



MetroHealth's Institute for H.O.P.E.™ Food as Medicine Program

A Request to The Reuter Foundation, 2023 Proposal





MetroHealth Overview

The MetroHealth System traces its roots to the establishment of City Hospital of Cleveland in 1837. In response to a cholera epidemic, Cleveland City Council designated a poorhouse as City Hospital and made provisions for the inhabitants' medical care. It was the first health care institution in Cleveland. In addition to being the primary provider of medical services to the indigent for 186 years, MetroHealth has been committed to outstanding programs of medical research. Notable achievements include pioneering research in polio (Dr. Fred Robbins was awarded the Nobel Prize in Medicine); groundbreaking research in the uses of penicillin, including the link between strep throat and rheumatic heart disease; and landmark discoveries that led to the treatment and prevention of tuberculosis.

Mission: Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

Vision: MetroHealth will be the most admired public health system in the nation, renowned for being the role model for health equity, community choice, innovation and delivering exceptional care and outcomes.

Populations Served and MetroHealth Facilities

Today, MetroHealth is one of the largest, most comprehensive health care providers in Northeast Ohio. As Cuyahoga County's public health system, MetroHealth remains the health care provider that welcomes all those in need regardless of ability to pay. In 2021, MetroHealth provided \$238.6 million in benefits to the community, while county subsidy represented only about 2.1% of MetroHealth's annual operating revenue.

MetroHealth has honored its commitment to create a healthier community by building a new 11-floor, 316-room hospital—The Glick Center—on its main campus in Cleveland. This state-of-the-art hospital and surrounding green space are catalyzing the revitalization of MetroHealth's West Side neighborhood. MetroHealth broke ground on the new hospital in early 2019, using nearly \$1 billion in hospital-revenue bonds. The Glick Center opened in November 2022. Simultaneously, MetroHealth opened a new 112-bed behavioral health hospital at its Cleveland Heights Medical Center.

The MetroHealth System comprises four hospitals, including the Magnet-credentialed Glick Center, four emergency departments, plus a network of 23 community-based health centers and more than 40 additional sites throughout the region. In the past year, MetroHealth has served more than 300,000 patients during almost 1.5 million visits in its hospitals and health centers, 64 percent of whom are uninsured or covered by Medicare or Medicaid. Ninety-seven percent of Cuyahoga County residents live within a 10-minute drive of MetroHealth care.

Specialties, Programs and Services

MetroHealth is a nationally recognized leader in critical care and trauma, rehabilitation, community health, high-risk perinatal care, and primary care. The system operates Cuyahoga County's most

MetroHealth Overview – continued

experienced Level 1 Adult Trauma Center, verified since 1992; Metro Life Flight; and the only adult and pediatric burn center in Ohio. MetroHealth offers more than 100 initiatives that work to reduce health disparities and improve the health of all in the community. In 2019, MetroHealth established the Institute for H.O.P.E.[™] (health, opportunity, partnership, empowerment) to address the socio-economic factors that impact 80% of health and well-being.

Notable programs include: care for opiate-addicted pregnant women and their infants; the PRIDE Program, which serves the lesbian, gay, bisexual and transgender community; Project DAWN, an opioid overdose education and naloxone distribution program; comprehensive care for foster children (MetroHealth is the medical home for Cuyahoga County's foster children); Nurse Family Partnership, a nurse home visiting program for low-income, first-time moms-to-be; and the School Health Program, which sends health professionals to Cleveland's public schools. The Lincoln-West School of Science and Health, a year-round Cleveland Metropolitan School District high school, is located at MetroHealth (the only high school in the country housed within a hospital) and focuses on preparing students for post-secondary and career opportunities.

MetroHealth employs 8,000 employees, including nearly 700 physicians, 2,000 nurses and 400 residents and fellows.

Key Education Partnerships

A principal teaching hospital of Case Western Reserve University's School of Medicine since 1914, MetroHealth maintains a fine tradition of academics and research. All active staff physicians are full-time faculty of the Case Western Reserve University School of Medicine and actively participate in graduate and undergraduate medical education. Nearly 400 residents and fellows receive intensive training in nearly 50 specialties. In addition, MetroHealth's main campus houses the aforementioned Cleveland Metropolitan School District high school, which is focused on science and health.

2. Desired funding amount and an explanation of how Reuter's dollars will be allocated.

The MetroHealth Foundation respectfully requests that The Reuter Foundation consider general program support of \$25,000 for the Food As Medicine Program within MetroHealth's Institute for H.O.P.E.[™].

3. What the funds will be used for. List and describe programs and numbers served in each.

Cuyahoga County has the highest number of food insecure residents and children in Ohio. The link between chronic diseases such as obesity, diabetes and hypertension and access to healthy food is well-established. Food insecure individuals are more likely to develop a chronic disease and, once a disease is established, food insecurity makes management of that disease more difficult. A recent study reports that approximately 1 in 3 chronically ill adults are unable to afford food, medications, or both. In addition to increased incidence of chronic conditions, food insecurity is linked to exacerbation of existing health issues, particularly for elderly patients; poor maternal and infant health; fragile pediatric health; and psychosocial problems.

The funds requested from The Reuter Foundation will provide continued support for MetroHealth's Food as Medicine (FAM) Program, which identifies and addresses food insecurity issues for patients diagnosed with poorly controlled, nutrition-related chronic diseases (diabetes, hypertension and heart failure) to promote health, facilitate recovery and prevent future illness. The first FAM clinic was established in 2018 at the hospital's main campus Outpatient Pavilion, and the second location was opened at MetroHealth's Ohio City Health Center in January 2021. The FAM clinic is a referral-based resource to connect food-insecure patients meeting specific chronic disease criteria with nutrition education and healthful food at no cost to the patient. Patients can use the food clinic up to two times each month. Each time, patients can choose from healthful foods to feed their entire household for three days. The food clinic offers a "shopping" experience, including the opportunity for nutrition education with a registered dietetic technician; easy, low-cost recipes; and case management services provided by a community health worker. After each visit, the FAM coordinator completes all required charting in EPIC to facilitate program evaluation.

The FAM clinics are staffed by two dietetic technicians who work with patients on appropriate food selections based on diagnoses, a patient-intake form, and a food-frequency questionnaire. A bus or parking pass is provided if needed.

In response to the COVID-19 pandemic, a delivery service was initiated for patients with mobility issues and transportation barriers. This service provided access to healthful foods during the early days of the pandemic when so many were homebound, as well as social connection for those who were isolated. There were 663 deliveries from January through September of 2023 and about 890 are expected for the entire year. If the current level of delivery enrollment continues, we expect over 930 deliveries in 2024.

