIVER SERVICES; AND  
PROMOTES LIFESTYLE CHANGES TO ENCOURAGE HEALTHY BRAIN AGING.  
ON FEBRUARY 1, 2021, THE CLINIC BECAME THE SOLE MEMBER OF MERCY MEDICAL  
CENTER (MERCY) PURSUANT TO THE TERMS OF A MEMBER SUBSTITUTION AGREEMENT  
WITH THE SISTERS OF CHARITY OF ST. AUGUSTINE HEALTH SYSTEM, THE PRIOR  
SOLE MEMBER OF MERCY. MERCY IS A 476 LICENSED BED HOSPITAL SERVING  
STARK, CARROLL, WAYNE, HOLMES, AND TUSCARAWAS COUNTIES AND PARTS OF  
SOUTHEASTERN OHIO. AS THE ACQUISITION WAS EFFECTIVE 2021, MERCY  
ACTIVITY IS NOT REPORTED IN THIS 2020 FORM 990, ITS ACTIVITY WILL BE  
REPORTED IN FUTURE 990 FILINGS.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

## 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 \$184.5 MILLION IN 2020.

## II. RESEARCH

CLEVELAND CLINIC'S MISSION INCLUDES CONDUCTING RESEARCH TO ADVANCE  
BIOMEDICAL SCIENCE AND ULTIMATELY IMPROVE PATIENT CARE, PREVENT  
DISEASE, AND FIND CURES FOR MEDICAL ISSUES. THE CLEVELAND CLINIC HEALTH  
SYSTEM'S RESEARCH ACTIVITIES ARE INTENDED TO IMPROVE PATIENT CARE AND  
THE HEALTH OF THE PUBLIC AT LARGE, BY PROVIDING THE LATEST ADVANCES IN  
MEDICINE DIRECTLY TO PATIENTS AND BY REFINING THE PRACTICE OF MEDICINE  
THROUGH THE DEVELOPMENT AND PROMULGATION OF NEW TECHNIQUES, DEVICES,  
AND TREATMENT PROTOCOLS. CLEVELAND CLINIC'S LERNER RESEARCH INSTITUTE  
("LRI") IS ITS RESEARCH INSTITUTE LOCATED ON THE MAIN CAMPUS AND HOME  
TO A COMPLETE SPECTRUM OF LABORATORY-, TRANSLATIONAL-, AND  
CLINICAL-BASED RESEARCH.

LRI HAS APPROXIMATELY 200 FACULTY-LEVEL SCIENTISTS ORGANIZED IN THE  
FOLLOWING DEPARTMENTS: BIOMEDICAL ENGINEERING, CANCER BIOLOGY,

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

CARDIOVASCULAR AND METABOLIC SCIENCES, GENOMIC MEDICINE, IMMUNOTHERAPY

& PRECISION IMMUNO-ONCOLOGY, INFLAMMATION AND IMMUNITY, NEUROSCIENCES,

OPHTHALMIC RESEARCH, 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 238 RESEARCH

FELLOWS, 113 GRADUATE STUDENTS AND 18 UNDERGRADUATE STUDENTS.

IN ADDITION TO BASIC PRE-CLINICAL RESEARCH, THE CLEVELAND CLINIC, ITS

AFFILIATES, AND EMPLOYED PHYSICIANS PARTICIPATE OR ARE PRIMARY

INVESTIGATORS IN MANY CLINICAL TRIALS. IN 2020, CLEVELAND CLINIC WAS

INVOLVED IN APPROXIMATELY 2,700 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 2020, CLEVELAND CLINIC PROVIDED COMMUNITY BENEFIT IN

RESEARCH AT A SUBSIDIZED COST OF MORE THAN \$261.8 MILLION, WHICH

INCLUDED EXTERNALLY- SPONSORED FUNDING OF \$159.8 MILLION.

### III. EDUCATION

ON ITS MAIN CAMPUS, CLEVELAND CLINIC OPERATES A MEDICAL SCHOOL AND

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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.

FORM 990, PART III, PROGRAM SERVICE STATEMENT (CONTINUED)

IN ADDITION TO TRAINING THE NATION'S FUTURE DOCTORS, CLEVELAND CLINIC

SPONSORS A WIDE RANGE OF HIGH QUALITY MEDICAL EDUCATION TRAINING

THROUGHOUT THE HEALTH SYSTEM INCLUDING ACCREDITED TRAINING PROGRAMS FOR

NURSES AND HEALTH SCIENCE PROFESSIONALS.

CLEVELAND CLINIC HEALTH SYSTEM DEVOTES SUBSTANTIAL RESOURCES TO

EDUCATION PROGRAMS, WHICH, IN 2020, PROVIDED A NET COMMUNITY BENEFIT OF

\$309.7 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 2020,

1,409 RESIDENTS AND FELLOWS TRAINED IN 107 ACCREDITED TRAINING

PROGRAMS, APPROVED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL

EDUCATION (ACGME), INCLUDING 153 ADVANCED FELLOWS IN 90 FELLOWSHIP



# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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

1,849 APPLICANTS FOR 32 POSITIONS FOR THE 2020-21 ACADEMIC YEAR. THE

PROGRAM'S STUDENTS HAVE MATCHED AT SOME OF THE MOST PRESTIGIOUS

HOSPITALS THROUGHOUT THE UNITED STATES AND HAVE CONTRIBUTED 173

PUBLICATIONS TO THE WORLD'S STORE OF SCIENTIFIC KNOWLEDGE BASED ON 2020

CALENDAR YEAR (WHICH INCLUDES PUBLISHED ARTICLES AND ABSTRACT

SUBMISSIONS), AND 46 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 2020, 51

MEDICAL STUDENTS FROM 22 MEDICAL SCHOOLS AROUND THE WORLD ROTATED

THROUGH CLEVELAND CLINIC.

-CENTER FOR CONTINUING EDUCATION: CLEVELAND CLINIC MAINTAINS ONE OF THE

LARGEST CONTINUING MEDICAL EDUCATION (CME) PROGRAMS IN THE COUNTRY AND

ENJOYS THE HIGHEST ACCME RANKING: ACCREDITATION WITH COMMENDATION. IN

2020, THE CENTER FOR CONTINUING EDUCATION CERTIFIED 1,553 CME

ACTIVITIES THAT OFFERED OVER 10,180 CME CREDITS TO 341,858

PARTICIPANTS. OF THAT NUMBER, 1,015 WERE LIVE COURSES THAT ATTRACTED

187,194 PARTICIPANTS. CLEVELAND CLINIC IS ONE OF THE LARGEST PROVIDERS

OF ONLINE CME AMONG THE NATION'S ACADEMIC MEDICAL CENTERS. THE CENTER'S

WEBSITE HAD 527 ACTIVITIES THAT ATTRACTED 198,751 ACTIVITY VIEWERS.

JOURNAL CME CONTINUES TO REACH A LARGE NUMBER OF LEARNERS, AWARDING

MORE THAN 63,291 CERTIFICATES TO CLEVELAND CLINIC JOURNAL OF MEDICINE

(CCJM) PARTICIPANTS. IN 2020, THE CENTER ISSUED 324,793 CERTIFICATES

FOR ALL ACTIVITIES COMBINED.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

-THE CCJM ENJOYED A CIRCULATION OF MORE THAN 128,583 COPIES AND RANKED

NO. 3 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

2020 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 13 IN-HOUSE ALLIED HEALTH PROGRAMS AND

HAS 47 AFFILIATED PROGRAMS WITH REGIONAL ACADEMIC INSTITUTIONS. IN

2020, CLEVELAND CLINIC HEALTH SYSTEM HOSTED MORE THAN 629,764 CLINICAL

ROTATION HOURS FOR OVER 2,407 HEALTH SCIENCE STUDENTS.

-CENTER FOR INTERNATIONAL MEDICAL EDUCATION: THE CENTER FOR

INTERNATIONAL MEDICAL EDUCATION (CIME) IS RESPONSIBLE FOR COORDINATING

CLEVELAND CLINIC'S INTERNATIONAL EDUCATIONAL INITIATIVES AND FOR

ENSURING THE PROVISION OF HIGH QUALITY EDUCATIONAL EXPERIENCES FOR THE

GLOBAL MEDICAL COMMUNITY. IN 2020, 103 INTERNATIONAL PHYSICIANS AND

MEDICAL STUDENTS TRAVELED TO CLEVELAND CLINIC TO PARTICIPATE IN

OBSERVERSHIPS; AND STAFF TRAVELED TO 2 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

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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 2020, THE HEALTH SYSTEM'S UNPAID MEDICAID COSTS

WERE \$537.6 MILLION (THIS FIGURE IS NET OF AN HCAP BENEFIT OF \$13.8

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 2020 AT A COST OF \$34.4 MILLION.

COMMUNITY OUTREACH PROGRAMS

THE CLEVELAND CLINIC HEALTH SYSTEM IS ACTIVELY ENGAGED IN A BROAD ARRAY

OF COMMUNITY OUTREACH PROGRAMS, PROVIDING OR CONTRIBUTING TO OUTREACH

ACTIVITIES FOR A TOTAL NET COMMUNITY BENEFIT OF \$127.4 MILLION,

PARTIALLY OFFSET BY EXTERNAL FUNDING. THESE PROGRAMS ARE DESIGNED TO

SERVE THE VULNERABLE AND AT-RISK POPULATIONS, AS WELL AS BROADER

POPULATION IN OUR COMMUNITIES. OUR RESPONSIVE OUTREACH PROGRAMS RANGE

FROM FREE WELLNESS INITIATIVES, HEALTH SCREENINGS, CLINICAL SERVICES,

EDUCATION, AND YOUTH WORKFORCE DEVELOPMENT TO ENROLLMENT ASSISTANCE FOR

GOVERNMENT-FUNDED HEALTH PROGRAMS.

OUTREACH PROGRAMS ADDRESS DOCUMENTED HEALTH NEEDS OF OUR COMMUNITIES,

ALIGN WITH OUR COMMUNITY HEALTH NEEDS ASSESSMENTS AND FALL INTO THREE

MAIN CATEGORIES: COMMUNITY HEALTH SERVICES, CASH AND IN-KIND

DONATIONS, AND COMMUNITY BUILDING. IN 2020, SOME HIGHLIGHTS INCLUDED:

-COMMUNITY HEALTH EDUCATION AND CLINICAL SERVICES FOR COMMUNITY

RESIDENTS ON COVID-19 REGARDING VIRUS IMPACT, TESTING AND VACCINE

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

DISTRIBUTION IN LOCAL NEIGHBORHOODS. INCLUDED PARTNERSHIPS WITH HEALTH

DEPARTMENTS AND COMMUNITY BASED ORGANIZATIONS.

-FAITH BASED FORUMS FOR KEY COMMUNITY LEADERS ON COVID-19 EDUCATION AND

ACCESS.

-WELLNESS INITIATIVES TO RESIDENTS, SCHOOLS AND COMMUNITY BASED

ORGANIZATIONS IN THE AREAS OF DISEASE PREVENTION, INCLUDING COVID-19

PROTOCOL, PERSONAL SAFETY, BEHAVIORAL HEALTH, STRESS MANAGEMENT,

NUTRITION IMPROVEMENT AND EXERCISE.

-HIGH-SPEED INTERNET ACCESS TO LOCAL COMMUNITY IN EFFORTS TO INCREASE

RESIDENTS' ABILITY TO ATTEND VIRTUAL VISITS, SCHOOLS AND COMMUNITY

FORUMS.

-DONATIONS OF FOOD AND PERSONAL PROTECTIVE EQUIPMENT TO COMMUNITY BASED

ORGANIZATIONS.

-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.

-CLEVELAND CLINIC PROVIDED NO-COST CLINICAL CARE TO UNDER- AND

UNINSURED FAMILIES AT COMMUNITY SITES, INCLUDING LANGSTON HUGHES HEALTH

& EDUCATION CENTER IN FAIRFAX NEIGHBORHOOD. CARE INCLUDES

MULTIGENERATIONAL WELLNESS CLASSES, CANCER SCREENING AND CHRONIC

DISEASE MANAGEMENT SERVICES.

-COLLABORATIVE INITIATIVES WITH COMMUNITY NONPROFIT ORGANIZATIONS AND

LOCAL GOVERNMENTS ADDRESSED CRITICAL POPULATION ISSUES. TASKFORCE

STRATEGIES FOCUSED ON DECREASING OPIOID PRESCRIPTIONS USE AND OVERDOSE

DEATHS. HOSPITALS AND COUNTIES PROVIDED METHODS TO DECREASE INFANT

MORTALITY INCLUDING PROACTIVE CENTERING PROGRAMS.

-WORKFORCE DEVELOPMENT PROGRAMS TO MIDDLE SCHOOL AND HIGH SCHOOL

STUDENTS TO ENHANCE GRADUATION RATES, PURSUE SECONDARY EDUCATION AND

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

OBTAIN EMPLOYMENT.

## 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.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

UNITED KINGDOM, CAYMAN ISLANDS, LUXEMBOURG, CANADA,

SAUDI ARABIA, ISRAEL, PORTUGAL, BRAZIL,

HONG KONG, DENMARK, NORWAY, SWEDEN

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.