In addition to screening patients in the primary care setting, patients are screened for food insecurity when they are discharged from the inpatient setting. Patients who meet the chronic disease enrollment criteria and screen positive for food insecurity receive a physician referral to the FAM clinic. Patients with poorly controlled chronic diseases are defined as follows: uncontrolled diabetes—most recent hemoglobin A1c greater than 7.0%; uncontrolled hypertension—systolic blood pressure of 150 or

greater and/or a diastolic blood pressure of 100 or greater; hospitalization for acute exacerbation of heart failure. Those patients who screen positive for food insecurity, but do not meet the additional diagnoses criteria, receive a referral to the Greater Cleveland Food Bank for food resources and a referral to a registered dietitian for nutrition counseling. At the Ohio City Health Center, pediatric patients who are diagnosed with pre-diabetes and/or obesity are also referred to the FAM Clinic.

In 2022, FAM served 290 patients / families and delivered nearly 51,000 meals. By the end of 2023, we anticipate serving 256 patient families. The decline is attributed to the departure in early October of our Main Campus supervisor. In 2024, we anticipate serving at least 300 patients / families, as more patients and care providers become aware of FAM. Based on neighborhood demographics, the patient population served at MetroHealth's two Food as Medicine clinic locations is largely disadvantaged: 18% are uninsured, 51% receive Supplemental Nutrition Assistance Program (SNAP) benefits, the median income is \$24,773, and 40% live below the Federal Poverty Level. Both FAM locations serve significant Hispanic and African American populations.

Food as Medicine Program Partners

- Greater Cleveland Food Bank: Primary provider of shelf-stable and fresh food products for the Food as Medicine Clinics
- Rust Belt Riders: Collects produce waste for composting
- Perfectly Imperfect Produce: Supplemental supplier of fresh produce
- Urban Community School (UCS): A K-8 school focused on breaking social and economic barriers to success for Cleveland's near west side children by providing an individualized, innovative, and challenging education. UCS engages faculty, families, and community partners in the successful whole child development of their students. MetroHealth built the Ohio City Health Center on the UCS campus and established a deliberate partnership with the school to improve access to care and health outcomes for both students and their families.

4. What are the desired outcomes? How do you measure impact? Share outcomes that illustrate your impact.

By offering healthy food through the Food as Medicine Program as a remedy to combat chronic illnesses, MetroHealth aims to be a catalyst for change—for the community's health, neighborhood, economy, and future. MetroHealth is focused on holistically addressing the social drivers of health—including food insecurity—and measuring their impact on longer term health and health care costs, with a goal of establishing the case for reimbursement as part of population health management.

Specific goals of the Food as Medicine Program include:

- Improve providers' ability to identify patients who experience food insecurity.
- Increase in fruit and vegetable intake and decrease in fast-food consumption.
- Advance health metrics for the chronic disease being addressed (improved A1c in those with elevated A1c; improved blood pressure in those with elevated blood pressure, etc.).
- Reduce avoidable health care utilization, such as fewer emergency department (ED) visits and hospitalizations over the next year.

With Institutional Review Board (IRB) approval, patient data is tracked in a REDCap database for evaluation purposes. A pre-post quality improvement study of the FAM Clinic is conducted using prospective surveys and electronic health record data and prospective surveys to evaluate changes in dietary behaviors, program engagement, and health outcomes; data is collected at baseline, three months, six months, and 12 months into program enrollment. Pre-post analysis of participant outcomes is completed quarterly. Participants will also be scheduled for quarterly blood pressure, weight, A1c, and cholesterol checks, as indicated by their chronic conditions, beginning at enrollment to the FAM program. While improvement in clinical outcomes can be evaluated quarterly, they are not expected to demonstrate significant change from baseline values until greater than six months of consistent FAM clinic participation. Patient visit records and health care costs are also accessible.

Anticipated Quarterly Outcomes

- With continued recruitment, MetroHealth expects to replace participants who complete the program or drop off for other reasons, plus grow the participants served by 10 or more per quarter.
- The reduction in food insecurity will be measured with a six-item tool from the USDA at baseline and again at four months or upon departure from the program. It is anticipated that 70% of those surveyed will decrease their raw score by at least one point.
- For participants with diabetes, it is anticipated that at least 50% will show a decrease in A1c at quarterly follow up.
- For participants with hypertension, it is anticipated that at least 40% will show a decrease in systolic blood pressure at quarterly follow-up.

Anticipated Long-term Outcomes

- Decreased emergency department use
- The program will presumably impact entire households. With potential to reach 1,500+ individuals through household size over the next two years, everyone will eat better, reduce their risk of food insecurity, and decrease the risk of chronic disease onset.

Post-program Support

The FAM program includes a transition and case management process whereby community health workers assist patients—those who have multiple social needs, diabetes and/or hypertension, and multiple emergency department visits—with finding community resources and maximizing their public benefits. Participants can also refer to their educational binders and recipes to continue to implement the healthy behaviors that they adopted during program participation. They also continue to have access to a MetroHealth nutritionist after completing the program.

Further Evaluation

The initial pre-post quality improvement study of the FAM clinic was limited to patients enrolled between October 2018 and November 2019 to allow for a minimum of three months of follow-up prior to the start of the COVID-19 pandemic in March 2020. Participants completed surveys at their initial visit and at visits three and six months later.

The primary study outcome was change in self-reported dietary behavior, defined as an improvement in fruit and vegetable intake. Secondary outcomes included other dietary behaviors such as reduction in fast-food intake, the number of visits to the FAM clinic, changes in clinical health measurements (i.e., blood pressure, glycosylated hemoglobin (A1c), body mass index (BMI), and health care utilization [i.e., ED use and inpatient hospitalizations]). Potential barriers to FAM clinic use were also identified. A manuscript detailing the study and outcomes has been submitted to the Journal of General Internal Medicine for publication. Additionally, the Greater Cleveland Food Bank has produced a white paper on the evaluation of the Food as Medicine partnership with MetroHealth. The intention was identifying and sharing lessons learned, success and challenges of the three-year collaboration, and prioritizing next steps so that both organizations can work towards improved efforts. The evaluation included interviews with both MetroHealth staff and FAM clinic participants. Participant interview themes were food, service, and impact. Select comments follow:

“Great variety, you get ... first thing I saw were canned goods WOW. Then saw cooler with meats and dairy and fruit and vegetables and was in awe. I can see what is in there. I get a choice right away. It doesn't have to be all cans, can be fresh vegetables, like juice, milk, large things of juice, extra supplies.” (Age 58)

“Helping control calories, diabetes, how much food to eat, ya know, they made my A1C go down and under control. I used to eat and eat and eat and eat. Now I do five small meals a day. They taught me everything there. They're a very, very good program. I thank God for them Every day.” (Age 54)

“Um, for me my A1C was 9. Extremely high. Very, very high. They want you to be around 7. I'm about 7.2 to 7.3. [It's] Scary because if I'm too well I won't get these things. If I don't eat right I'll shoot right back up. Doctor called, 'whatever you're doing keep doing'. It can't be. He said the 7.2. I couldn't believe it. (Age 58)

“...been more mindful of what I'm eating and my relationship with food ... it was at 12 and now it's at 9.5. Trying to lose weight. I am proud.” (Age 36)

“Instead of frying, now baking some items. Introduced to olive oil. Also, my daughter is now watching what she eats to beat diabetes and high blood pressure. My daughter was getting overweight so is also learning from the program and now teaching me.” (Age 75)

How the Food as Medicine Program Meets Unmet Needs

MetroHealth's Food as Medicine Program is unique in Cleveland in its effort to deliberately target and impact patients with specific chronic conditions by providing a hospital/health center-based food pantry. Food as Medicine is just one program within MetroHealth's Institute for H.O.P.E.™, which supports efforts to identify and address the social drivers of health that impact the health and well-being of its patients. Patients are screened for risk in nine domains: food insecurity, social isolation, physical activity, housing, financial resource strain, stress, transportation, connectivity, and intimate partner violence. If a patient is identified as being at-risk in any of these domains, they are provided with appropriate referrals to social service organizations using the Unite Ohio platform. This closed-loop referral network—currently comprising more than 160 organizations—permits community-wide care coordination, sends electronic referrals to the most appropriate provider(s), tracks real-time outcomes

delivered by external partners, identifies service gaps, and ultimately creates a more equitable community. Unite Ohio enables all entities to work transparently and ensures that our most valuable resources are deployed effectively and efficiently.

If MetroHealth did not intervene, it is anticipated that the baseline data would continue to be the norm. Food-insecure potential participants would continue to utilize the least expensive food sources, often high in sodium, or food pantries with fewer low-sodium and low-sugar options. They would have limited access to fresh fruit, vegetables, and lean proteins, and continue to have elevated blood pressure and blood sugars or increase their medication use to control their medical conditions.

5. Describe staff (# full-time/# part-time/# volunteers and include bio of Executive Director).

Two full-time supervisors of the FAM Clinics at Main Campus (currently .625 FTE with plans to increase to .8 FTE in 2024) and Ohio City Health Center (.8 FTE) and one Americorps volunteer, who assists approximately 20 hours a week with receiving and stocking food, preparing food boxes for delivery recipients, assisting with any in-person participants when needed, and data entry for a FAM study. FAM Clinic staff are supervised by MetroHealth's Manager of Ambulatory Nutrition.

Jennifer D. Bier, MS, RD, LD
Manager of Ambulatory Nutrition for The MetroHealth System

EDUCATION

- **Case Western Reserve University**, Cleveland, Ohio
 - Master of Science in Public Health Nutrition with Certificate in Gerontology, 2002
- **Case Western Reserve University, Department of Nutrition**, Cleveland, Ohio
 - Dietetic Internship, 2002
- **The University of Chicago**, Chicago, Illinois
 - Bachelor of Arts in Biological Sciences with general honors, 1995

PROFESSIONAL EXPERIENCE

The MetroHealth System, Cleveland, Ohio

Dietetic Internship Director: August 2017 – present

- Plan and coordinate supervised practice experiences for dietetic interns as part of 10-month ACEND-accredited dietetic internship; ensure continued accreditation.

Manager, Ambulatory Nutrition: June 2011 – present

- Supervise 12 outpatient dietitians across the system
- Coordinate ADA-recognized Diabetes Self-Management Education program across multiple sites
- Since 2018, oversee the Food as Medicine program. Was involved in initial design and planning. Serve as primary investigator for the IRB-approved Food as Medicine survey study and supervise the clinic staff.
- Coordinate departmental participation in health fairs and other educational outreach.

Clinical Dietitian/Diabetes Educator, Buckeye Health Center: July 2009 – May 2011

- Implement grant-funded diabetes education program including group and individual education, scheduling, follow up, and data collection.
- Prepared application for renewal of program recognition through the American Diabetes Association.
- Lead the annual program review with the steering committee and implement CQI projects.

Clinical Dietitian, Center for Community Health: July 2004 – May 2008

- Provided medical nutrition therapy and nutrition education for outpatients of all life stages and medical conditions. Participated in community outreach through health fairs and speaking events.

Various locations, May 2002 – July 2004

Clinical Dietitian in long-term care facilities

PROFESSIONAL MEMBERSHIPS

Academy of Nutrition and Dietetics, member 2001-present; current member of Diabetes Dietetic Practice Group and MNT Dietetic Practice Group

Greater Cleveland Academy of Nutrition and Dietetics (formerly Cleveland Dietetic Association), member 2001-2007; 2008 –2016; 2018 - present

The MetroHealth Foundation, Inc.

Financial Report
December 31, 2022

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RSM US LLP

Independent Auditor's Report

Finance and Investment Committee
The MetroHealth Foundation, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of The MetroHealth Foundation, Inc. (the Foundation), which comprise the statements of financial position as of December 31, 2022 and 2021, the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation as of December 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

RSM US LLP

Cleveland, Ohio
March 8, 2023

The MetroHealth Foundation, Inc.

Statements of Financial Position
December 31, 2022 and 2021

	2022	2021
Assets		
Cash and cash equivalents	\$ 4,368,876	\$ 2,453,363
Promises to give, net	5,075,339	5,081,274
Grants receivable	49,072	196,494
Investments, at fair value	68,028,151	80,630,840
Prepaid expenses	-	46,310
Other assets	359,972	383,511
	<u>77,881,410</u>	<u>88,791,792</u>
Total assets	\$ 77,881,410	\$ 88,791,792
Liabilities and Net Assets		
Accounts payable	\$ 67,180	\$ 27,880
Deferred revenue	-	960
Refundable advance	-	9,040
Annuity payment obligations	305,531	314,441
Grants payable to related parties	656,636	667,574
	<u>1,029,347</u>	<u>1,019,895</u>
Total liabilities	1,029,347	1,019,895
Net assets:		
Without donor restrictions	24,510,142	31,957,051
With donor restrictions	52,341,921	55,814,846
	<u>76,852,063</u>	<u>87,771,897</u>
Total net assets	76,852,063	87,771,897
	<u>77,881,410</u>	<u>88,791,792</u>
Total liabilities and net assets	\$ 77,881,410	\$ 88,791,792

See notes to financial statements.

The MetroHealth Foundation, Inc.

Statement of Activities and Changes in Net Assets
Year Ended December 31, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and support:			
Gifts and grants	\$ 4,530,000	\$ 6,370,085	\$ 10,900,085
In-kind contributions - related party	3,583,572	-	3,583,572
In-kind contributions - other	22,260	19,250	41,510
Special event revenue, net	894,411	21,000	915,411
Miscellaneous income	853	175,696	176,549
Investment loss, net	(8,078,313)	(4,439,751)	(12,518,064)
Loss on uncollectable pledges	-	(11,099)	(11,099)
Net assets released from restrictions	5,608,106	(5,608,106)	-
Total revenue and support	6,560,889	(3,472,925)	3,087,964
Expenses:			
Grantmaking program	8,985,549	-	8,985,549
Management and general	787,827	-	787,827
Fundraising	4,234,422	-	4,234,422
Total expenses	14,007,798	-	14,007,798
Decrease in net assets	(7,446,909)	(3,472,925)	(10,919,834)
Net assets at beginning of year	31,957,051	55,814,846	87,771,897
Net assets at ending of year	\$ 24,510,142	\$ 52,341,921	\$ 76,852,063

See notes to financial statements.