THE BOARD OF EACH OF THE CLEVELAND CLINIC HOSPITALS HAS DELEGATED AUTHORITY

TO AN EXECUTIVE COMMITTEE MADE UP OF BOARD MEMBERS TO: (1) TO TRANSACT ALL

BUSINESS OF THE BOARD DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD,

SUBJECT TO THE LIMITATIONS SET FORTH IN THE RESPECTIVE BYLAWS OR CODE OF

REGULATIONS AND ANY LIMITATIONS OTHERWISE IMPOSED BY THE BOARD; (2) TO

INITIATE AND RECOMMEND TO THE BOARD CHANGES IN THE RESPECTIVE BYLAWS OR

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

CODE OF REGULATIONS OF THE PARTICULAR HOSPITAL, OR ANY OF ITS AFFILIATED

CORPORATIONS, OR WHEN REQUESTED TO DO SO BY THE RESPECTIVE BOARD OR AN

AFFILIATE BOARD, OR WHEN THE EXECUTIVE COMMITTEE DEEMS THAT A CHANGE IN

BYLAWS OR CODE OF REGULATIONS IS NEEDED; (3) TO EXERCISE ON BEHALF OF THE

HOSPITAL LEGAL ENTITY, THE POWERS THAT THE HOSPITAL LEGAL ENTITY POSSESSES

AS A SOLE MEMBER OF OTHER CORPORATIONS THAT ARE NOT DELEGATED BY THE BYLAWS

OR CODE OF REGULATIONS TO OTHER COMMITTEES OF THE BOARD; (4) TO REVIEW

HOSPITAL PERFORMANCE AS COMPARED TO ENTERPRISE GOALS ; (5) TO APPROVE ALL

REQUIRE HOSPITAL ANNUAL PLANS; (6) TO ESTABLISH PERSONAL GOALS AND

OBJECTIVES FOR THE PRESIDENT/CEO, AND TO OTHERWISE ESTABLISH OTHER

CORPORATE GOALS AND OBJECTIVES AS IT DEEMS APPROPRIATE; (7) TO APPROVE ALL

ACTIONS RELATED TO MEDICAL STAFF CREDENTIALING, PRIVILEGING, DISCIPLINARY

ACTIVITY AND AMENDMENTS TO MEDICAL STAFF BYLAWS; AND (8) REVIEW AND APPROVE

POLICIES ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

DEBORAH CRAWFORD, CCF DIRECTOR & PATRICK AULETTA, CCF DIRECTOR - BUSINESS

LARRY RUVO, KMA DIRECTOR & CAMILLE RUVO, KMA DIRECTOR - FAMILY

FORM 990, PART VI, SECTION A, LINE 3:

CCF HOTEL SERVICES, LLC, A SINGLE MEMBER DISREGARDED ENTITY OF CCF, HAS

ENTERED INTO A MANAGEMENT AGREEMENT WITH INTERCONTINENTAL HOTELS

CORPORATION TO MANAGE THE TWO HOTELS OWNED BY CCF HOTEL SERVICES, LLC.

THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A MANAGEMENT AGREEMENT WITH

KESSLER REHABILITATION SERVICES, INC. AS PART OF A JOINT VENTURE WITH

HOSPITAL HOLDINGS CORPORATION ("SELECT MEDICAL") TO MANAGE AND OPERATE

THREE INPATIENT REHABILITATION HOSPITAL FACILITIES.

THE CLEVELAND CLINIC FOUNDATION ENTERED INTO A MANAGEMENT AGREEMENT WITH

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

REGENCY HOSPITALS, LLC AS PART OF A JOINT VENTURE WITH SELECT UNIT

MANAGEMENT, INC. ("SELECT MEDICAL") TO MANAGE AND OPERATE FOUR LONG TERM

ACUTE CARE FACILITIES.

FORM 990, PART VI, SECTION A, LINE 4:

THE UNION HOSPITAL ASSOCIATION CODE OF REGULATIONS AMENDED ITS CODE OF

REGULATIONS TO ADD PROVISION RELATING EMPLOYED DIRECTORS ELECTED AS

CLEVELAND CLINIC REPRESENTATIVES. SHOULD THE ELECTED REPRESENTATIVE NO

LONGER BE EMPLOYED BY THE UNION HOSPITAL ASSOCIATION OR THE CLEVELAND

CLINIC FOUNDATION, THAT REPRESENTATIVE WOULD BE DEEMED TO BE REMOVED AS A

DIRECTOR AS OF THE EMPLOYMENT TERMINATION DATE.

THE CODE OF REGULATIONS OF AKRON GENERAL MEDICAL CENTER WERE AMENDED AND

RESTATED. THE REVISIONS WERE PRIMARILY TO INCREASE THE NUMBER OF BOARD

MEMBERS, ADD PHYSICIAN REPRESENTATIVE BOARD MEMBERS AND SPECIFY HOW THEY

MAY BE ELECTED. ALSO, IT ADDED ADDITIONAL PROVISIONS AS TO HOW DIRECTORS

AND OFFICERS MAY BE REMOVED.

THE CODE OF REGULATIONS OF AKRON GENERAL FOUNDATION WERE AMENDED AND

RESTATED PRIMARILY TO REVISE THE BOARD QUALIFICATIONS AND REFLECT THAT

BOARD MEMBERS ARE CCF EMPLOYEES.

THE CODE OF REGULATIONS OF AKRON GENERAL PARTNERS INC. WERE AMENDED AND

RESTATED PRIMARILY TO REFLECT THAT THIS ENTITY HAS A SOLE MEMBER AND TO

REVISE ITS DUTIES AND TO REDUCE THE NUMBER OF DIRECTORS.

THE CODE OF REGULATIONS OF VISITING NURSE SERVICE, INC. WERE AMENDED AND

RESTATED TO PRIMARILY TO INDICATE THAT CCF IS THE SOLE MEMBER AND TO

CLARIFY HOW OFFICERS ARE ELECTED.

THE CODE OF REGULATIONS FOR CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT

CORPORATION AND CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION) WERE

AMENDED AND RESTATED SO THE FIDUCIARY BOARDS WOULD HAVE THE SAME

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

COMPOSITION AS THE FLORIDA REGIONAL BOARD.

CLEVELAND CLINIC NEVADA ADOPTED THE BYLAWS OF THE CENTRAL ORGANIZATION, THE

CLEVELAND CLINIC FOUNDATION.

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 OR BOARD OF TRUSTEES, AND THE BOARD THEN

CONDUCTS THE AFFAIRS OF THE CORPORATION. NONPROFIT CORPORATION LAW PERMITS

THE USE OF EITHER "BOARD OF TRUSTEES" OR "BOARD OF DIRECTORS". CCF HAS

ADOPTED A PRACTICE THAT A BOARD OF DIRECTORS IS GENERALLY THE FIDUCIARY

BOARD FOR AN ORGANIZATION. IN ADDITION, ONE NONPROFIT CORPORATION MAY BE

THE "MEMBER" OF ANOTHER NONPROFIT CORPORATION. CCF IS AN OHIO NONPROFIT

CORPORATION AND IT HAS MEMBERS WHO ELECT THE DIRECTORS. THE MEMBER OF EACH

SUBORDINATE IN THE CCF GROUP IS EITHER CCF OR AN INDIRECT SUBORDINATE AND

THAT MEMBER ELECTS THE BOARD OF THE RESPECTIVE SUBORDINATE.

FORM 990, PART VI, SECTION A, LINE 7B:

PURSUANT TO NONPROFIT CORPORATION LAW, CERTAIN 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



# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

BY A VOTE OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY EXPERIENCED AND QUALIFIED MEMBERS OF THE  
FINANCE DIVISION TAX DEPARTMENT. PRIOR TO FILING, KEY SECTIONS OF THE FORM  
ARE REVIEWED WITH EXPERIENCED AND QUALIFIED MEMBERS OF THE LAW DEPARTMENT.  
IN ADDITION, THE ENTIRE RETURN IS ALSO REVIEWED WITH THE CFO, AND MEMBERS  
OF THE AUDIT COMMITTEE. THE PAID PREPARER (BIG 4 PUBLIC ACCOUNTING FIRM)  
CONDUCTS AN IN DEPTH REVIEW OF THE FORM. ANNUALLY, THE 990 FILING IS  
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. 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:

DIRECTORS, TRUSTEES AND OFFICERS OF CCF AND ITS SUBSIDIARIES ARE REQUIRED  
TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE DISCLOSURES  
ARE REVIEWED BY STAFF REPORTING TO THE CHIEF GOVERNANCE OFFICER AND ANY  
ITEMS THAT MAY CREATE A CONFLICT ARE BROUGHT TO HIS ATTENTION. IF THERE  
ANY DISCLOSURE CHANGES DURING THE YEAR OR A NEW DISCLOSURE, THE POLICY  
REQUIRES THAT THOSE INDIVIDUALS INFORM THE CHIEF GOVERNANCE OFFICER. THE  
CCF BOARD OF DIRECTORS CONFLICT OF INTEREST AND MANAGING INNOVATIONS  
COMMITTEE MEETS FOUR TIMES A YEAR AND REVIEWS THE DISCLOSURES OF ALL CCF  
DIRECTORS, TRUSTEES AND OFFICERS, ANY PROPOSED ARRANGEMENTS THAT MAY  
INVOLVE A POTENTIAL CONFLICT OF INTEREST, AND DOCUMENTS THEIR CONCLUSIONS.  
THE EXECUTIVE COMMITTEE OF EACH HOSPITAL REVIEWS THE DISCLOSURES OF ITS  
RESPECTIVE BOARD MEMBERS AND OFFICERS. UNDER THE POLICY, THE INTERESTED

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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

THE 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.

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.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

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 VIII, LINE 1E

THE SYSTEM HAS RECEIVED SUPPORT UNDER THE CORONAVIRUS AID, RELIEF, AND

ECONOMIC SECURITY (CARES) ACT, INCLUDING PROVIDER RELIEF FUNDS (PRF)

AND THE EMPLOYEE RETENTION CREDIT (ERC). THE SYSTEM ACCOUNTED FOR BOTH

THE PRF PAYMENTS AND ERC AS CONTRIBUTIONS THAT ARE RECOGNIZED AS

REVENUE WHEN ANY RELATED CONDITIONS HAVE BEEN SUBSTANTIALLY MET.

THE PRF PROVIDES FUNDING FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN

SERVICES (HHS) TO HEALTHCARE PROVIDERS TO SUPPORT HEALTHCARE-RELATED

EXPENSES OR LOST REVENUE ATTRIBUTABLE TO COVID-19. FUNDS RECEIVED FROM

THE PRF REPRESENT PAYMENTS TO PROVIDERS AND DO NOT NEED TO BE REPAID AS

LONG AS THE SYSTEM COMPLIES WITH CERTAIN TERMS AND CONDITIONS IMPOSED

BY HHS, INCLUDING REPORTING AND COMPLIANCE REQUIREMENTS. IN 2020, THE

SYSTEM RECEIVED \$423.3 MILLION OF PRF PAYMENTS. THE SYSTEM RECOGNIZED

\$359.2 MILLION OF PRF PAYMENTS IN OTHER UNRESTRICTED REVENUES BASED ON

THE TERMS AND CONDITIONS OF THE PAYMENTS. THE REMAINING \$64.1 MILLION

HAS BEEN RECORDED IN OTHER CURRENT LIABILITIES AT DECEMBER 31, 2020.

# PUBLIC INSPECTION COPY

Schedule O (Form 990 or 990-EZ) 2020

Page **2**

Name of the organization THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

Employer identification number  
91-2153073

FORM 990, PART X, LINE 15

ALL SPLIT LOANS WERE REPAID OR FORGIVEN AS OF FEBRUARY 2020.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONATED CAPITAL AND ASSETS RELEASED FROM RESTRICTIONS FOR

CAPITAL PURPOSES 14,815,265.

GIFTS AND BEQUESTS 128,366,195.

TRANSFERS OF NET ASSETS -10,104,752.

NET INVESTMENT INCOME 81,800,519.

NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS -61,001,860.

RETIREMENT BENEFITS ADJUSTMENT -8,136,720.

NET CHANGE IN UNREALIZED GAINS ON NON-TRADING INVESTMENTS 2,394,761.

EQUITY TRANSFERS & OTHER TRANSFERS -5,331,368.

TOTAL TO FORM 990, PART XI, LINE 9 142,802,040.

FORM 990, PART XI, LINE 8

THE PRIOR PERIOD ADJUSTMENT IN THE AMOUNT OF 369,148,355 IS DUE TO THE

ADDITION OF MARTIN MEMORIAL MEDICAL CENTER TO THE CLEVELAND CLINIC

FOUNDATION GROUP 990. MARTIN FILED A SEPARATE FORM 990 IN 2019.

# 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

**2020**

Open to Public  
Inspection

Name of the organization	THE CLEVELAND CLINIC FOUNDATION GROUP RETURN	Employer identification number 91-2153073
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### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ADVANCED INFUSION SERVICES, LTD - 34-1847339 #1 HOME CARE PLACE AKRON, OH 44320	INACTIVE	OHIO	1,444.	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	511,839.	0.	AKRON GENERAL HEALTH SYSTEM
AUTISM EYES, LLC - 84-3070150 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

### 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 STE 1, 3RD FL, 11-12TH ST. JAMES'S SQ LONDON, GREATER LONDON, UNITED KINGDOM	ADVANCEMENT OF PUBLIC HEALTH, MEDICAL EDUCATION, AND RESEARCH	UNITED KINGDOM			N/A		X
COMMUNITY WEST FOUNDATION - 34-1456398 800 SHARON DRIVE, STE C WESTLAKE, OH 44145	ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITY	OHIO	501(C)(3)	LINE 7	N/A		X
HOSPITAL AUXILIARY OF THE IRMH, INC. - 59-1003707, 1000 36TH STREET, VERO BEACH, FL 32960	SUPPORT THE INDIAN RIVER HOSPITAL	FLORIDA	501(C)(3)	LINE 12A, I	N/A		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

# 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
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	2,831,105.	0.	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	INACTIVE	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	HEALTH CARE SERVICES	FLORIDA	51,585.	0.	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC FLORIDA HOME HEALTHCARE, LLC - 83-2250064, 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331	HEALTH CARE SERVICES	FLORIDA	0.	0.	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)
CLEVELAND CLINIC FLORIDA NAPLES, LLC - 31-1741150, 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331	INACTIVE	FLORIDA	0.	0.	CLEVELAND CLINIC FLORIDA (A NONPROFIT CORPORATION)

# 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 GLOBAL SOLUTIONS, LLC - 26-3666730, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES & IP LICENSING	OHIO	1,429,706.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC MEDICARE ACO, LLC - 47-1281189, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
CLEVELAND CLINIC OB/GYN SPECIALTIES, LLC - 34-1938153, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	763,535.	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 REGIONAL PHYSICIANS, LLC - 26-2636530 25875 SCIENCE PARK DR BEACHWOOD, OH 44122	INACTIVE	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION
EDWIN SHAW REHAB, LLC - 27-0119182 330 BROADWAY STREET EAST CUYAHOGA FALLS, OH 44221	INACTIVE	OHIO	0.	0.	AKRON GENERAL MEDICAL CENTER
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

# 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
MEDINA HEALTH VENTURES, LLC - 34-1533871 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	MEDICAL TECHNOLOGY	DELAWARE	0.	0.	THE CLEVELAND CLINIC FOUNDATION
MONTROSE SLEEP CENTER, LLC - 20-0494491 4125 MEDINA ROAD AKRON, OH 44333	HEALTH CARE SERVICES	OHIO	305,665.	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
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	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
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	373,974.	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
VERO RADIOLOGY ASSOCIATES, LLC - 59-2755370 3725 11TH CIRCLE VERO BEACH, FL 32960	RADIOLOGY SERVICES	FLORIDA	686,893.	0.	INDIAN RIVER MEMORIAL HOSPITAL, INC.
VISIONAIR SOLUTIONS, LLC - 84-3881050 10000 CEDAR AVE CLEVELAND, OH 44106	INACTIVE	DELAWARE	0.	0.	THE CLEVELAND CLINIC FOUNDATION
WOOSTER CLINIC, LLC - 34-1855775 9500 EUCLID AVENUE CLEVELAND, OH 44195	HEALTH CARE SERVICES	OHIO	0.	0.	THE CLEVELAND CLINIC FOUNDATION