The MetroHealth Foundation, Inc.

Statement of Activities and Changes in Net Assets
Year Ended December 31, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and support:			
Gifts and grants	\$ 4,443,122	\$ 5,933,620	\$ 10,376,742
In-kind contributions - related party	2,631,510	-	2,631,510
Miscellaneous income	-	91,811	91,811
Investment income, net	5,443,377	2,611,135	8,054,512
Loss on uncollectable pledges	-	(1,897)	(1,897)
Net assets released from restrictions	5,197,433	(5,197,433)	-
Total revenue and support	17,715,442	3,437,236	21,152,678
Expenses:			
Grantmaking program	10,021,557	-	10,021,557
Management and general	957,057	-	957,057
Fundraising	2,394,919	-	2,394,919
Total expenses	13,373,533	-	13,373,533
Increase in net assets	4,341,909	3,437,236	7,779,145
Net assets at beginning of year	27,615,142	52,377,610	79,992,752
Net assets at ending of year	<u>\$ 31,957,051</u>	<u>\$ 55,814,846</u>	<u>\$ 87,771,897</u>

See notes to financial statements.

The MetroHealth Foundation, Inc.

Statement of Functional Expenses
Year Ended December 31, 2022

	Grantmaking			Management and General			Fundraising			Total
	Program	Operations	In-Kind	Total	Operations	In-Kind	Total	Total		
Grants and other assistance	\$ 8,985,549	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,985,549	
Salaries, wages and benefits	-	-	383,156	383,156	-	2,349,771	2,349,771	-	2,732,927	
Catering and food service	-	10,483	470	10,953	188,298	2,906	191,204	-	202,167	
Community outreach	-	351	-	351	157	-	157	-	508	
Dues and licenses	-	17,169	-	17,169	30,587	-	30,587	-	47,756	
Insurance	-	53,080	-	53,080	-	-	-	-	53,080	
Miscellaneous	-	186	4	190	116,023	26	116,049	-	116,239	
Plant operations	-	4,577	576	5,153	57,469	3,565	61,034	-	66,187	
Postage	-	44	-	44	6,310	-	6,310	-	6,354	
Printing services	-	142	-	142	26,605	-	26,605	-	26,747	
Purchased services	-	159,168	20,056	179,224	524,486	27,249	551,735	-	730,959	
Travel, training and seminars	-	20,414	100	20,514	10,127	622	10,749	-	31,263	
Supplies	-	775	1,945	2,720	170,716	12,036	182,752	-	185,472	
Occupancy and related overhead	-	-	115,131	115,131	-	707,469	707,469	-	822,600	
Total expenses	\$ 8,985,549	\$ 266,389	\$ 521,438	\$ 787,827	\$ 1,130,778	\$ 3,103,644	\$ 4,234,422	\$ -	\$ 14,007,798	

See notes to financial statements.

The MetroHealth Foundation, Inc.

Statement of Functional Expenses
Year Ended December 31, 2021

	Grantmaking	Management and General			Fundraising			Total
	Program	Operations	In-Kind	Total	Operations	In-Kind	Total	
Grants and other assistance	\$ 10,021,557	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,021,557
Salaries, wages and benefits	-	-	484,241	484,241	-	1,484,978	1,484,978	1,969,219
Catering and food service	-	1,517	325	1,842	10,705	1,137	11,842	13,684
Community outreach	-	349	-	349	-	-	-	349
Dues and licenses	-	7,338	-	7,338	24,283	-	24,283	31,621
Insurance	-	47,283	-	47,283	-	-	-	47,283
Miscellaneous	-	27,213	7	27,220	1,777	23	1,800	29,020
Plant operations	-	150	660	810	7,257	2,307	9,564	10,374
Postage	-	61	-	61	12,772	-	12,772	12,833
Printing services	-	744	-	744	37,514	-	37,514	38,258
Purchased services	-	236,920	1,599	238,519	291,153	5,586	296,739	535,258
Travel, training and seminars	-	2,266	39	2,305	2,405	136	2,541	4,846
Supplies	-	1,616	5,779	7,395	7,143	20,194	27,337	34,732
Occupancy and related overhead	-	-	138,950	138,950	-	485,549	485,549	624,499
Total expenses	\$ 10,021,557	\$ 325,457	\$ 631,600	\$ 957,057	\$ 395,009	\$ 1,999,910	\$ 2,394,919	\$ 13,373,533

See notes to financial statements.

The MetroHealth Foundation, Inc.

Statements of Cash Flows
Years Ended December 31, 2022 and 2021

	2022	2021
Cash flows from operating activities:		
(Decrease) increase in net assets	\$ (10,919,834)	\$ 7,779,145
Adjustments to reconcile (decrease) increase in net assets to net cash provided by (used in) operating activities:		
Contributions required to be maintained in perpetuity	(746,401)	(1,519,763)
Loss on uncollectible pledges	11,099	1,897
Change in allowance for uncollectible pledges and present value discount	14,465	(76,612)
Actuarial loss on annuity payment obligations	22,394	15,981
Net realized and unrealized losses (gains) on investments	13,658,974	(7,119,234)
Dividends and interest restricted for reinvestments	(438,863)	(3,561,570)
(Increase) decrease in assets:		
Promises to give	(64,910)	(286,939)
Grant receivable	147,422	100,061
Prepaid expenses	46,310	(6,180)
Other assets	23,539	135,981
Increase (decrease) in liabilities:		
Accounts payable	39,300	(92,340)
Deferred revenue	(960)	(1,530)
Refundable advance	(9,040)	(9,120)
Grants payable to related party	(10,938)	(1,237,279)
Net cash provided by (used in) operating activities	1,772,557	(5,877,502)
Cash flows from investing activities:		
Proceeds from sale of investments	7,758,063	33,516,522
Purchase of investments	(8,814,348)	(34,131,555)
Net cash used in investing activities	(1,056,285)	(615,033)
Cash flows from financing activities:		
Dividends and interest restricted for reinvestments	438,863	3,561,570
Payments of annuity payment obligations	(31,304)	(32,694)
Proceeds from contributions required to be maintained in perpetuity	791,682	1,963,334
Net cash provided by financing activities	1,199,241	5,492,210
Increase (decrease) in cash and cash equivalents	1,915,513	(1,000,325)
Cash and cash equivalents:		
Beginning	2,453,363	3,453,688
Ending	\$ 4,368,876	\$ 2,453,363

See notes to financial statements.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 1. Summary of Organization and Significant Accounting Policies

The MetroHealth Foundation, Inc. (the Foundation) is a not-for-profit organization. The Foundation's purpose is to raise charitable funds and receive grants for the support of projects and goals of The MetroHealth System (the System or MHS). Certain administrative and philanthropy services are provided to the Foundation by the System and are recorded by the Foundation as an in-kind contribution with a corresponding expense.

A summary of significant accounting policies is presented below:

Basis of presentation: Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958: *Financial Statements of Not-for-Profit Organizations*. Under ASC 958, the Foundation is required to report net assets and revenues, expenses, gains and losses based upon the existence or absence of donor-imposed stipulations. Accordingly, the net assets of the Foundation and changes therein are classified and reported as follows:

Net assets without donor restrictions: Net assets available for use in general operations and not subject to donor-imposed restrictions.

Net assets with donor restrictions – Net assets whose use is limited by donor- imposed time and/or purpose restrictions.

Functional allocation of expenses: The costs of program and supporting service activities have been summarized on a functional basis in the statements of activities and changes in net assets. The statements of functional expenses present the natural classification of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include occupancy on a square footage basis, as well as salaries, wages and benefits, professional services, office expenses, and other, which are allocated on the basis of estimates of time and effort.

Tax status: The Foundation is an Ohio nonprofit corporation and was granted tax exempt status under Section 501(c) (3) of the Internal Revenue Code (the Code) and is exempt from income tax on related income pursuant to Section 501(a) of the Code. The Foundation is required to pay income taxes on unrelated business income earned by the Foundation.

Income taxes: The FASB provides guidance for how uncertain tax positions should be recognized, measured, disclosed and presented in the financial statements. This requires the evaluation of tax positions taken or expected to be taken in the course of preparing the Foundation's tax returns to determine whether the tax positions are more-likely-than-not of being sustained when challenged or when examined by the applicable tax authority. Tax positions not deemed to meet the more-likely-than-not threshold would be recorded as a tax benefit or expense and liability in the current year. For the years ended December 31, 2022 and 2021, management has determined that there are no uncertain tax positions.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 1. Summary of Organization and Significant Accounting Policies (Continued)

Cash and cash equivalents: The Foundation considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. For purposes of the financial statements, cash held in investment managed accounts are classified as investments. The Foundation maintains cash balances at banks, which are insured by the Federal Deposit Insurance Corporation. At December 31, 2022 and 2021, the Foundation's cash accounts exceeded federally insured limits by \$4,118,876 and \$2,203,363, respectively.

Allowance for uncollectable pledges: The Foundation provides for an allowance for uncollectable pledges based on an estimate of the collectability of the identified receivables and reserves 5% of the outstanding pledges in accordance with policy. In addition, the Foundation writes-off outstanding pledges after 24 months without payment. The allowance is adjusted as information about specific accounts becomes available. The Foundation also compares current allowance amounts to prior collection and write-off experience.

Investments and investment income (loss): ASC 958 provides that certain investments are stated at fair value based upon quoted market prices and changes in unrealized gains and losses are reflected in the statement of activities and changes in net assets. Investment income includes realized gains and losses (the difference between proceeds received and average cost), unrealized gains and losses, interest, dividends and fees. Investment income is reported as increases or decreases in net assets without donor restrictions unless a donor or law restricts their use.

Risks and uncertainties: The Foundation invests in a professionally managed portfolio that contains pooled funds and equity and fixed income investments. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with such investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment balances and the amounts reported in the financial statements.

The investments in the pooled investment funds and limited partnership interest involve a high degree of risk, including the risk that the entire amount invested may be lost. The Foundation has allocated a portion of its assets to invest in pooled funds and partnership interests that invest in and actively traded securities and other financial instruments using a variety of strategies and investment techniques with significant risk characteristics, including the risks arising from the volatility of the equity, fixed income, commodity and currency markets, the risks of borrowings and short sales, and the risks arising from leverage associated with trading in equities, currencies and over-the-counter derivative markets, the liquidity of the derivative instruments and the risk of loss from counter-party defaults. No guarantee or representation is made that the investment program will be successful.

Annuity payment obligations: The Foundation is the beneficiary of several gift annuity agreements that are managed by third-party trustees. The assets held in trust are recorded at fair value at the date of initial recognition. At December 31, 2022 and 2021, total assets of \$504,350 and \$634,320, respectively, were held by the Foundation, which are included in investments on the statements of financial position. Under the terms of the agreements, the Foundation is required to pay periodic fixed payments to beneficiaries during their lifetimes. Upon death of the beneficiaries, the assets are to be retained for the Foundation's use. At December 31, 2022 and 2021, liabilities of \$305,531 and \$314,441, respectively, are reflected as obligations under annuity agreements. The liabilities represent the present value of the expected beneficiary payments calculated based on the estimated life of the beneficiary and a discount rate. The discount rate used to calculate the present value is 6%. Charitable gift annuities differ from other charitable giving options in that the annuity is a general obligation of the Foundation. Accordingly, if the assets of the gift are exhausted as a result of required payments to beneficiaries, net assets without donor restrictions of the Foundation will be utilized to fund future payments.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 1. Summary of Organization and Significant Accounting Policies (Continued)

Contributions: The Foundation recognizes unconditional contributions as revenue in the period in which the pledge (promise to give) is received. Conditional promises to give are recorded when donor restrictions are substantially met. Gifts and grants revenue includes gifts in-kind that are recorded at fair value as of the donation date. Contributions are recorded as either without donor restrictions or with donor restrictions, depending on the existence and/or nature of any donor restrictions. When a donor restriction expires, net assets with donor restrictions are classified as net assets without donor restrictions and reported in the statements of activities and changes in net assets as net assets released from restrictions.

Donated services: Donated services are recognized as contributions in accordance with ASC 958, if the services (a) create or enhance non-financial assets, or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Foundation.

Recent adopted accounting pronouncements: In September 2020, the FASB issued Accounting Standards Update (ASU) 2020-07, *Not-for-Profit Entities (Topic 958), Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The amendments in this update clarify and improve presentation and disclosure of contributed nonfinancial assets. This ASU is effective for the Foundation's annual reporting period ended December 31, 2022, and early adoption is permitted. The Foundation adopted the new standard during the year ended December 31, 2022, and the additional disclosures required are presented in Note 11.

Subsequent events: The Foundation has evaluated subsequent events for potential recognition and/or disclosure through March 8, 2023, the date the financial statements were available to be issued.

Note 2. Promises to Give, Net

Pledge receivables are recorded at net present value less an allowance for uncollectable accounts and are due in future years at December 31 as follows:

	2022	2021
Less than one year	\$ 1,474,254	\$ 1,470,871
One to five years	3,640,136	3,363,490
Six to ten years	515,600	776,000
	5,629,990	5,610,361
Allowance for uncollectable pledges and present value discount	(554,651)	(529,087)
	<u>\$ 5,075,339</u>	<u>\$ 5,081,274</u>

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 3. Fair Value Disclosures

The Foundation adopted applicable sections of the FASB ASC 820: *Fair Value Measurements and Disclosures for Financial Assets and Financial Liabilities*. In accordance with ASC 820, fair value is defined as the price the Foundation would receive to sell an investment or pay to transfer a liability in a timely transaction with an independent buyer in a principal market, or in the absence of a principal market, the most advantageous market for the investment or liability. ASC 820 establishes a three-tier hierarchy to distinguish between (1) inputs that reflect the assumptions market participants would use in pricing an asset or liability developed based on market data obtained from sources independent of the reporting entity (observable inputs) and (2) inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing an asset or liability developed based on the best information available in the circumstances (unobservable inputs), and to establish classification of fair value measurements for disclosure purposes. Various inputs are used in determining the value of the Foundation's investments. The inputs are summarized in the three broad levels listed below:

Level 1: Quoted prices in active markets for identical investments

Level 2: Other significant observable inputs (including quoted prices for similar investments, interest rates, credit risk, etc.)