**Part I Continuation of Identification of Disregarded Entities**

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91-2153073

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) 2020 GROUP RETURN

91-2153073

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AKRON SURGICAL ASSOCIATES, LLC - 01-0672877, 4125 MEDINA ROAD, AKRON, OH 44333	AMBULATORY SURGERY CENTER	OH	N/A	RELATED	1,154,649.	1,386,188.		X	N/A		X	51.00%
CCAW JV, LLC - 84-3867549 10000 CEDAR AVE CLEVELAND, OH 44106	MEDICAL SERVICES & TELE HEALTH	DE	THE CLEVELAND CLINIC FOUNDATION	RELATED	-2,032,744.	1,292,971.		X	N/A		X	51.00%
CCF/MHS RENAL CARE COMPANY LTD. - 34-1863789, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	1,740,932.	12,578,357.		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	-171,111.	0.		X	N/A		X	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
33 GROSVENOR PLACE, LIMITED - 99-9999999 33 GROSVENOR PLACE LONDON, UNITED KINGDOM SW1X 7HY	LEASE HOLDING COMPANY	JERSEY	CLEVELAND CLINIC UK HOLDINGS, LTD	C CORP	-15,810,694.	624,857,778.	100%	X	
AKRON GENERAL MANAGED CARE ASSOCIATION, INC. - 34-1784985, 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	SUPPORTING SERVICES	OH	N/A	C CORP	0.	0.	.00%	X	
CASHEL NEURAL, INC. - 82-4625105 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	-214,569.	104,985.	100%	X	
CCF BOLTON, INC. - 20-4596571 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	INACTIVE	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	98,423,856.	234,151,290.	100%	X	

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EXCELERATE STRATEGIC HEALTH SOURCING, LLC - 46-1810992, 9500 EUCLID AVENUE, CLEVELAND, OH 44195	HEALTH CARE OP & MGMT	DE	THE CLEVELAND CLINIC FOUNDATION	RELATED	380,136.	3,968,564.		X	N/A	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	0.	0.		X	N/A	X		62.00%
MEDICAL CENTER AT HOBE SOUND, LTD. - 65-0748232, PO BOX 9033, STUART, FL 34996	RENTAL OF MEDICAL OFFICES	FL	MARTIN MEMORIAL MEDICAL CENTER, INC.	RELATED	71,551.	1,902,001.		X	N/A	X		100%
MEDICAL CENTER AT ST. LUCIE WEST, LTD. - 65-0504863, PO BOX 9033, STUART, FL 34996	RENTAL OF MEDICAL OFFICES	FL	MARTIN MEMORIAL MEDICAL CENTER, INC.	RELATED	646,113.	7,463,071.		X	N/A	X		100%
MEDISTRY, LLC - 45-4880352 3029 PROSPECT AVENUE CLEVELAND, OH 44115	DATA HOSTING & RELATED SVCS	DE	THE CLEVELAND CLINIC FOUNDATION	UNRELATED	0.	0.		X	N/A	X		55.00%
PROGNOSTIX, LLC - 30-0624422 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	RELATED	-1,014.	0.		X	N/A	X		.00%
TREASURE COAST INTEGRATED HEALTHCARE, LLC - 82-0708813, PO BOX 9010, STUART, FL 34995	CLINICALLY INTEGRATED NETWORK	FL	CC FLORIDA REGIONAL HEALTH SYSTEM NONPROFIT	RELATED	0.	748,353.		X	N/A	X		100%

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CLEVELAND CLINIC CANADA-TORONTO, INC. - 20-4856025, 181 BAY STREET, BOX818, TORONTO, CANADA M5J 2T3	HEALTH CARE SERVICES	CANADA	THE CLEVELAND CLINIC FOUNDATION	C CORP	-3,118,731.	16,237,879.	100%	X	
CLEVELAND CLINIC EMR, INC. - 20-4856025 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131	INACTIVE	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	0.	1,121,837.		X	
CLEVELAND CLINIC HEALTH SYSTEM PHYSICIAN ORGANIZATION - 34-1877409, 6801 BRECKSVILLE ROAD, INDEPENDENCE, OH 44131	CONTRACTING ORGANIZATION	OH	CLINIC MEDICAL SOLUTIONS, INC.	C CORP	307,595.	16,002,161.		X	
CLEVELAND CLINIC LONDON, LTD - 99-9999999 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	64,257,711.	376,244,253.	100%	X	
CLEVELAND CLINIC SAUDI ARABIA (A LIMITED LIABILITY COMPANY) - 99-9999999, PO BOX 340340, RIYADH, SAUDI ARABIA 11333	MEDICAL SERVICES	SAUDI ARABIA	THE CLEVELAND CLINIC FOUNDATION	C CORP	516,825.	38,757,285.	100%	X	
CLEVELAND CLINIC UK FINANCING PLC - 99-9999999, 11-12 ST. JAMES'S SQUARE, STE1, 3RD FL, LONDON, UNITED KINGDOM SW1Y 4LB	FINANCING ENTITY	UNITED KINGDOM	CLEVELAND CLINIC UK HOLDINGS, LTD	C CORP	0.	0.	100%	X	
CLEVELAND CLINIC UK HOLDINGS, LTD - 34-1695388, 11-12 ST. JAMES'S SQUARE, STE1, 3RD FL, LONDON, UNITED KINGDOM SW1Y 4LB	HOLDING COMPANY	UNITED KINGDOM	THE CLEVELAND CLINIC FOUNDATION	C CORP	18,207,444.	1313375680.	100%	X	
CLEVELAND HEALTH NETWORK - 34-1770780 6000 WEST CREEK ROAD, STE 20 INDEPENDENCE, OH 44131	MEDICAL SERVICES	OH	N/A	C CORP	0.	0.		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	0.	0.		X	
CLINIC MEDICAL SOLUTIONS, INC. - 34-1695388 18101 LORAIN AVENUE CLEVELAND, OH 44111	HEALTH CARE SERVICES	OH	THE CLEVELAND CLINIC FOUNDATION	C CORP	3,491,517.	4,130,635.		X	
CMCD, INC. - 34-1256599 1000 E WASHINGTON STREET MEDINA, OH 44256	REAL ESTATE	OH	MEDINA HOSPITAL	C CORP	0.	311,040.	100%	X	
CSC CONDOMINIUM ASSOCIATION, INC. - 59-2320501, PO BOX 9033, STUART, FL 34995	CONDOMINIUM ASSOCIATION	FL	MARTIN MEMORIAL MEDICAL CENTER	C CORP	0.	274,549.	100%	X	

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
INFUSEON THERAPEUTICS, INC. - 46-1776182 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	-180,295.	253,349.	100%	X	
ION-VAC, INC. - 46-1560044 10000 CEDAR AVENUE CLEVELAND, OH 44106									
LAKEWOOD HEALTHCARE FOUNDATION - 34-1574608 14519 DETROIT AVENUE LAKEWOOD, OH 44107									
MARTIN MEMORIAL PHYSICIAN CORPORATION, INC. - 65-0556041, PO BOX 9010, STUART, FL 34995	PHYSICIAN OFFICES	FL	MARTIN MEMORIAL HEALTH SYSTEM	C CORP	-25,965,923.	56,716,449.	100%	X	
MCZ, INC. - 34-1256598 1000 E WASHINGTON STREET MEDINA, OH 44256									
MEDICAL & FINANCIAL MANAGEMENT, INC. - 59-2843163, PO BOX 9033, STUART, FL 34995									
MEDICAL CAMPUS MANAGEMENT, INC. - 65-0605328 PO BOX 9033 STUART, FL 34995	MANAGEMENT SERVICES	FL	MEDICAL & FINANCIAL MANAGEMENT,	C CORP	0.	102,756.	100%	X	
MEDINVEST, INC. - 20-3978297 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131									
MERIDIA HEALTH VENTURES, INC. - 34-1533871 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131									
MERLOT ORTHOPEDIX, INC. - 11-3779414 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL DEVICE MANUFACTURING	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	55.12%	X	
NEOMEDICS, INC. - 02-0656818 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131									
NEW COS, INC. - 82-4828042 6801 BRECKSVILLE ROAD INDEPENDENCE, OH 44131									

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PINE FALLS CONDOMINIUM ASSOCIATES, INC. - 34-1617589, 6100 WEST CREEK, SUITE 25, INDEPENDENCE, OH 44131	PROPERTY MANAGEMENT	OH	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	75.00%	X	
UNION CARE CORPORATION - 34-1556177 659 BOULEVARD DOVER, OH 44622	HEALTH CARE SERVICES	OH	THE UNION HOSPITAL ASSOCIATION	C CORP	0.	0.	100%	X	
UNION PHARMACEUTICAL CARE, INC. - 04-3588229, 659 BOULEVARD, DOVER, OH 44622	RETAIL PHARMACY SALES	OH	THE UNION HOSPITAL ASSOCIATION	C CORP	-82,683.	24,576.	100%	X	
OPTOQUEST CORPORATION - 26-3589643 10000 CEDAR AVENUE CLEVELAND, OH 44106	SCIENTIFIC RESEARCH	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	-6,306.	7,307.	100%	X	
CHARITABLE REMAINDER TRUSTS (14)		OH		TRUST					X
RENOVO BIOSCIENCES, INC. - 34-1956569 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	-9,373.	23,374.		X	
RENOVO NEURAL, INC. - 80-0185146 10000 CEDAR AVENUE CLEVELAND, OH 44106	MEDICAL TECHNOLOGY	DE	RENOVO BIOSCIENCES, INC.	C CORP	-50,284.	101,811.		X	
ENHALE MEDICAL, INC. - 82-1613340 10000 CEDAR AVENUE CLEVELAND, OH 44106	SLEEP APNEA TREATMENT	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100%	X	
SHENNONG BIOTECH, INC. - 85-3703323 10000 CEDAR AVENUE CLEVELAND, OH 44106	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100%	X	
TETONIC BIOTECH, INC. - 85-3689997 10000 CEDAR AVENUE CLEVELAND, OH 44106	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100%		X
AXONEURAL THERAPEUTICS, INC. - 85-1131595 10000 CEDAR AVENUE CLEVELAND, OH 44106	INACTIVE	DE	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100%		X
CCF (SHANGHAI) CONSULTING CO. LTD. - 99-9999999, LEVEL 40, ONE MUSEUM PLACE 669 ZINZHA ROAD, SHANGHAI, CHINA 200041	INACTIVE	CHINA	THE CLEVELAND CLINIC FOUNDATION	C CORP	0.	0.	100%		X



91-2153073

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) 2020 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?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....

**b** Gift, grant, or capital contribution to related organization(s) .....

**c** Gift, grant, or capital contribution from related organization(s) .....

**d** Loans or loan guarantees to or for related organization(s) .....

**e** Loans or loan guarantees by related organization(s) .....

**f** Dividends from related organization(s) .....

**g** Sale of assets to related organization(s) .....

**h** Purchase of assets from related organization(s) .....

**i** Exchange of assets with related organization(s) .....

**j** Lease of facilities, equipment, or other assets to related organization(s) .....

**k** Lease of facilities, equipment, or other assets from related organization(s) .....

**l** Performance of services or membership or fundraising solicitations for related organization(s) .....

**m** Performance of services or membership or fundraising solicitations by related organization(s) .....

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....

**o** Sharing of paid employees with related organization(s) .....

**p** Reimbursement paid to related organization(s) for expenses .....

**q** Reimbursement paid by related organization(s) for expenses .....

**r** Other transfer of cash or property to related organization(s) .....

**s** Other transfer of cash or property from related organization(s) .....

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CLEVELAND CLINIC CANADA - TORONTO, INC.	A	100,000.	FMV
(2) THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	B	21,524,268.	FMV
(3) THE CLEVELAND CLINIC FOUNDATION	C	21,524,268.	FMV
(4) EXCELERATE STRATEGIC HEALTH SOURCING, LLC	D	817,064.	FMV
(5) CASHEL NEURAL, INC.	D	319,429.	FMV
(6) INFUSEON THERAPEUTICS, INC.	D	64,472.	FMV

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MEDISTRY, LLC	D	181,904.	FMV
(8) CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	J	290,218.	FMV
(9) THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	J	1,675,390.	FMV
(10) CLEVELAND CLINIC MEDICAL SERVICES, INC.	J	443,372.	FMV
(11) FAIRVIEW HOSPITAL	J	1,485,642.	FMV
(12) PARTNERS PHYSICIAN GROUP	J	205,730.	FMV
(13) MARYMOUNT HOSPITAL, INC.	J	1,497,220.	FMV
(14) MEDINA HOSPITAL	J	1,393,680.	FMV
(15) AKRON GENERAL MEDICAL CENTER	J	95,810.	FMV
(16) CLEVELAND CLINIC AVON HOSPITAL	J	4,713,093.	FMV
(17) LUTHERAN HOSPITAL	J	597,218.	FMV
(18) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	K	3,521,499.	FMV
(19) THE CLEVELAND CLINIC FOUNDATION	K	95,810.	FMV
(20) THE CLEVELAND CLINIC FOUNDATION	K	4,713,093.	FMV
(21) THE CLEVELAND CLINIC FOUNDATION	K	1,675,390.	FMV
(22) THE CLEVELAND CLINIC FOUNDATION	K	290,218.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	K	443,372.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	K	1,485,642.	FMV

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE CLEVELAND CLINIC FOUNDATION	K	597,218.	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	K	1,497,220.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	K	1,393,680.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	K	205,730.	FMV
(11) THE CLEVELAND CLINIC FOUNDATION	K	3,521,499.	FMV
(12) AKRON GENERAL MEDICAL CENTER	L	4,243,069.	FMV
(13) CLEVELAND CLINIC AVON HOSPITAL	L	1,247,867.	FMV
(14) CLEVELAND CLINIC WESTON HOSPITAL NONPROFIT CORPORATION	L	3,555,000.	FMV
(15) CLEVELAND CLINIC NEVADA	L	222,051.	FMV
(16) CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION	L	304,150.	FMV
(17) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	L	6,423,022.	FMV
(18) CLEVELAND CLINIC SAUDI ARABIA, LLC	L	25,558,000.	FMV
(19) CLEVELAND CLINIC MEDICAL SERVICES, INC.	L	9,784,000.	FMV
(20) FAIRVIEW HOSPITAL	L	4,021,436.	FMV
(21) LUTHERAN HOSPITAL	L	750,858.	FMV
(22) MARYMOUNT HOSPITAL, INC.	L	1,230,703.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	L	632,959.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	L	666,570.	FMV

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE CLEVELAND CLINIC FOUNDATION	L	228,172.	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	L	617,818.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	L	263,592.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	L	1,552,380.	FMV
(11) MEDINA HOSPITAL	M	1,318,172.	FMV
(12) AKRON GENERAL MEDICAL CENTER	M	263,592.	FMV
(13) CLEVELAND CLINIC AVON HOSPITAL	M	632,959.	FMV
(14) CLEVELAND CLINIC HEALTH SYSTEM - EAST REGION	M	1,552,380.	FMV
(15) LUTHERAN HOSPITAL	M	228,172.	FMV
(16) MARYMOUNT HOSPITAL, INC.	M	617,818.	FMV
(17) MEDINA HOSPITAL	M	666,570.	FMV
(18) THE CLEVELAND CLINIC FOUNDATION	M	4,243,069.	FMV
(19) THE CLEVELAND CLINIC FOUNDATION	M	1,247,867.	FMV
(20) THE CLEVELAND CLINIC FOUNDATION	M	3,555,000.	FMV
(21) THE CLEVELAND CLINIC FOUNDATION	M	222,051.	FMV
(22) THE CLEVELAND CLINIC FOUNDATION	M	304,150.	FMV
(23) THE CLEVELAND CLINIC FOUNDATION	M	6,423,022.	FMV
(24) THE CLEVELAND CLINIC FOUNDATION	M	9,784,000.	FMV

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990)

GROUP RETURN

91-2153073

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE CLEVELAND CLINIC FOUNDATION	M	4,021,436.	FMV
(8) THE CLEVELAND CLINIC FOUNDATION	M	750,858.	FMV
(9) THE CLEVELAND CLINIC FOUNDATION	M	1,230,703.	FMV
(10) THE CLEVELAND CLINIC FOUNDATION	M	1,318,172.	FMV
(11) CCHS INDEMNITY COMPANY, LTD.	P	36,146,077.	FMV
(12) THE CLEVELAND CLINIC FOUNDATION	P	62,918.	FMV
(13) THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION	Q	62,918.	FMV
(14) THE CLEVELAND CLINIC FOUNDATION	Q	36,146,077.	FMV
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

PUBLIC INSPECTION COPY

THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) 2020 GROUP RETURN

91-2153073

Page 4

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) 2020

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THE CLEVELAND CLINIC FOUNDATION

Schedule R (Form 990) 2020

GROUP RETURN

91-2153073

Page 5

## **Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

#### NAME AND ADDRESS OF RELATED ORGANIZATION:

CLEVELAND CLINIC PHILANTHROPY (UK) LTD

STE 1, 3RD FL, 11-12TH ST. JAMES'S SQ

LONDON, GREATER LONDON, UNITED KINGDOM SW1Y4LB

### PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

#### NAME OF RELATED ORGANIZATION:

MEDICAL CAMPUS MANAGEMENT, INC.

DIRECT CONTROLLING ENTITY: MEDICAL & FINANCIAL MANAGEMENT, INC.



# PUBLIC INSPECTION COPY

Form **8453-EO**

## Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2020, or tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868**

▶ **Go to [www.irs.gov/Form8453EO](http://www.irs.gov/Form8453EO) for the latest information.**

**2020**

Name of exempt organization or person subject to tax

THE CLEVELAND CLINIC FOUNDATION  
GROUP RETURN

**Taxpayer identification number**

91-2153073

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

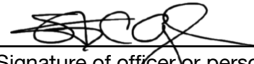
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> 12,265,220,306.
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration of Officer or Person Subject to Tax


- 8** ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ 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 or ☐ I am the person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

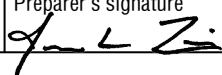
**Sign Here** ▶  | **11/09/2021** | **CHIEF FINANCIAL OFFICER**  
Signature of officer or person subject to tax Date Title, if applicable

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

I declare that I have reviewed the above return and that the entries on Form 8453-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 or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<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	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JAMES L. ZIESCHE		11/4/2021		P01264584
	Firm's name ▶ ERNST & YOUNG, LLP	Firm's EIN ▶ 34-6565596			
	Firm's address ▶ 950 MAIN AVE, #1800 CLEVELAND, OH 44113		Phone no. 2168615000		

## CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

The Cleveland Clinic Foundation  
d.b.a. Cleveland Clinic Health System  
Years Ended December 31, 2020 and 2019  
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, 2020 and 2019

### Contents

Report of Independent Auditors.....	1
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#### 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 .....	64
Consolidating Balance Sheets.....	65
Consolidating Statements of Operations and Changes in Net Assets.....	69
Consolidating Statements of Cash Flows .....	73
Note to Consolidating Financial Statements.....	75



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## 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, 2020 and 2019, 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 of America. 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, 2020 and 2019, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

*Ernst & Young LLP*

March 5, 2021

## Cleveland Clinic Health System

Consolidated Balance Sheets  
(In Thousands)

	December 31	
	2020	2019
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 1,045,393	\$ 505,729
Patient receivables	1,255,681	1,299,256
Investments for current use	177,389	178,800
Other current assets	546,722	488,668
Total current assets	3,025,185	2,472,453
Investments:		
Long-term investments	10,353,877	9,272,287
Funds held by trustees	110,307	225,207
Assets held for self-insurance	179,300	157,972
Donor-restricted assets	1,013,430	860,120
	11,656,914	10,515,586
Property, plant, and equipment, net	5,866,974	5,865,590
Other assets:		
Pledges receivable, net	125,641	154,918
Trusts and interests in foundations	112,425	113,437
Operating lease right-of-use assets	360,841	325,960
Other noncurrent assets	644,570	526,440
	1,243,477	1,120,755
Total assets	\$ 21,792,550	\$ 19,974,384

	December 31	
	2020	2019
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 528,794	\$ 536,680
Compensation and amounts withheld from payroll	464,249	430,921
Current portion of long-term debt	101,006	95,405
Variable rate debt classified as current	589,891	529,841
Other current liabilities	738,323	573,923
Total current liabilities	2,422,263	2,166,770
Long-term debt	4,582,994	4,698,648
Other liabilities:		
Professional and general liability insurance reserves	216,100	164,008
Accrued retirement benefits	297,741	347,064
Operating lease liabilities	323,682	296,668
Other noncurrent liabilities	707,915	542,091
	1,545,438	1,349,831
Total liabilities	8,550,695	8,215,249
Net assets:		
Without donor restrictions	11,921,757	10,540,856
With donor restrictions	1,320,098	1,218,279
Total net assets	13,241,855	11,759,135
Total liabilities and net assets	\$ 21,792,550	\$ 19,974,384

*See accompanying notes.*

## Cleveland Clinic Health System

Consolidated Statements of Operations  
and Changes in Net Assets  
(In Thousands)

**Operations**

	<b>Year Ended December 31</b>	
	<b>2020</b>	<b>2019</b>
<b>Unrestricted revenues</b>		
Net patient service revenue	\$ 9,134,685	\$ 9,516,283
Other	1,493,221	1,043,238
Total unrestricted revenues	10,627,906	10,559,521
<b>Expenses</b>		
Salaries, wages, and benefits	5,902,522	5,697,915
Supplies	1,105,710	1,049,256
Pharmaceuticals	1,299,085	1,307,519
Purchased services and other fees	732,304	674,833
Administrative services	179,205	218,961
Facilities	350,903	378,489
Insurance	78,829	80,252
	9,648,558	9,407,225
Operating income before interest, depreciation, and amortization	979,348	1,152,296
Interest	157,024	161,272
Depreciation and amortization	589,954	600,819
Operating income	232,370	390,205
<b>Nonoperating gains and losses</b>		
Investment return	1,127,943	1,249,381
Derivative losses	(61,473)	(36,194)
Other, net	26,404	421,830
Net nonoperating gains	1,092,874	1,635,017
Excess of revenues over expenses	1,325,244	2,025,222

(continued on next page)

**Changes in Net Assets**

	<b>Year Ended December 31</b>	
	<b>2020</b>	<b>2019</b>
<b>Changes in net assets without donor restrictions</b>		
Excess of revenues over expenses	\$ 1,325,244	\$ 2,025,222
Donated capital	1,819	38
Net assets released from restrictions for capital purposes	56,514	57,843
Retirement benefits adjustment	(8,136)	(6,260)
Foreign currency translation	9,004	(1,395)
Other	(3,544)	(60)
Increase in net assets without donor restrictions	<u>1,380,901</u>	<u>2,075,388</u>
<b>Changes in net assets with donor restrictions</b>		
Gifts and bequests	132,381	128,500
Net investment income	82,853	72,074
Net assets released from restrictions used for operations included in other unrestricted revenues	(61,465)	(52,853)
Net assets released from restrictions for capital purposes	(56,514)	(57,843)
Change in interests in foundations	2,395	1,521
Change in value of perpetual trusts	747	611
Member substitution contribution	—	71,748
Other	1,422	102
Increase in net assets with donor restrictions	<u>101,819</u>	<u>163,860</u>
Increase in net assets	1,482,720	2,239,248
Net assets at beginning of year	11,759,135	9,519,887
Net assets at end of year	<u>\$ 13,241,855</u>	<u>\$ 11,759,135</u>

*See accompanying notes.*



Cleveland Clinic Health System  
Consolidated Statements of Cash Flows  
(In Thousands)

	Year Ended December 31	
	2020	2019
<b>Operating activities and net nonoperating gains and losses</b>		
Increase in net assets	\$ 1,482,720	\$ 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
Retirement benefits adjustment	8,136	6,260
Net realized and unrealized gains on investments	(1,155,392)	(1,256,463)
Depreciation and amortization	589,954	600,799
Foreign currency translation loss	(9,004)	1,395
Donated capital	(1,819)	(38)
Restricted gifts, bequests, investment income, and other	(218,376)	(202,706)
Amortization of bond premiums and debt issuance costs	(5,956)	(6,267)
Net loss in value of derivatives	25,878	21,068
Member substitution contribution	—	(500,155)
Pension funding	(31,679)	(183,093)
Changes in operating assets and liabilities:		
Patient receivables	43,575	(72,198)
Other current assets	(78,886)	(2,117)
Other noncurrent assets	(146,175)	(334,699)
Accounts payable and other current liabilities	212,147	82,810
Other liabilities	184,203	200,567
Net cash provided by operating activities and net nonoperating gains and losses	899,326	600,751
<b>Financing activities</b>		
Proceeds from short-term borrowings	225,000	—
Payments on short-term borrowings	(225,000)	—
Proceeds from long-term borrowings	16,408	1,574,341
Payments for advance refunding and redemption of long-term debt	(12,660)	(511,218)
Principal payments on long-term debt	(98,498)	(304,161)
Debt issuance costs	(30)	(8,931)
Change in pledges receivable, trusts, and interests in foundations	45,328	2,137
Restricted gifts, bequests, investment income, and other	218,376	202,706
Net cash provided by financing activities	168,924	954,874
<b>Investing activities</b>		
Expenditures for property, plant, and equipment	(577,884)	(922,242)
Proceeds from sale of property, plant, and equipment	22,543	85,348
Cash acquired through member substitution	—	16,402
Net change in cash equivalents reported in long-term investments	441,506	(481,206)
Purchases of investments	(6,260,930)	(5,283,207)
Sales of investments	5,831,084	5,195,524
Net cash used in investing activities	(543,681)	(1,389,381)
Effect of exchange rate changes on cash	11,280	25,921
Increase in cash, cash equivalents, and restricted cash	535,849	192,165
Cash, cash equivalents, and restricted cash at beginning of year	637,286	445,121
Cash, cash equivalents, and restricted cash at end of year	\$ 1,173,135	\$ 637,286
<b>Supplemental disclosure of noncash activity</b>		
Assets acquired through finance leases and other financing agreements	\$ 20,283	\$ 21,639
Accounts payable accruals for property, plant, and equipment	\$ 36,375	\$ 59,716

See accompanying notes.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements

December 31, 2020 and 2019

#### **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, 2020, the System operates 18 hospitals with approximately 4,800 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, and 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.

## 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.

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.

#### **3. Accounting Policies**

##### **Recent Accounting Pronouncements**

###### *Adopted*

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): 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 System adopted ASU 2018-13 on January 1, 2020. The adoption of ASU 2018-13 had no 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 2018-14, *Compensation – Retirement Benefits – Defined Benefit Plans – General (Subtopic 715-20): 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 (Subtopic 350-40): 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.

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This ASU changes the presentation and disclosure requirements for not-for-profit entities to increase transparency about contributed nonfinancial assets. The ASU is effective for annual periods beginning after June 15, 2021, and interim periods within annual periods beginning after June 15, 2022, with early adoption permitted. The System is currently assessing the impact that ASU 2020-07 will have on its consolidated financial statements and will adopt the provisions upon the effective date.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **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.

##### **Net Patient Service Revenue and Patient Receivables**

Net patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled for providing patient care. These amounts are due from patients, third-party payors, and others and include variable consideration for retroactive revenue adjustments due to settlement of reviews and audits. Generally, the System bills the patients and third-party payors several days after the services are performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the System. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The System believes that this method provides a reasonable depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation. Revenue for performance obligations satisfied at a point in time is recognized when services are provided and the System does not believe it is required to provide additional services to the patient.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

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 from accounting for revenue on a contract-by-contract basis.

The System has agreements with third-party payors that generally provide for payments to the System at amounts different from its established rates. For uninsured patients who do not qualify for charity care, the System recognizes revenue based on established rates, 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.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

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 were not significant in 2020. Adjustments arising from a change in the transaction price increased net patient service revenue by \$40.4 million in 2019.

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.

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.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

Settlements with third-party payors for retroactive adjustments due to reviews and audits are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care in the period the related services are provided. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the System's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known or as years are settled or are no longer subject to such reviews and audits. Adjustments arising from a change in estimated settlements were not significant in 2020. Adjustments arising from a change in estimated settlements increased net patient service revenue by \$14.4 million in 2019.

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.