Level 3: Significant unobservable inputs (including the Foundation's own assumptions in determining the fair value of the investments)

The input or methodology used for valuing investments is not necessarily an indication of the risk associated with maintaining those investments. Financial assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Foundation's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and their placement within the fair value hierarchy levels.

There were no changes in valuation techniques in determining fair value of investments during the years ended December 31, 2022 and 2021.

The Level 1 securities are valued at quoted prices per share/unit, or other methods by which all significant inputs are observable, either directly or indirectly.

The Level 3 securities, are valued at fair value from reports provided by the investment managers and validated by management and its investment advisor. Accordingly specific valuation inputs are not disclosed. Because of the inherent uncertainty of the value terms, the fair values may differ significantly from values that would have been used had a ready market for these investments existed.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 3. Fair Value Disclosures (Continued)

The following is a summary of the inputs used as of December 31 in valuing the Foundation's investments carried at fair value:

	2022			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 5,476,198	\$ -	\$ -	\$ 5,476,198
Common stock - private	-	-	1,000	1,000
Equity mutual funds:				
Foreign large blend	4,052,922	-	-	4,052,922
Foreign large growth	6,322,639	-	-	6,322,639
Diversified emerging markets	3,600,119	-	-	3,600,119
Large blend	18,137,663	-	-	18,137,663
Mid-cap blend	2,081,070	-	-	2,081,070
Foreign small/mid growth	2,062,094	-	-	2,062,094
Small blend	1,688,399	-	-	1,688,399
Small growth	1,691,407	-	-	1,691,407
Fixed income mutual funds:				
Short-term bonds	3,325,667	-	-	3,325,667
Intermediate-term bonds	10,852,145	-	-	10,852,145
Multi-sector bond	2,570,623	-	-	2,570,623
	<u>\$ 61,860,946</u>	<u>\$ -</u>	<u>\$ 1,000</u>	<u>61,861,946</u>

Investments measured at net asset value (a):

Pooled investment hedge fund	3,467,794
Pooled investment fund	2,605,165
Limited partnership interest	93,246
Total	<u>\$ 68,028,151</u>

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 3. Fair Value Disclosures (Continued)

	2021			Total
	Level 1	Level 2	Level 3	
Money market funds	\$ 5,494,500	\$ -	\$ -	\$ 5,494,500
Common stock - private	-	-	1,000	1,000
Equity mutual funds:				
Foreign large blend	4,252,376	-	-	4,252,376
Foreign large growth	8,619,346	-	-	8,619,346
Diversified emerging markets	4,790,536	-	-	4,790,536
Large blend	22,452,581	-	-	22,452,581
Mid-cap blend	2,515,906	-	-	2,515,906
Foreign small/mid growth	2,846,462	-	-	2,846,462
Small blend	1,865,028	-	-	1,865,028
Small growth	2,194,449	-	-	2,194,449
Fixed income mutual funds:				
Short-term bonds	3,218,430	-	-	3,218,430
Intermediate-term bonds	9,093,056	-	-	9,093,056
Multi-sector bond	2,982,667	-	-	2,982,667
World allocation	3,749,003	-	-	3,749,003
	<u>\$ 74,074,340</u>	<u>\$ -</u>	<u>\$ 1,000</u>	<u>74,075,340</u>

Investments measured at net asset value (a):

Pooled investment hedge fund	3,478,662
Pooled investment fund	2,985,722
Limited partnership interest	91,116
Total	<u>\$ 80,630,840</u>

(a) In accordance with U.S. GAAP, certain investments that are measured using the net asset value (NAV) (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables are intended to permit reconciliation of the fair value hierarchy to the fair value of investments as disclosed in the statements of financial position.

There were no purchases of Level 3 assets during the years ended December 31, 2022 and 2021.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 3. Fair Value Disclosures (Continued)

The Foundation is required to disclose the nature and risks of the investments recorded at NAV. The pooled investment funds and limited partnership interest is measured by the NAV per share practical expedient. The following tables summarize the nature and risk of these investments as of December 31, 2022 and 2021:

	2022			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled investment hedge fund	\$ 3,467,794	\$ -	Monthly	45 days
Pooled investment fund	2,605,165	-	Quarterly	95 days
Limited partnership interest	93,246	-	Quarterly	65 days
	<u>\$ 6,166,205</u>	<u>\$ -</u>		

	2021			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled investment hedge fund	\$ 3,478,662	\$ -	Monthly	45 days
Pooled investment fund	2,985,722	-	Quarterly	95 days
Limited partnership interest	91,116	-	Quarterly	65 days
	<u>\$ 6,555,500</u>	<u>\$ -</u>		

The pooled investment hedge fund seeks securities in a company that is the target of a merger or acquisition in order to earn the difference between its current and future expected value.

The pooled investment fund seeks to produce attractive returns with relatively low volatility and correlation to traditional equity and fixed income benchmarks through its selection of portfolio managers and its allocations among various investment strategies.

The limited partnership interest provides capital appreciation consistent with the return characteristic of the alternative investment portfolios. The secondary objective is to provide capital appreciation with less volatility than that of the equity markets. Redemptions in the limited partnership interest are subject to limitations based upon requests in specific tender periods, currently the Foundation is limited to approximately 8% of the tender amounts requested.

Note 4. Investments

Investment income (loss) for the years ended December 31 consisted of the following:

	2022	2021
Dividends and interest	\$ 1,230,464	\$ 1,026,898
Net realized and unrealized (losses) gains	(13,658,974)	7,119,234
Less investment management fees	(89,554)	(91,620)
	<u>\$ (12,518,064)</u>	<u>\$ 8,054,512</u>

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 5. Related Party Transactions

The System submits grant proposals to the Foundation. It also requests distributions of funds as expenses are incurred by the System that are consistent with the Foundation's fund purposes. Grant expenses of \$8,985,549 and \$10,021,557 were incurred for the years ended December 31, 2022 and 2021, respectively. Grants and distributions payable of \$656,636 and \$667,574 were due to the System for grants approved by the Foundation, but not yet paid, at December 31, 2022 and 2021, respectively. The MetroHealth System provided in-kind support to the Foundation for 2022 and 2021 representing salaries and benefits, purchased services, rent and other expenses which are included in these financial statements in the amount of \$3,583,572 and \$2,631,510, respectively. Grants receivable includes \$26,800 and \$59,417, at December 31, 2022 and 2021, respectively, of amounts due from the System.

Note 6. Endowment Funds

The Foundation's endowment consists of approximately 82 individual funds established to support the mission of The MetroHealth System. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by U.S. GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of relevant law: The Foundation is subject to the Ohio Uniform Prudent Management of Institutional Funds Act (UPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the Board of Directors appropriates such amounts for expenditure. Most of those net assets also are subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The Foundation has interpreted UPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund, unless a donor stipulates the contrary. As a result of this interpretation, when reviewing its donor-restricted endowment funds, the Foundation considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Foundation has interpreted UPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. Additionally, in accordance with UPMIFA, the Foundation 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 Foundation 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 Foundation
7. The investment policies of the Foundation

Underwater endowment funds: From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the Foundation to retain as a fund of perpetual duration. These deficiencies can result from unfavorable market fluctuations occurring shortly after the investment of new contributions for donor-restricted endowment funds and continued appropriation for certain programs deemed prudent by the Board of Directors. No deficiencies of this nature exist as of December 31, 2022 and 2021.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 6. Endowment Funds (Continued)

Return objectives and risk parameters: The Foundation has adopted investment and spending policies for endowment assets 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 the Foundation must hold in perpetuity as well as board-designated funds. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner intended to produce results exceeding the price and yield results of the S&P 500 index, for the equity portion of the portfolio, while assuming a moderate level of investment risk.

Strategies employed for achieving objectives: To satisfy its long-term rate-of-return objectives, the Foundation 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 Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending policy and how the investment objectives relate to spending policy: The Foundation has a policy of appropriating for distribution each year up to 5% of its endowment fund's average fair value over the prior 36 months through the calendar year-end preceding the year in which the distribution is planned. In establishing this policy, the Foundation considered the long-term expected return on its endowment. Accordingly, over the long term, the Foundation expects the current spending policy to allow its endowment to grow annually. This is consistent with the Foundation's objective to maintain the purchasing power of the endowment assets held in perpetuity and to provide additional real growth through new gifts and investment return.

Endowment net asset composition by type of fund as of December 31 is as follows:

	2022		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	\$ -	\$ 18,959,989	\$ 18,959,989
Accumulated investment gains	-	8,126,835	8,126,835
Funds functioning as endowment funds	2,292,927	-	2,292,927
Total endowment funds	<u>\$ 2,292,927</u>	<u>\$ 27,086,824</u>	<u>\$ 29,379,751</u>
	2021		
	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	\$ -	\$ 18,168,307	\$ 18,168,307
Accumulated investment gains	-	13,028,740	13,028,740
Funds functioning as endowment funds	2,662,466	-	2,662,466
Total endowment funds	<u>\$ 2,662,466</u>	<u>\$ 31,197,047</u>	<u>\$ 33,859,513</u>

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 6. Endowment Funds (Continued)

Changes in endowment net assets for the years ended December 31 is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, January 1, 2021	\$ 2,378,841	\$ 27,121,639	\$ 29,500,480
Investment income, net	284,373	2,627,330	2,911,703
Contributions	3,748	1,963,334	1,967,082
Appropriations	(4,496)	(515,256)	(519,752)
Endowment net assets, December 31, 2021	2,662,466	31,197,047	33,859,513
Investment loss, net	(365,158)	(4,439,124)	(4,804,282)
Contributions	-	791,682	791,682
Appropriations	(4,381)	(462,781)	(467,162)
Endowment net assets, December 31, 2022	<u>\$ 2,292,927</u>	<u>\$ 27,086,824</u>	<u>\$ 29,379,751</u>

Note 7. Net Assets

Net assets without donor restrictions as of December 31, comprise the following:

	2022	2021
Net assets without donor restrictions:		
Operating	\$ 11,583,465	\$ 19,209,161
Funds functioning as endowment funds	2,292,927	2,662,466
Board designated	10,633,750	10,085,424
	<u>\$ 24,510,142</u>	<u>\$ 31,957,051</u>

Funds functioning as endowment consists of funds under the direction of the Board of Directors designated for the long-term benefit of the Foundation. Board designated funds represents unrestricted estate gifts in which the donor did not indicate a time horizon for spending. The board designated funds and funds functioning as endowment are both available for the future needs of the System and operating expenditures of the Foundation.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 7. Net Assets (Continued)

Net assets with donor restrictions are restricted for the following purposes or periods:

	2022	2021
Net assets with donor restrictions:		
Subject to expenditure for specified purpose:		
Supporting Mission of The MetroHealth System	\$ 19,980,940	\$ 19,216,646
Subject to passage of time:		
Promises to give, restricted by donors, supporting Mission of The MetroHealth System	2,567,138	2,527,288
Split interest agreements	198,818	319,879
	<u>2,765,956</u>	<u>2,847,167</u>
Subject to Foundation's spending policy and appropriation:		
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	18,959,989	18,168,307
Accumulated investment gains	8,126,835	13,028,740
Promises to give, endowment restricted by donors, supporting Mission of The MetroHealth System	2,508,201	2,553,986
	<u>29,595,025</u>	<u>33,751,033</u>
Total net assets with donor restrictions	<u>\$ 52,341,921</u>	<u>\$ 55,814,846</u>
	2022	2021
Satisfaction of purpose restrictions - supporting Mission of The MetroHealth System	<u>\$ 5,608,106</u>	<u>\$ 5,197,433</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by the occurrence of the passage of time or other events by the donors totaling \$5,608,106 and \$5,197,433 for the years ended December 31, 2022 and 2021, respectively.

Grantmaking program: Grants made by the Foundation to support the mission of the System include payments for capital equipment, education, fundraising, patient programs, research, recruitment and other related activities.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 8. Financial Assets and Liquidity

The following table reflects the Foundation's financial assets reduced by amounts not available for general expenditures within one year as of December 31:

	2022	2021
Financial assets:		
Cash and cash equivalents	\$ 4,368,876	\$ 2,453,363
Promises to give	5,075,339	5,081,274
Grant receivable	49,072	196,494
Investments	68,028,151	80,630,840
Financial assets, at year-end	<u>77,521,438</u>	<u>88,361,971</u>
Less those not available for general expenditures within one year:		
Promises to give, restricted by donors, supporting the mission of The MetroHealth System	(3,601,085)	(3,610,403)
Original donor-restricted gift, amounts required to be maintained in perpetuity by donor and accumulated investment gains	(27,086,824)	(31,197,047)
Less earnings to be utilized within one year	675,000	675,000
Funds functioning as endowment funds	(2,292,927)	(2,662,466)
Board-designated funds	(10,633,750)	(10,085,424)
Less board-designated funds expected to be utilized within one year	450,000	450,000
Subject to expenditure for specified purpose	(19,980,940)	(19,216,646)
Less purpose-restricted funds expected to be released within one year	5,500,000	5,500,000
Investments held in annuity reserves	(504,350)	(634,320)
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 20,046,562</u>	<u>\$ 27,580,665</u>

The Foundation receives substantial donor restricted gifts to establish endowments that will exist in perpetuity and contributions with donor time and purpose restrictions. The income generated from donor restricted endowments may be donor restricted or unrestricted as to use. In addition, the Foundation receives support without donor restrictions, investment income without donor restrictions and appropriated earnings from gifts with donor restrictions to fund its general expenditures.