#### **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 2020 and 2019 approximated \$173 million and \$169 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.



## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

The System participates in the Hospital Care Assurance Program (HCAP). Ohio created HCAP to financially support those hospitals that serve a disproportionate share of low-income patients unable to pay for care. HCAP funds basic, medically necessary hospital services for patients whose family income is at or below the federal poverty level, which includes Medicaid patients and patients without health insurance. The System recorded HCAP revenues of \$13.8 million and \$3.0 million for the years ended December 31, 2020 and 2019, 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 \$8.9 million and \$8.8 million at December 31, 2020 and 2019, respectively. Revenue related to management service agreements for 2020 and 2019 was \$116.2 million and \$131.5 million, respectively, and is included in other unrestricted revenues.

#### **Cash and Cash Equivalents**

The System considers all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents. Cash equivalents are recorded at fair value in the consolidated balance sheets and exclude amounts held for long-term investment purposes and amounts included in long-term investment portfolios as those amounts are commingled with long-term investments.

## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**3. Accounting Policies (continued)**

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, 2020 and 2019 is as follows (in thousands):

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 1,045,393	\$ 505,729
Investments for current use	122,669	119,446
Restricted cash in investments	5,073	12,111
Total cash, cash equivalents, and restricted cash	<u>\$ 1,173,135</u>	<u>\$ 637,286</u>

Investments for current use include 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.

**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.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **Impairment of Long-Lived Assets**

The System evaluates the recoverability of long-lived assets and the related estimated remaining lives when indicators of impairment are present. For purposes of impairment analysis, assets are grouped with other assets and liabilities at the lowest level for which identifiable cash flows are largely independent of the cash flows of other assets and liabilities. The System records an impairment charge or changes the useful life if events or changes in circumstances indicate that the carrying amount may not be recoverable or the useful life has changed.

##### **Leases**

The System determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets. The System has lease agreements that require payments for lease and non-lease components and has elected to account for these as a single lease component.

Right-of-use assets represent the System's right to use an underlying asset during the lease term, and lease liabilities represent the System's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. The System's lease terms include options to extend or terminate the lease when it is reasonably certain that the options will be exercised.

The System determines the present value of future lease payments using the rate implicit in the lease or, if that rate cannot be readily determined, its incremental borrowing rate at the lease commencement date. As most of the System's operating leases do not provide an implicit rate, the System generally uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The System considers recent debt issuances, as well as publicly available data for instruments with similar characteristics, when calculating its incremental borrowing rate.

Operating fixed lease expense and finance lease depreciation expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and are not significant to total lease expense.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **Investments and Investment Income**

Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the consolidated balance sheets. Investments, excluding alternative investments, are primarily classified as trading. Investment transactions are recorded on a settlement date basis. Realized gains and losses are determined using the average cost method.

Commingled investment funds are valued using, as a practical expedient, the net asset value as provided by the respective investment companies and partnerships. There are no significant redemption restrictions on the commingled investment funds.

Investments in alternative investments, which include hedge funds and private equity/venture funds, are primarily limited partnerships that invest in marketable securities, privately held securities, real estate, and derivative products and are reported based on the net asset value of the investment. Investments held by the partnerships consist of marketable securities, as well as securities that do not have readily determinable values. The values of the securities held by the limited partnerships that do not have readily determinable values are determined by the general partner and are based on historical cost, appraisals, or other valuation estimates that require varying degrees of judgment. There is inherent uncertainty in such valuations, and the estimated fair values may differ from the values that would have been used had a ready market for the securities existed. Generally, the investment balance of the System's holdings in alternative investments reflects net contributions to the partnerships and the System's share of realized and unrealized investment income and expenses. The investments may individually expose the System to securities lending, short sales, and trading in futures and forward contract options and other derivative products. The System's risk is limited to its carrying value. The financial statements of the limited partnerships are audited annually.

Alternative investments can be divested only at specified times in accordance with 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 are generally closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

Investment return, including income on alternative investments, is reported as nonoperating gains and losses, except for interest and dividends earned on assets held for self-insurance, 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.

#### **Fair Value Measurements**

Fair value measurements are defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Authoritative guidance provides an option to elect fair value as an alternative measurement for selected financial assets and liabilities not previously recorded at fair value. The System did not elect fair value accounting for any assets or liabilities that are not currently required to be measured at fair value.

The framework for measuring fair value is comprised of a three-level hierarchy based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **Goodwill and Other Intangibles**

Goodwill has resulted from business combinations, primarily physician practice acquisitions, and is based on the purchase price in excess of the fair values of assets acquired and liabilities assumed at the acquisition date. Annually, or when indicators of impairment exist, the System evaluates goodwill for impairment to determine whether there are events or circumstances that indicate it is more likely than not that the fair value of a reporting unit is less than its carrying amount.

Intangible assets other than goodwill are recorded at fair value in the period of acquisition. Intangible assets with finite lives, which consist primarily of patient medical records and non-compete agreements, are amortized over their estimated useful lives, ranging from three to five years, with a weighted-average amortization period of approximately three years.

##### **Derivative Instruments**

The System's derivative financial instruments consist of interest rate swaps and foreign currency forward contracts, 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 \$57.8 million and \$66.8 million at December 31, 2020 and 2019, respectively.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **3. Accounting Policies (continued)**

##### **Debt Issuance Costs**

Debt issuance costs are amortized over the period the obligation is outstanding using the straight-line method, which approximates the interest method.

##### **Contributions**

Unconditional donor pledges to give cash, marketable securities, and other assets are reported at fair value at the date the pledge is made to the extent estimated to be collectible by the System. Conditional donor promises to give and indications of intentions to give are not recognized until the condition is satisfied. Pledges received with donor restrictions that limit the use of the donated assets are reported as donor restricted support. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are transferred to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as other unrestricted revenues if the purpose relates to operations or reported as a change in net assets without donor restrictions if the purpose relates to capital.

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 \$203.7 million and \$217.8 million in 2020 and 2019, respectively.

## 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, 2020 and 2019, is as follows (in thousands):

	<b>2020</b>		<b>2019</b>	
Medicare	\$ 3,459,418	38%	\$ 3,555,679	37%
Medicaid	886,408	10	817,631	9
Managed care and commercial	4,709,980	51	5,076,374	53
Self-pay	78,879	1	66,599	1
Net patient service revenue	<u>\$ 9,134,685</u>	<u>100%</u>	<u>\$ 9,516,283</u>	<u>100%</u>



## 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 30%, 9%, and 22% at December 31, 2020 and 26%, 7%, and 23% at December 31, 2019, respectively, of the System's total patient receivables. Revenues from the Medicare and Medicaid programs and one commercial payor account for approximately 38%, 10%, and 12% for 2020 and 37%, 9%, and 13% for 2019, 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, 2020 and 2019 is as follows (in thousands):

	<u>2020</u>	<u>2019</u>
Cash, cash equivalents and restricted cash	\$ 1,173,135	\$ 637,286
Money market funds	675,660	1,158,515
Fixed income securities:		
U.S. treasuries	1,197,397	1,146,082
U.S. government agencies	57,404	31,698
U.S. corporate	522,576	334,914
U.S. government agencies asset-backed securities	319,847	325,341
Corporate asset-backed securities	221,751	167,647
Foreign	252,380	151,625
Fixed income mutual funds	230,158	120,239
Commingled fixed income funds	126,219	630,122
Common and preferred stocks:		
U.S.	285,260	311,327
Foreign	268,136	320,123
Equity mutual funds	89,239	142,424
Commingled equity funds	1,739,575	1,881,713
Commingled commodity funds	324,625	210,265
Alternative investments:		
Hedge funds	3,335,262	2,071,318
Private equity/venture funds	2,061,072	1,559,476
Total cash, cash equivalents, and investments	<u>\$ 12,879,696</u>	<u>\$ 11,200,115</u>

## 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 four holdings, valued at \$7.1 million at December 31, 2020, in which the System invests directly.

Total investment return is comprised of the following for the years ended December 31, 2020 and 2019 (in thousands):

	<u>2020</u>	<u>2019</u>
Other unrestricted revenues:		
Interest income and dividends	\$ 1,406	\$ 2,284
Nonoperating gains and losses, net:		
Interest income and dividends	72,412	84,544
Net realized gains on sales of investments	341,800	502,068
Net change in unrealized gains on investments	76,723	409,950
Income on alternative investments	662,254	281,129
Investment management fees	(25,246)	(28,310)
	<u>1,127,943</u>	<u>1,249,381</u>
Other changes in net assets:		
Investment income on restricted investments	82,853	72,074
Total investment return	<u>\$ 1,212,202</u>	<u>\$ 1,323,739</u>

## 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, 2020 and 2019 include the following (in thousands):

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 1,045,393	\$ 505,729
Patient receivables	1,255,681	1,299,256
Long-term investments	6,029,764	6,531,369
	<u>\$ 8,330,838</u>	<u>\$ 8,336,354</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 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.

## 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, 2020 and 2019 consist of the following (in thousands):

	<b>2020</b>	<b>2019</b>
Current:		
Inventories	\$ 246,507	\$ 192,490
Prepaid expenses	89,026	89,368
Research and grants receivables	56,114	33,017
Pledges receivable, current ( <i>Note 11</i> )	44,372	67,300
Other	110,703	106,493
Total other current assets	<u>\$ 546,722</u>	<u>\$ 488,668</u>
Noncurrent:		
Deferred compensation plan assets	\$ 343,728	\$ 285,792
Goodwill and other intangible assets ( <i>Note 8</i> )	125,244	121,745
Investments in affiliates	97,844	85,599
Prepaid pension cost	10,844	—
Other	66,910	33,304
Total other noncurrent assets	<u>\$ 644,570</u>	<u>\$ 526,440</u>

## 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, 2020 and 2019 consist of the following (in thousands):

	<b>2020</b>	<b>2019</b>
Current:		
Management contracts and other deferred revenue	\$ 94,680	\$ 28,267
Deferred social security payroll taxes ( <i>Note 21</i> )	86,386	—
Interest payable	72,641	71,766
Research deferred revenue	64,068	54,929
Current portion of professional and general liability insurance reserves ( <i>Note 15</i> )	54,720	59,354
Operating lease liabilities ( <i>Note 14</i> )	43,787	31,006
Employee benefit related liabilities	35,260	34,924
Estimated amounts due to third-party payors	21,644	47,870
Other	265,137	245,807
Total other current liabilities	<u>\$ 738,323</u>	<u>\$ 573,923</u>
Noncurrent:		
Employee benefit related liabilities	\$ 395,173	\$ 340,013
Derivative liabilities ( <i>Note 13</i> )	159,762	132,012
Deferred social security payroll taxes ( <i>Note 21</i> )	86,386	—
Pledge liabilities	16,829	17,341
Estimated amounts due to third-party payors	14,883	15,092
Gift annuity liabilities	13,903	15,126
Other	20,979	22,507
Total other noncurrent liabilities	<u>\$ 707,915</u>	<u>\$ 542,091</u>

## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**8. Goodwill and Other Intangible Assets**

The System recorded goodwill in 2020 and 2019 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, 2020 and 2019 are as follows (in thousands):

	<b>2020</b>	<b>2019</b>
Balance, beginning of year	\$ 71,331	\$ 70,420
Goodwill acquired	2,895	543
Foreign currency translation	194	368
Balance, end of year	<u>\$ 74,420</u>	<u>\$ 71,331</u>

The System acquired other intangible assets of \$0.9 million and \$18.5 million in 2020 and 2019, respectively, related to the acquisitions of various physician practices and the member substitution of Martin Health System in 2019. Other intangible assets are recorded in other noncurrent assets in the consolidated balance sheets.

Other intangible assets at December 31, 2020 and 2019 consist of the following (in thousands):

	<b>2020</b>		<b>2019</b>	
	<b>Historical Cost</b>	<b>Accumulated Amortization</b>	<b>Historical Cost</b>	<b>Accumulated Amortization</b>
Trade name	\$ 49,800	\$ —	\$ 49,800	\$ —
Finite-lived intangible assets	8,024	7,000	7,156	6,542
Total	<u>\$ 57,824</u>	<u>\$ 7,000</u>	<u>\$ 56,956</u>	<u>\$ 6,542</u>

Amortization related to finite-lived intangible assets was \$0.5 million in both 2020 and 2019 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): 2021 – \$522, 2022 – \$314, and 2023 – \$188.

## 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, 2020 and 2019, based on the valuation hierarchy (in thousands):

**December 31, 2020**

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and investments:				
Cash and cash equivalents	\$ 1,173,135	\$ —	\$ —	\$ 1,173,135
Money market funds	675,660	—	—	675,660
Fixed income securities:				
U.S. treasuries	1,197,397	—	—	1,197,397
U.S. government agencies	—	57,404	—	57,404
U.S. corporate	—	522,576	—	522,576
U.S. government agencies asset-backed securities	—	319,847	—	319,847
Corporate asset-backed securities	—	221,751	—	221,751
Foreign	—	252,380	—	252,380
Fixed income mutual funds	230,158	—	—	230,158
Common and preferred stocks:				
U.S.	285,260	—	—	285,260
Foreign	252,873	15,263	—	268,136
Equity mutual funds	89,239	—	—	89,239
Total cash and investments	3,903,722	1,389,221	—	5,292,943
Foreign exchange contracts	—	366	—	366
Perpetual and charitable trusts	—	84,894	—	84,894
Total assets at fair value	\$ 3,903,722	\$ 1,474,481	\$ —	\$ 5,378,203
<b>Liabilities</b>				
Interest rate swaps	\$ —	\$ 159,762	\$ —	\$ 159,762
Total liabilities at fair value	\$ —	\$ 159,762	\$ —	\$ 159,762

## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**9. Fair Value Measurements (continued)****December 31, 2019**

	<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	3,826,989	1,020,232	—	4,847,221
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>



## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**9. Fair Value Measurements (continued)**

Financial instruments at December 31, 2020 and 2019 are reflected in the consolidated balance sheets as follows (in thousands):

	<b>2020</b>	<b>2019</b>
Cash, cash equivalents, and investments measured at fair value	<b>\$ 5,292,943</b>	\$ 4,847,221
Commingled funds measured at net asset value	<b>2,190,419</b>	2,722,100
Alternative investments measured at net asset value	<b>5,396,334</b>	3,630,794
Total cash, cash equivalents, and investments	<b><u>\$ 12,879,696</u></b>	<u>\$ 11,200,115</u>
Perpetual and charitable trusts measured at fair value	<b>\$ 84,894</b>	\$ 88,301
Interests in foundations	<b>27,531</b>	25,136
Trusts and interests in foundations	<b><u>\$ 112,425</u></b>	<u>\$ 113,437</u>

Interest rate swaps and forward currency forward contracts (Note 13) are reported in other current assets, other current liabilities and 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 0.4% to 5.0%, which are based on Treasury yield curve interest rates or the assumed yield of the trust assets. The fair value of charitable trusts in which the System is a remainder beneficiary is based on the System's beneficial interest in the investments held in the trust, which are measured at fair value.

The fair value of interest rate swaps is determined based on the present value of expected future cash flows using discount rates appropriate with the risks involved. The valuations include a credit spread adjustment to market interest rate curves to appropriately reflect nonperformance risk. The credit spread adjustment is derived from other comparably rated healthcare entities' bonds. The System manages credit risk based on the net portfolio exposure with each counterparty.

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.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 10. Property, Plant, and Equipment

Property, plant, and equipment at December 31, 2020 and 2019 consist of the following (in thousands):

	<u>2020</u>	<u>2019</u>
Land and improvements	\$ 534,519	\$ 530,594
Buildings	7,303,916	7,058,399
Leasehold improvements	35,625	31,203
Equipment	1,921,575	1,918,486
Computer hardware and software	953,697	1,017,757
Construction-in-progress	502,469	360,635
Leased facilities and equipment	207,174	203,927
	<u>11,458,975</u>	<u>11,121,001</u>
Accumulated depreciation and amortization	<u>(5,592,001)</u>	<u>(5,255,411)</u>
	<u><u>\$ 5,866,974</u></u>	<u><u>\$ 5,865,590</u></u>

Included in the preceding table is unamortized computer software of \$265.8 million and \$231.3 million at December 31, 2020 and 2019, respectively. Amortization of computer software totaled \$44.4 million and \$48.1 million in 2020 and 2019, respectively. Amortization of computer software for the five years subsequent to December 31, 2020, is as follows (in millions): 2021 – \$44.1, 2022 – \$39.4, 2023 – \$35.3, 2024 – \$33.4, and 2025 – \$32.8.

Accumulated amortization of leased facilities and equipment was \$104.3 million and \$93.5 million at December 31, 2020 and 2019, respectively.

## 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, 2020 and 2019 are as follows (in thousands):

	<u>2020</u>	<u>2019</u>
Pledges due:		
In less than one year	\$ 57,668	\$ 79,114
In one to five years	80,491	110,696
In more than five years	83,975	87,664
	<u>222,134</u>	<u>277,474</u>
 Allowance for uncollectible pledges and discounting	 (52,121)	 (55,256)
 Current portion (net of allowance for uncollectible pledges of \$13.3 million and \$11.8 million in 2020 and 2019, respectively)	 (44,372)	 (67,300)
	<u><u>\$ 125,641</u></u>	<u><u>\$ 154,918</u></u>

## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**12. Long-Term Debt**

Long-term debt at December 31, 2020 and 2019, consists of the following (in thousands):

	Interest Rate(s)	Final Maturity	Amount Outstanding at December 31	
			2020	2019
Series 2020 Term Loan	0.84%	2025	\$ 12,660	\$ —
Series 2019A Bonds	3.39%	2046	247,045	247,045
Series 2019B Bonds	3.22% to 3.55%	2046	250,320	250,320
Series 2019C Bonds	Floating rate	2052	89,000	89,000
Series 2019D Bonds	Variable rate	2052	119,340	119,340
Series 2019E Bonds	Variable rate	2052	130,405	130,405
Series 2019F Bonds	Variable rate	2052	130,405	130,405
Series 2019G Bonds	2.70% to 3.28%	2042	241,835	241,835
Series 2018 Sterling Notes	2.90% to 3.08%	2068	902,952	872,285
Series 2018 Term Loan	Variable rate	2023	36,818	33,070
Series 2017A Bonds	1.08% to 3.48%	2043	792,350	811,785
Series 2017B Bonds	2.02% to 3.70%	2043	166,290	167,580
Series 2017C Bonds	2.72%	2032	8,135	8,555
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 2013A Bonds	4.04%	2042	34,955	34,955
Series 2013B Bonds	Variable rate	2039	201,160	201,160
Series 2013 Keep Memory Alive	Variable rate	2037	54,760	56,980
Series 2013 Bonds	Variable rate	2032	14,455	16,200
Series 2012A Bonds	2.32% to 4.07%	2039	266,060	275,765
Series 2011A Bonds	3.62% to 4.21%	2025	79,285	94,385
Series 2011B Bonds	2.56%	2031	23,345	24,900
Series 2011C Bonds	3.68% to 4.72%	2032	127,740	144,035
Series 2010 Bonds	3.04%	2025	—	14,995
Series 2008B Bonds	Variable rate	2042	327,575	327,575
Series 2003C Bonds	Variable rate	2035	41,905	41,905
Notes payable	Varies	Varies	2,901	3,584
Finance leases	Varies	Varies	110,621	118,053
			<b>5,152,487</b>	<b>5,196,287</b>
Net unamortized premium			154,012	161,322
Unamortized debt issuance costs			(32,608)	(33,715)
Current portion			(101,006)	(95,405)
Long-term variable rate debt classified as current			(589,891)	(529,841)
			<b>\$ 4,582,994</b>	<b>\$ 4,698,648</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 2020 Term Loan, Series 2018 Sterling Notes, Series 2018 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 November 2020, the System entered into a taxable term loan with a financial institution for \$12.7 million. The loan matures in 2025 and bears interest at a fixed rate of 0.84%. The proceeds of the term loan were used to refund the Series 2010 Bonds that were assumed in the member substitution of Martin Health System.

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. 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 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 2019 consolidated statements of operations and changes in net assets.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 12. Long-Term Debt (continued)

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 2019 consolidated statements of operations and changes in net assets.

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, 2020 or 2019.

Certain of the System's current outstanding bonds bear interest at a variable rate. During 2020 and 2019, the rates for the System's variable rate long-term debt series ranged from 0.01% to 9.00% (average rate 0.60%) and 0.80% to 3.32% (average rate 1.61%), respectively.

Certain variable rate bonds are secured by irrevocable direct pay letters of credit and standby bond purchase agreements, totaling \$611.5 million at December 31, 2020. 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.

The System provides self-liquidity on the Series 2003C Bonds, certain subseries of the Series 2008B Bonds, the Series 2014A CP Notes and the Series 2019D Bonds. These bonds are classified as current liabilities in the consolidated balance sheets.

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, 2020.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **12. Long-Term Debt (continued)**

In 2020, the System obtained lines of credit totaling \$650 million with multiple financial institutions. Each of the lines mature in 2021 and bear interest at the London Interbank Offered Rate (LIBOR) plus an applicable spread. The lines of credit were obtained to provide additional liquidity for the System. As of December 31, 2020, the System had no amounts drawn and \$650 million in available capacity.

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. There were no unexpended bond proceeds at December 31, 2020. Unexpended bond proceeds at December 31, 2019 were \$139.6 million and are included in funds held by trustee. The System has made deposits with the trustee, included in investments for current use, to fund current principal and interest payments of \$122.7 million and \$119.4 million at December 31, 2020 and 2019, respectively.

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, 2020 and 2019.

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, 2020, are as follows (in thousands): 2021 – \$74,597, 2022 – \$77,818, 2023 – \$117,976, 2024 – \$82,098, and 2025 – \$85,643.

Total interest paid approximated \$160.6 million and \$158.3 million in 2020 and 2019, respectively. Capitalized interest cost approximated \$4.4 million and \$4.0 million in 2020 and 2019, respectively.

#### **13. Derivative Instruments**

The System has entered into various derivative financial instruments to manage interest rate risk and foreign currency exposures.



## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**13. Derivative Instruments (continued)**

The System's objective with respect to interest rate risk is to manage the risk of rising interest rates on the System's variable rate debt. Consistent with its interest rate risk management objective, the System has entered into various interest rate swap agreements. 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	
				2020	2019
Fixed	2021	3.21%	68% of LIBOR	\$ 26,865	\$ 28,525
Fixed	2024	3.42%	68% of LIBOR	24,250	25,700
Fixed	2024	3.45%	67% of LIBOR	5,040	6,185
Fixed	2027	3.56%	68% of LIBOR	111,226	115,757
Fixed	2028	5.12%	100% of LIBOR	34,195	35,430
Fixed	2028	3.51%	68% of LIBOR	26,405	27,395
Fixed	2030	5.07%	100% of LIBOR	54,300	56,350
Fixed	2030	5.06%	100% of LIBOR	54,275	56,325
Fixed	2031	3.04%	68% of LIBOR	40,925	44,000
Fixed	2032	4.32%	79% of LIBOR	1,986	2,091
Fixed	2032	4.33%	70% of LIBOR	3,973	4,183
Fixed	2032	3.78%	70% of LIBOR	1,986	2,091
Fixed	2032	3.58%	67% of LIBOR	9,415	10,015
Fixed	2036	4.90%	100% of LIBOR	48,325	48,500
Fixed	2036	4.90%	100% of LIBOR	75,125	75,250
Fixed	2037	4.62%	100% of SIFMA	54,760	56,980
Fixed	2039	4.62%	68% of LIBOR	20,885	21,025
				<u>\$ 593,936</u>	<u>\$ 615,802</u>

## 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.

The System has foreign currency forward contracts, maturing at various dates through April 2021, with a total outstanding notional amount of \$68.1 million and \$336.2 million at December 31, 2020 and 2019, respectively.

The following table summarizes the location and fair value for the System's derivative instruments (in thousands):

		Derivative Assets and Liabilities			
		December 31, 2020		December 31, 2019	
		Balance Sheet Location	Fair Value	Balance Sheet Location	Fair Value
Derivatives not designated as hedging instruments					
Interest rate swap agreements	Other noncurrent liabilities	\$	159,762	Other noncurrent liabilities	\$ 131,004
Foreign currency contracts	Other current assets	\$	366	Other current assets	\$ —
Foreign currency contracts	Other current liabilities	\$	—	Other current liabilities	\$ 1,871
Foreign currency contracts	Other noncurrent liabilities	\$	—	Other noncurrent liabilities	\$ 1,008

The following table summarizes the location and amounts of derivative (losses) gains on the System's interest rate swap agreements (in thousands):

		<b>Location of Loss Recognized</b>		<b>Year Ended December 31</b>	
			<b>2020</b>		<b>2019</b>
<b>Derivatives not designated as hedging instruments</b>					
Interest rate swap agreements	Derivative losses	\$	(51,287)	\$	(42,734)
Foreign currency contracts	Derivative (losses) gains	\$	(10,186)	\$	6,540

## 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, 2020 and 2019, the System posted \$102.4 million and \$82.4 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.

Operating and finance lease right-of-use assets and lease liabilities as of December 31, 2020 and 2019 were as follows (in thousands):

	<b>2020</b>	<b>2019</b>
<b>Operating leases</b>		
Right-of-use assets:		
Operating lease assets	<u><u>\$ 360,841</u></u>	<u><u>\$ 325,960</u></u>
Lease liabilities:		
Other current liabilities	\$ 43,787	\$ 31,006
Noncurrent operating lease liabilities	<u>323,682</u>	<u>296,668</u>
Total operating lease liabilities	<u><u>\$ 367,469</u></u>	<u><u>\$ 327,674</u></u>
<b>Finance leases</b>		
Right-of-use assets:		
Property, plant, and equipment, net	<u><u>\$ 102,846</u></u>	<u><u>\$ 110,399</u></u>
Lease liabilities:		
Current portion of long-term debt	\$ 26,409	\$ 24,622
Long-term debt	<u>84,212</u>	<u>93,431</u>
Total finance lease liabilities	<u><u>\$ 110,621</u></u>	<u><u>\$ 118,053</u></u>

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## 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 years ended December 31, 2020 and 2019 are as follows (in thousands):

Lease Type	Classification	2020	2019
Operating lease costs*	Facilities expense	\$ 52,508	\$ 57,493
Short-term lease costs	Facilities expense	16,895	17,793
Financing lease interest	Interest expense	4,776	5,373
Financing lease amortization	Depreciation and amortization	29,264	27,977
Total lease cost		<u>\$ 103,443</u>	<u>\$ 108,636</u>

\* Includes fixed and variable lease costs.

Cash paid for amounts included in the measurement of lease liabilities for the years ended December 31, 2020 and 2019 was as follows (in thousands):

	2020	2019
Operating cash flows from operating leases	\$ 48,153	\$ 57,523
Operating cash flows from finance leases	4,776	5,373
Financing cash flows from finance leases	27,715	25,408
Total	<u>\$ 80,644</u>	<u>\$ 88,304</u>

Right-of-use assets obtained in exchange for new lease obligations for the years ended December 31, 2020 and 2019 are as follows (in thousands):

	2020	2019
Operating leases	\$ 55,786	\$ 84,264
Finance leases	20,283	21,639
Total	<u>\$ 76,069</u>	<u>\$ 105,903</u>

## 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, 2020 were as follows (in thousands):

	<u>Operating</u>	<u>Finance</u>
2021	\$ 38,340	\$ 30,299
2022	36,361	25,350
2023	30,837	18,495
2024	24,245	13,553
2025	17,782	9,273
Thereafter	1,377,050	29,165
Total lease payments	1,524,615	126,135
Less: interest	(1,157,146)	(15,514)
Present value of lease liabilities	<u>\$ 367,469</u>	<u>\$ 110,621</u>

Average lease terms and discount rates at December 31, 2020 and 2019 were as follows:

	<u>2020</u>	<u>2019</u>
Weighted-average remaining lease term (years):		
Operating leases	<b>49.6</b>	54.9
Finance leases	<b>6.5</b>	7.2
Weighted-average discount rate:		
Operating leases	<b>2.6%</b>	2.8%
Finance leases	<b>3.9</b>	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 early 2022. 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 8.1 years and 8.5 years at December 31, 2020 and 2019, respectively.

## 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 \$270.8 million and \$223.4 million at December 31, 2020 and 2019, respectively, are recorded as current and noncurrent liabilities and include discounted estimates of the ultimate costs for both asserted claims and unasserted claims. Asserted and unasserted claims for the System's reserves were discounted at 0.5% and 2.0% at December 31, 2020 and 2019, respectively. Through the captive insurance subsidiary, the System has set aside investments of \$234.0 million (\$54.7 million included in investments for current use) and \$217.3 million (\$59.4 million included in investments for current use) at December 31, 2020 and 2019, respectively, of which \$46.7 million and \$44.4 million at December 31, 2020 and 2019, respectively, is restricted in accordance with reinsurance trust agreements related to coverage of the Florida operations and other reinsurance programs provided by the captive insurance subsidiary.