The Foundation manages its cash available to meet general expenditures following three guiding principles:

- Operating within a prudent range of financial soundness and stability,
- Maintaining a sufficient level of asset liquidity, and
- Monitoring and maintaining reserves to provide reasonable assurance that long-term grant commitments and obligations related to endowments with donor restrictions will continue to be met, ensuring the sustainability of the Foundation.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 8. Financial Assets and Liquidity (Continued)

As part of the Foundation's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the Foundation invests cash in excess of daily requirements in short-term investments. The Foundation has board designated funds of \$10,663,750 and \$10,085,424 as of December 31, 2022 and 2021, respectively. Although the Foundation does not intend to spend from its board designated funds other than amounts appropriated for general expenditure as part of its annual budget approval and appropriation process, amounts from its board-designated endowment could be made available, if necessary.

Note 9. Other Accomplishments

Donors occasionally make their gifts directly to The MetroHealth System. In 2022, The MetroHealth System's Department of Foundation and System Philanthropy was responsible for coordinating five grants from the Ohio Department of Health including \$755,125 for the Nurse-Family Partnership program, \$350,000 for MetroHealth's Institute for H.O.P.E., \$158,646 and \$264,925 for the Compass program, and \$4,488,545 to significantly expand services for our School Health program. The department also secured \$120,090 from the ADAMHS Board of Cuyahoga County to support a sober living house for pregnant women and secured the donation of a new CR-V from Honda of Middleburg Heights for our rehabilitation driving program.

In 2021, The MetroHealth System's Department of Foundation and System Philanthropy was responsible for securing four grants from the Ohio Department of Health including \$743,750 to support the Nurse-Family Partnership program, \$158,646 for the Compass program, \$176,000 for a diabetes prevention pilot program, and \$48,690 for the school health program. The department also secured \$88,000 from the Cuyahoga County Fatherhood Initiative to support Daddy Boot Camp and \$60,122 from the ADAMHS Board of Cuyahoga County to support a sober living house for pregnant women.

These contributions are not recognized on the Foundation's financial statements.

Note 10. Special Event

In October 2022, the Foundation hosted nearly 350 guests at GALA2022 (GALA). Proceeds from the GALA were raised to support capital, patient care, education, research, recruitment, and other expenses as directed by the Foundation Board of Directors to support The MetroHealth System's significant transformation.

The GALA activity consisted of the following for the year ended December 31, 2022:

	2022				
	Revenue	Direct Benefit Expense to Donors	Special Event Revenue, Net	Fundraising Expense	Net Event Income
Gala	\$ 1,031,728	116,317	915,411	473,199	\$ 442,212

There were no significant special events during the year ended December 31, 2021.

The MetroHealth Foundation, Inc.

Notes to Financial Statements

Note 11. In-Kind Contributions

For the years ended December 31, contributed nonfinancial assets recognized in the statements of activities and changes in net assets included:

	2022	2021
Salaries, wages and benefits	\$ 2,732,927	\$ 1,969,219
Catering and food service	3,377	1,462
Miscellaneous	30	30
Plant operations	4,141	2,967
Purchased services	47,305	7,185
Travel, training and seminars	722	175
Supplies	13,980	25,973
Occupancy and related overhead	822,600	624,499
	<u>\$ 3,625,082</u>	<u>\$ 2,631,510</u>

The Foundation recognized nonfinancial assets within revenue, the majority included salaries, wages and benefits, purchased services, and occupancy and related overhead, which were provided to support the Foundation's administrative and fundraising efforts. The Foundation utilized all contributed nonfinancial assets in operations. All contributed nonfinancial assets, except for \$19,250 of professional services received in 2022 to support a fundraising event, were without donor-imposed restrictions.

The values of salaries, wages and benefits were based on actual payroll, benefits and payroll taxes paid by the System for Foundation employees. In addition, purchased services are valued and reported at the estimated fair value of similar services. Lastly, the value of occupancy and related overhead is based on a square footage allocation of direct costs incurred by the System for the building, utility and building operating costs for space occupied by the Foundation.

The MetroHealth Foundation, Inc.
2023 Budget



	2021 Actual	2022 Budget	2022 Actual	2023 Budget
Fundraising				
Individuals	\$ 2,706,091	\$ 4,000,000	\$ 6,055,999	\$ 4,000,000
Foundations	4,975,233	4,000,000	2,955,016	5,500,000
Government	9,919	-	81,933	100,000
Corporations	1,873,390	4,000,000	2,046,083	5,400,000
Corporate Foundations	816,913	-	977,326	-
In-Kind			41,510	
(Pledge Discounts)	66,882	(250,000)	(24,582)	(250,000)
Contributed Revenue	\$ 10,448,428	\$ 11,750,000	\$ 12,133,285	\$ 14,750,000
Non-Fundraising				
Miscellaneous Income	\$ 36,105	\$ 35,000	\$ 38,980	\$ 35,000
In-Kind MHS	2,631,510	3,789,445	3,583,572	3,959,681
Interest and Dividends	935,279	1,000,000	1,140,911	1,000,000
Realized Gain/Loss on Investments	9,741,537	1,500,000	5,219	-
Subtotal	\$ 13,344,431	\$ 6,324,445	\$ 4,768,682	\$ 4,994,681
Total Revenue	\$ 23,792,859	\$ 18,074,445	\$ 16,901,967	\$ 19,744,681
Expenditures and Distributions				
Operations				
Fundraising & Events	\$ 395,009	\$ 1,432,500	\$ 1,247,095	\$ 939,850
Admin	327,354	723,100	277,487	771,000
MHS In-Kind	2,631,510	3,789,445	3,583,572	3,959,681
Other In-Kind	-	-	66,010	
Subtotal	\$ 3,353,873	\$ 5,945,045	\$ 5,174,164	\$ 5,670,531
Distributions				
Grants/Donor Driven	\$ 5,021,557	\$ 5,500,000	\$ 5,961,049	\$ 5,500,000
Campaign Transfers	5,000,000	10,000,000	3,000,000	3,500,000
Subtotal	\$ 10,021,557	\$ 15,500,000	\$ 8,961,049	\$ 9,000,000
Total Expenditures and Distributions	\$ 13,375,430	\$ 21,445,045	\$ 14,135,213	\$ 14,670,531
Excess (Deficit) of Revenues Over Expenditure:	\$ 10,417,429	\$ (3,370,600)	\$ 2,766,754	\$ 5,074,150
Other Revenues and Expenditures				
Unrealized Gain/Loss on Investments	\$ (2,622,303)	\$ -	\$ (13,664,193)	\$ -
Change in value of Split Interest Agreement	(15,980)	-	(22,395)	-
Change in Net Assets from Activities	\$ 7,779,146	\$ (3,370,600)	\$ (10,919,834)	\$ 5,074,150
Estimated Fund Balance - Beginning of Year	\$ 79,992,752	\$ 87,771,898	\$ 87,771,897	\$ 76,852,063
Estimated Fund Balance - End of Period	\$ 87,771,898	\$ 84,401,298	\$ 76,852,063	\$ 81,926,213