## 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>2020</u>	<u>2019</u>
Balance at beginning of year	\$ 223,362	\$ 195,023
Incurred related to:		
Current period	72,446	72,975
Prior period	(1,338)	(8,274)
Total incurred	<u>71,108</u>	<u>64,701</u>
Paid related to:		
Current period	2,129	4,615
Prior period	41,547	69,582
Total paid	<u>43,676</u>	<u>74,197</u>
Total incurred less total paid	27,432	(9,496)
Member substitution	—	39,324
Increase (decrease) in unasserted claims	26	(1,247)
Increase (decrease) in reinsurance recoverable	20,000	(242)
Balance at end of year	<u>\$ 270,820</u>	<u>\$ 223,362</u>

The foregoing reconciliation shows \$1.3 million and \$8.3 million of favorable development in 2020 and 2019, 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 who were hired before October 1, 2005, and met certain eligibility requirements. All benefit accruals under the Martin Health System defined benefit plan ceased as of January 1, 2013. On June 30, 2019, the Martin Health System defined benefit pension plan merged with the CCHS Retirement Plan, with the CCHS Retirement Plan being a single continuing pension plan. Akron General has a tax-qualified defined benefit plan covering substantially all of its employees who were hired before 2004 and meet certain eligibility requirements. All benefit accruals under the Akron General defined benefit plan ceased as of December 31, 2017. Indian River Hospital has a tax-qualified defined benefit plan covering substantially all of its employees who were hired before December 31, 2002 and meet certain eligibility requirements. All benefit accruals under the Indian River Hospital defined benefit plan ceased as of December 31, 2002. The benefits for the System's tax-qualified defined benefit pension plans are provided based on age, years of service, and compensation. The System's policy for its tax-qualified defined benefit pension plans is to fund at least the minimum amounts required by the Employee Retirement Income Security Act. 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, 2020 are based on the Pri-2012 "Employees," "Healthy Retiree" and "Contingent Annuitant" tables, fully generational for employees reflecting an unadjusted MP-2020 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, 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 System believes that the updated mortality rates are the best estimate of future experience.

The System expects to make contributions of \$8.8 million to the defined benefit pension plans in 2021. Pension benefit payments over the next ten years are estimated as follows: 2021 – \$170.3 million, 2022 – \$125.1 million, 2023 – \$129.5 million, 2024 – \$128.5 million, 2025 – \$124.2 million, and in the aggregate for the five years thereafter – \$595.2 million.

The System expects to make contributions of \$3.8 million to other postretirement benefit plans in 2021. Other postretirement benefit payments over the next ten years are estimated as follows: 2021 – \$3.8 million, 2022 – \$3.4 million, 2023 – \$3.1 million, 2024 – \$2.8 million, 2025 – \$2.5 million, and in the aggregate for the five years thereafter – \$8.8 million.

No plan assets are expected to be returned to the employer during 2021.

## 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 2021, 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, 2020 and 2019 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>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
Unrecognized actuarial losses (gains)	\$ 144,563	\$ 151,105	\$ 3,718	\$ (7,466)
Unrecognized prior service credit	(13,226)	(15,768)	(5,137)	(6,089)
Total	<u>\$ 131,337</u>	<u>\$ 135,337</u>	<u>\$ (1,419)</u>	<u>\$ (13,555)</u>

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.

## 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, 2020 and 2019, are as follows (in thousands):

	<b>Defined Benefit Pension Plans</b>		<b>Other Postretirement Benefits</b>	
	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
Current year actuarial (loss) gain	\$ (5,255)	\$ (14,539)	\$ (8,951)	\$ 4,617
Recognition of actuarial loss (gain) in excess of corridor	11,797	7,897	(2,233)	(5,340)
Current year prior service credit	—	3,966	—	—
Amortization of prior service credit	(2,542)	(1,909)	(952)	(952)
Total	<u>\$ 4,000</u>	<u>\$ (4,585)</u>	<u>\$ (12,136)</u>	<u>\$ (1,675)</u>

## 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, 2020 and 2019, consolidated balance sheets (in thousands):

	<b>Defined Benefit Pension Plans</b>		<b>Other Postretirement Benefits</b>	
	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
Change in projected benefit obligation:				
Projected benefit obligation at beginning of year	\$ 1,959,040	\$ 1,630,583	\$ 79,525	\$ 81,889
Service (credit) cost	(4,714)	(3,421)	1,160	1,469
Interest cost	63,802	77,571	2,913	3,723
Actuarial loss (gain)	157,445	163,942	8,951	(4,617)
Participant contributions	—	—	18,856	16,886
Plan amendments	—	(3,966)	—	—
Member substitution	—	215,695	—	3,906
Settlement payments	(76,375)	(65,088)	—	—
Benefits paid	(59,447)	(56,276)	(25,731)	(23,731)
Projected benefit obligation at end of year	2,039,751	1,959,040	85,674	79,525
Change in plan assets:				
Fair value of plan assets at beginning of year	1,678,138	1,234,419	—	—
Actual return on plan assets	258,805	235,043	—	—
Participant contributions	—	—	18,856	16,886
System contributions	24,804	176,248	6,875	6,845
Member substitution	—	153,792	—	—
Benefits paid	(135,822)	(121,364)	(25,731)	(23,731)
Fair value of plan assets at end of year	1,825,925	1,678,138	—	—
Accrued retirement benefits	\$ (213,826)	\$ (280,902)	\$ (85,674)	\$ (79,525)
Noncurrent assets	\$ 10,844	\$ —	\$ —	\$ —
Current liabilities	(8,835)	(9,111)	(3,768)	(4,252)
Noncurrent liabilities	(215,835)	(271,791)	(81,906)	(75,273)
Net liability recognized in consolidated balance sheets	\$ (213,826)	\$ (280,902)	\$ (85,674)	\$ (79,525)

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **16. Pensions and Other Postretirement Benefits (continued)**

The accumulated benefit obligation for all defined benefit pension plans was \$2.0 billion and \$1.9 billion at December 31, 2020 and 2019, respectively. At December 31, 2020, defined benefit pension plans that had projected benefit obligations in excess of the fair value of plan assets had total accumulated benefit obligations of \$1.7 billion, projected benefit obligations of \$1.7 billion and fair value of plan assets of \$1.5 billion. At December 31, 2020, defined benefit pension plans that had fair value of plan assets in excess of projected benefit obligations had total accumulated benefit obligations and projected benefit obligations of \$290.1 million and fair value of plan assets of \$300.9 million. At December 31, 2019, all of the defined benefit pension plans had projected benefit obligations in excess of the fair value of plan assets.

The CCHS Retirement Plan paid \$76.4 million and \$65.1 million in lump-sum payments in accordance with plan terms in 2020 and 2019, 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 \$5.3 million and \$4.9 million for the years ended December 31, 2020 and 2019, 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.

## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**16. Pensions and Other Postretirement Benefits (continued)**

The components of net periodic benefit (credit) cost are as follows (in thousands):

	<b>Defined Benefit Pension Plans</b>		<b>Other Postretirement Benefits</b>	
	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
Components of net periodic benefit cost:				
Service (credit) cost	\$ (4,714)	\$ (3,421)	\$ 1,160	\$ 1,469
Interest cost	63,802	77,571	2,913	3,723
Expected return on plan assets	(106,615)	(85,639)	–	–
Recognition of actuarial loss (gain) in excess of corridor	6,481	2,954	(2,233)	(5,340)
Settlement charge	5,316	4,943	–	–
Amortization of prior service credit	(2,542)	(1,909)	(952)	(952)
Net periodic benefit (credit) cost	(38,272)	(5,501)	888	(1,100)
Defined contribution plans	276,624	266,314	–	–
Total	\$ 238,352	\$ 260,813	\$ 888	\$ (1,100)

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.

## 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:

	<b>Defined Benefit Pension Plans</b>		<b>Other Postretirement Benefits</b>	
	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
Weighted-average assumptions:				
Discount rates:				
Used for benefit obligations	<b>2.65%</b>	3.41%	<b>3.17%</b>	3.71%
Used for net periodic benefit cost	<b>3.41</b>	4.37	<b>3.71</b>	4.38
Expected rate of return on plan assets	<b>6.59</b>	6.48	—	—
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 are as follows:

	<b>2020</b>	<b>2019</b>
Internally provided services:		
Initial rate	<b>5.75%</b>	5.50%
Ultimate rate	<b>4.00</b>	4.00
Year ultimate reached	<b>2028</b>	2026
Externally provided services:		
Initial rate	<b>6.75%</b>	6.50%
Ultimate rate	<b>5.00</b>	5.00
Year ultimate reached	<b>2028</b>	2026

## 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 2020 by \$1.6 million and \$1.1 million, respectively, and service and interest costs in 2019 by \$1.9 million and \$1.3 million, respectively.

The System's weighted-average asset allocation of pension plan assets at December 31, 2020 and 2019, by asset category, is as follows:

Asset category	Percentage of Plan Assets		
	2020	2019	Target Allocation
Interest-bearing cash	3.2%	9.1%	1%–5%
Fixed income securities	69.5	56.0	50%–80%
Common and preferred stocks	8.6	17.2	5%–30%
Alternative investments	18.7	17.7	0%–25%
Total	100.0%	100.0%	

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 6.59% and 6.48% in 2020 and 2019, 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.



## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**16. Pensions and Other Postretirement Benefits (continued)**

The System has been implementing a liability-driven 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 investment strategy has been implemented in phases based on the increased funded status of the pension plans and the anticipation that such changes in investment strategy will result in lower volatility of future changes in funded status. Additional revisions in asset allocations and expected rate of return on plan assets may occur based on future changes in the funded status of the pension plans. It is anticipated that the duration of the fixed-income investment assets will 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, 2020 and 2019, based on the valuation hierarchy (in thousands):

**December 31, 2020**

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and investments:				
Cash and cash equivalents	\$ 58,158	\$ 36	\$ –	\$ 58,194
Fixed income securities:				
U.S. treasuries	497,599	–	–	497,599
U.S. government agencies	–	13,232	–	13,232
U.S. corporate	–	247,264	–	247,264
Foreign	–	46,954	–	46,954
Common and preferred stocks:				
U.S.	24,440	–	–	24,440
Foreign	13,998	1,444	–	15,442
Equity mutual funds	7,342	–	–	7,342
Total assets at fair value	<u>\$ 601,537</u>	<u>\$ 308,930</u>	<u>\$ –</u>	<u>\$ 910,467</u>

## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**16. Pensions and Other Postretirement Benefits (continued)****December 31, 2019**

	<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>

Total plan assets in the System's defined benefit pension plans at December 31, 2020 and 2019 are comprised of the following (in thousands):

	<b>2020</b>	<b>2019</b>
Plan assets measured at fair value	\$ 910,467	\$ 713,061
Commingled funds measured at net asset value	573,951	668,002
Alternative investments measured at net asset value	341,507	297,075
Total fair value of plan assets at end of year	<u>\$ 1,825,925</u>	<u>\$ 1,678,138</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 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 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.

## 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, 2020 and 2019, the liability for uncertainty in income taxes was \$1.5 million and \$1.0 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 \$588.9 million and \$504.8 million at December 31, 2020 and 2019, 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 2021 through 2037. A deferred tax asset of \$121.0 million and \$101.8 million has been recorded at December 31, 2020 and 2019, respectively. A valuation allowance of \$121.0 million and \$101.8 million has been recorded at December 31, 2020 and 2019, respectively, against the deferred tax assets due to the uncertainty regarding their use.

#### **18. Commitments and Contingent Liabilities**

At December 31, 2020, the System has commitments for construction and other related capital contracts of \$275.5 million and letters of credit of \$0.7 million. Guarantees of mortgage loans made by banks to certain staff members are \$20.4 million at December 31, 2020. In addition, the System has remaining commitments to invest approximately \$1,098 million in alternative investments at December 31, 2020. The largest commitment at December 31, 2020 to any one alternative strategy manager is \$65 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, 2020, are as follows (in thousands): 2021 – \$1,725, 2022 – \$4,700, 2023 – \$600, 2024 – \$4,700, 2025 – \$600, and thereafter – \$8,400. The unamortized discount on pledge liabilities at December 31, 2020 was \$2.2 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 367 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. The System had no deficiencies of this nature in donor-restricted endowment funds as of December 31, 2020 or 2019. 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 meet or exceed the investment policy benchmark as represented by a policy asset allocation, although actual returns in any given year may vary.

##### **Strategies Employed for Achieving Objectives**

To satisfy its long-term rate-of-return objectives, the System relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The System targets a diversified asset allocation to achieve its long-term return objective within prudent risk constraints.

## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**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. 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, 2020 and 2019 (in thousands):

	<u>2020</u>	<u>2019</u>
Endowment net assets, beginning of year	\$ 467,850	\$ 388,135
Investment income	2,590	2,805
Net appreciation	57,121	44,066
Contributions	26,948	28,805
Appropriation of endowment assets for expenditure	(16,904)	(8,087)
Member substitution	—	12,126
Endowment net assets, end of year	<u>\$ 537,605</u>	<u>\$ 467,850</u>

## Cleveland Clinic Health System

## Notes to Consolidated Financial Statements (continued)

**20. Functional Expenses**

The following table presents expenses by both their nature and their function for the years ended December 31, 2020 and 2019 (in thousands):

	2020					
	Healthcare Services	Research	Medical Education	General and Administrative	Non- Healthcare Services	Total
Salaries, wages, and benefits	\$ 4,706,614	\$ 188,644	\$ 303,283	\$ 683,552	\$ 20,429	\$ 5,902,522
Supplies	1,060,253	20,790	5,316	13,726	5,625	1,105,710
Pharmaceuticals	1,296,248	94	—	2,743	—	1,299,085
Purchased services and other fees	428,825	6,125	9,640	286,623	1,091	732,304
Administrative services	56,694	41,955	29,305	40,259	10,992	179,205
Facilities	314,686	3,319	1,902	22,185	8,811	350,903
Insurance	76,565	—	163	1,760	341	78,829
Interest	145,930	1,621	—	2,176	7,297	157,024
Depreciation and amortization	452,785	10,617	239	110,118	16,195	589,954
	<u>\$ 8,538,600</u>	<u>\$ 273,165</u>	<u>\$ 349,848</u>	<u>\$ 1,163,142</u>	<u>\$ 70,781</u>	<u>\$10,395,536</u>

	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
	<u>\$ 8,362,598</u>	<u>\$ 264,152</u>	<u>\$ 336,270</u>	<u>\$ 1,127,868</u>	<u>\$ 78,428</u>	<u>\$10,169,316</u>

The consolidated financial statements report certain categories of expenses that are attributable to more than one function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and benefits, which include allocations on the basis of estimates of time and effort.



## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### 21. COVID-19

On March 11, 2020, the World Health Organization declared the novel coronavirus disease (COVID-19) outbreak a global pandemic. The governors of Ohio and Florida declared a state of emergency for their respective states related to the COVID-19 outbreak on March 9, 2020, and a national state of emergency in the U.S. was declared on March 13, 2020. In mid-March, non-essential procedures and appointments were suspended based on government orders and to preserve hospital beds, equipment and supplies for COVID-19 patients. In May, the System began reactivation of non-essential procedures and appointments while implementing several precautions to ensure the safety of patients, caregivers and visitors. The System continues to work with public health partners at all levels to maintain the health and safety of patients, caregivers and visitors to prevent the spread of COVID-19. Throughout the pandemic, the System believes it has become better equipped to manage and treat the disease and provide care for patients. The System has taken, and continues to take, actions to mitigate the effect of the pandemic on its financial condition and results of operations; however, the outcome and ultimate effect of the pandemic on the System's consolidated financial statements cannot be determined at this time.

The System has received support under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, including Provider Relief Funds (PRF) and the Employee Retention Credit (ERC). The System accounted for both the PRF payments and ERC as contributions that are recognized as revenue when any related conditions have been substantially met.

The PRF provides funding from the U.S. Department of Health and Human Services (HHS) to healthcare providers to support healthcare-related expenses or lost revenue attributable to COVID-19. Funds received from the PRF represent payments to providers and do not need to be repaid as long as the System complies with certain terms and conditions imposed by HHS, including reporting and compliance requirements. In 2020, the System received \$423.3 million of PRF payments. The System recognized \$359.2 million of PRF payments in other unrestricted revenues based on the terms and conditions of the payments. The remaining \$64.1 million has been recorded in other current liabilities at December 31, 2020.

The ERC was designed to encourage entities to keep employees on their payroll despite experiencing economic hardship due to the COVID-19 pandemic. The ERC allows eligible entities to take a credit against certain employment taxes equal to 50% of up to \$10,000 of qualified wages an eligible employer pays to employees between March 13, 2020 and December 31, 2020. In 2020, the System recognized \$28.4 million of ERC in other unrestricted revenues.

## Cleveland Clinic Health System

### Notes to Consolidated Financial Statements (continued)

#### **21. COVID-19 (continued)**

The CARES Act also permits employers to defer the payment of the employer's portion of social security taxes incurred between March 27, 2020 and December 31, 2020, with half the deferred payments required to be paid by the end of 2021 and the other half to be paid by the end of 2022. At December 31, 2020, the System has deferred payroll tax payments of \$172.8 million, which are recorded in other current liabilities and other noncurrent liabilities.

Additionally, the System submitted claims to the Federal Emergency Management Association (FEMA) to reimburse costs related to expanding capacity; build out of a surge hospital; and the purchase of medical supplies, ventilators, and personal protective equipment. The System records FEMA grants as contributions when the expenses have been incurred and any related conditions have been substantially met. In 2020, the System recognized \$67.2 million of FEMA grant revenue in other unrestricted revenues. Receivables related to FEMA grants were \$17.2 million at December 31, 2020 and are included in other current assets.

#### **22. Subsequent Events**

The System evaluated events and transactions occurring subsequent to December 31, 2020 through March 5, 2021, 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, except for the following:

- In January 2021, the System entered into a taxable term loan agreement totaling \$64.7 million with a financial institution. The proceeds of the taxable term loan were used to refund all of the remaining outstanding Series 2011A Bonds.
- On February 1, 2021, the Clinic became the sole member of Mercy Medical Center (Mercy) pursuant to the terms of a member substitution agreement with The Sisters of Charity of St. Augustine Health System, the prior sole member of Mercy. Mercy is a 476 licensed bed hospital serving Stark, Carroll, Wayne, Holmes, and Tuscarawas counties and parts of southeastern Ohio. Effective February 1, 2021, the financial results of Mercy will be included in the System's consolidated financial statements.

## Supplementary Information



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## Report of Independent Auditors on Supplementary Information

The Board of Directors  
The Cleveland Clinic Foundation

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets, statements of operations and changes in net assets, and statements of cash flows are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the 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 financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

*Ernst & Young LLP*

March 5, 2021

## Cleveland Clinic Health System

### Consolidating Balance Sheet

December 31, 2020

*(In Thousands)*

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 792,399	\$ 252,994	\$	\$ 1,045,393
Patient receivables	1,074,672	209,326	(28,317)	1,255,681
Due from affiliates	31,287	56	(31,343)	—
Investments for current use	122,668	54,721	—	177,389
Other current assets	539,922	79,167	(72,367)	546,722
Total current assets	2,560,948	596,264	(132,027)	3,025,185
Investments:				
Long-term investments	9,178,758	1,175,119	—	10,353,877
Funds held by trustees	110,307	—	—	110,307
Assets held for self-insurance	—	179,300	—	179,300
Donor-restricted assets	946,735	66,695	—	1,013,430
	10,235,800	1,421,114	—	11,656,914
Property, plant, and equipment, net	4,462,295	1,404,679	—	5,866,974
Other assets:				
Pledges receivable, net	117,987	7,654	—	125,641
Trusts and interests in foundations	63,956	48,469	—	112,425
Operating lease right-of-use assets	136,712	224,129	—	360,841
Other noncurrent assets	736,665	139,281	(231,376)	644,570
	1,055,320	419,533	(231,376)	1,243,477
Total assets	<u>\$ 18,314,363</u>	<u>\$ 3,841,590</u>	<u>\$ (363,403)</u>	<u>\$ 21,792,550</u>

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<b>Liabilities and net assets</b>				
Current liabilities:				
Accounts payable	\$ 440,176	\$ 89,094	\$ (476)	\$ 528,794
Compensation and amounts withheld from payroll	417,175	47,074	—	464,249
Current portion of long-term debt	94,264	6,742	—	101,006
Variable rate debt classified as current	537,644	52,247	—	589,891
Due to affiliates	56	31,287	(31,343)	—
Other current liabilities	650,107	191,617	(103,401)	738,323
Total current liabilities	2,139,422	418,061	(135,220)	2,422,263
Long-term debt	3,664,878	1,144,179	(226,063)	4,582,994
Other liabilities:				
Professional and general liability insurance reserves	65,703	150,397	—	216,100
Accrued retirement benefits	296,218	1,523	—	297,741
Operating lease liabilities	102,196	221,486	—	323,682
Other noncurrent liabilities	652,509	55,406	—	707,915
	1,116,626	428,812	—	1,545,438
Total liabilities	6,920,926	1,991,052	(361,283)	8,550,695
Net assets:				
Without donor restrictions	10,195,011	1,728,866	(2,120)	11,921,757
With donor restrictions	1,198,426	121,672	—	1,320,098
Total net assets	11,393,437	1,850,538	(2,120)	13,241,855
Total liabilities and net assets	\$ 18,314,363	\$ 3,841,590	\$ (363,403)	\$ 21,792,550

See accompanying note.

## Cleveland Clinic Health System

### Consolidating Balance Sheet

December 31, 2019

*(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	\$ 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>

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<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
Total current liabilities	1,859,256	418,179	(110,665)	2,166,770
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
	979,080	370,826	(75)	1,349,831
Total liabilities	6,645,719	1,904,461	(334,931)	8,215,249
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
Total net assets	10,211,508	1,549,747	(2,120)	11,759,135
Total liabilities and net assets	\$ 16,857,227	\$ 3,454,208	\$ (337,051)	\$ 19,974,384

See accompanying note.



## Cleveland Clinic Health System

Consolidating Statements of Operations and  
Changes in Net Assets

Year Ended December 31, 2020

*(In Thousands)***Operations**

	Obligated Group	Non-Obligated Group	Consolidating Adjustments and Eliminations	Consolidated
<b>Unrestricted revenues</b>				
Net patient service revenue	\$ 7,964,677	\$ 1,427,556	\$ (257,548)	\$ 9,134,685
Other	1,327,134	369,446	(203,359)	1,493,221
Total unrestricted revenues	9,291,811	1,797,002	(460,907)	10,627,906
<b>Expenses</b>				
Salaries, wages, and benefits	5,157,213	1,055,097	(309,788)	5,902,522
Supplies	941,618	164,184	(92)	1,105,710
Pharmaceuticals	1,169,357	129,728	—	1,299,085
Purchased services and other fees	616,669	164,245	(48,610)	732,304
Administrative services	67,616	135,217	(23,628)	179,205
Facilities	268,927	83,893	(1,917)	350,903
Insurance	75,362	80,239	(76,772)	78,829
	8,296,762	1,812,603	(460,807)	9,648,558
Operating income (loss) before interest, depreciation and amortization	995,049	(15,601)	(100)	979,348
Interest	126,569	30,455	—	157,024
Depreciation and amortization	509,788	80,266	(100)	589,954
Operating income (loss)	358,692	(126,322)	—	232,370
<b>Nonoperating gains and losses</b>				
Investment income	989,304	138,639	—	1,127,943
Derivative losses	(59,211)	(2,262)	—	(61,473)
Other, net	24,447	1,957	—	26,404
Net nonoperating gains	954,540	138,334	—	1,092,874
Excess of revenues over expenses	1,313,232	12,012	—	1,325,244

*(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	\$ 1,313,232	\$ 12,012	\$ —	\$ 1,325,244
Donated capital	1,819	—	—	1,819
Net assets released from restriction for capital purposes	42,718	13,796	—	56,514
Retirement benefits adjustment	(9,173)	1,037	—	(8,136)
Foreign currency translation	—	9,004	—	9,004
Transfers (to) from affiliates	(266,974)	266,974	—	—
Other	(1,816)	(1,728)	—	(3,544)
Increase in net assets without donor restrictions	1,079,806	301,095	—	1,380,901
<b>Changes in net assets with donor restrictions</b>				
Gifts and bequests	121,754	10,627	—	132,381
Net investment income	75,581	7,272	—	82,853
Net assets released from restrictions used for operations included in other unrestricted revenues	(56,209)	(5,256)	—	(61,465)
Net assets released from restriction for capital purposes	(42,718)	(13,796)	—	(56,514)
Change in interests in foundations	2,395	—	—	2,395
Change in value of perpetual trusts	(4)	751	—	747
Other	1,324	98	—	1,422
Increase (decrease) in net assets with donor restrictions	102,123	(304)	—	101,819
Increase in net assets	1,181,929	300,791	—	1,482,720
Net assets at beginning of year	10,211,508	1,549,747	(2,120)	11,759,135
Net assets at end of year	\$ 11,393,437	\$ 1,850,538	\$ (2,120)	\$ 13,241,855

*See accompanying note.*

## Cleveland Clinic Health System

### Consolidating Statements of Operations and Changes in Net Assets

Year Ended December 31, 2019

*(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	\$ 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**

	<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	\$ 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.*

## Cleveland Clinic Health System

## Consolidating Statement of Cash Flows

Year Ended December 31, 2020

(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	\$ 1,181,929	\$ 300,791	\$ –	\$ 1,482,720
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities and net nonoperating gains and losses:				
Retirement benefits adjustment	9,173	(1,037)	–	8,136
Net realized and unrealized gains on investments	(1,013,514)	(141,878)	–	(1,155,392)
Depreciation and amortization	509,788	80,266	(100)	589,954
Foreign currency translation gain	–	(9,004)	–	(9,004)
Donated capital	(1,819)	–	–	(1,819)
Restricted gifts, bequests, investment income, and other	(199,726)	(18,650)	–	(218,376)
Transfers to (from) affiliates	266,974	(266,974)	–	–
Amortization of bond premiums and debt issuance costs	(6,134)	178	–	(5,956)
Net loss in value of derivatives	25,878	–	–	25,878
Pension funding	(15,076)	(16,603)	–	(31,679)
Changes in operating assets and liabilities:				
Patient receivables	64,642	(14,140)	(6,927)	43,575
Other current assets	(113,155)	3,149	31,120	(78,886)
Other noncurrent assets	(108,375)	(40,059)	2,259	(146,175)
Accounts payable and other current liabilities	241,341	(4,567)	(24,627)	212,147
Other liabilities	115,700	68,428	75	184,203
Net cash provided by (used in) operating activities and net nonoperating gains and losses	957,626	(60,100)	1,800	899,326
<b>Financing activities</b>				
Payments on short-term borrowings, net				
Proceeds from short-term borrowings	225,000	–	–	225,000
Payments on short-term borrowings	(225,000)	–	–	(225,000)
Proceeds from long-term borrowings	16,408	1,872	(1,872)	16,408
Payments for advance refunding and redemption of long-term debt	(12,660)	–	–	(12,660)
Principal payments on long-term debt	(91,903)	(6,667)	72	(98,498)
Debt issuance costs	(30)	–	–	(30)
Change in pledges receivables, trusts and interests in foundations	46,139	(811)	–	45,328
Restricted gifts, bequests, investment income, and other	199,726	18,650	–	218,376
Net cash provided by financing activities	157,680	13,044	(1,800)	168,924
<b>Investing activities</b>				
Expenditures for property, plant, and equipment	(332,871)	(245,013)	–	(577,884)
Proceeds from sale of property, plant, and equipment	22,543	–	–	22,543
Net change in cash equivalents reported in long-term investments	384,447	57,059	–	441,506
Purchases of investments	(5,527,771)	(733,159)	–	(6,260,930)
Sales of investments	5,100,313	730,771	–	5,831,084
Transfers (to) from affiliates	(266,974)	266,974	–	–
Net cash (used in) provided by investing activities	(620,313)	76,632	–	(543,681)
Effect of exchange rate changes on cash	–	11,280	–	11,280
Increase in cash, cash equivalents and restricted cash	494,993	40,856	–	535,849
Cash, cash equivalents and restricted cash at beginning of year	422,598	214,688	–	637,286
Cash, cash equivalents and restricted cash at end of year	\$ 917,591	\$ 255,544	\$ –	\$ 1,173,135

See accompanying note.

## 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>				
Payments on short-term borrowings, net				
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.

## Cleveland Clinic Health System

### Note to Consolidating Financial Statements

December 31, 2020 and 2019

#### **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.

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