



2022 Income Tax Return

KALEIDA HEALTH

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

KALEIDA HEALTH
726 EXCHANGE STREET 200
BUFFALO, NY 14210

Prepared By:

KPMG LLP
515 BROADWAY, 4TH FL
ALBANY, NY 12207-2974

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

Form 8879-TE

IRS e-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

KALEIDA HEALTH

EIN or SSN

16-1533232

Name and title of officer or person subject to tax HUGH CHISHOLM
CFO**Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,502,415,886.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize KPMG LLP

ERO firm name

to enter my PIN 23216

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

14447212345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Stephanie Longo

Date

11/8/2023

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2022Open to Public
Inspection**A For the 2022 calendar year, or tax year beginning and ending****B** Check if applicable:Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending**C** Name of organization

KALEIDA HEALTH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

726 EXCHANGE STREET

Room/suite

200

City or town, state or province, country, and ZIP or foreign postal code

BUFFALO, NY 14210

F Name and address of principal officer: DONALD BOYD

100 HIGH STREET, BUFFALO, NY 14203

D Employer identification number

16-1533232

E Telephone number

716-859-8836

G Gross receipts \$ 1,508,797,698.**H(a)** Is this a group returnfor subordinates? Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**J** Website: WWW.KALEIDAHEALTH.ORG**K** Form of organization: ☒ Corporation Trust Association Other**L** Year of formation: 1998 **M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O	
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9140
	6	Total number of volunteers (estimate if necessary)	6	1170
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,596,654.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	200,832.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	13,902,955.	41,185,625.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1376606865.	1437808000.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,049,446.	956,274.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,897,019.	22,465,987.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1422456285.	1502415886.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	599,550.	326,927.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	719,279,567.	746,273,761.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	694,657,051.	764,843,936.
	19	Revenue less expenses. Subtract line 18 from line 12	1414536168.	1511444624.
	20	Total assets (Part X, line 16)	7,920,117.	-9,028,738.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1193308740.	1204818970.
	23		1131944176.	1098748588.
24		61,364,564.	106,070,382.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	HUGH CHISHOLM, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	STEPHANIE LONCZAK	Stephanie Lonczak	11/8/2023	<input type="checkbox"/>	P01880207
Firm's name	KPMG LLP	Firm's EIN	13-5565207		
	Firm's address	515 BROADWAY, 4TH FL ALBANY, NY 12207-2974	Phone no. 518-427-4600		

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

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. KALEIDA HEALTH	Taxpayer identification number (TIN) 16-1533232
	Number, street, and room or suite no. If a P.O. box, see instructions. 726 EXCHANGE STREET, 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUFFALO, NY 14210	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MATTHEW DRAKE

- The books are in the care of ► **726 EXCHANGE STREET, SUITE 200 - BUFFALO, NY 14210**

Telephone No. ► **716-859-8836**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2022** or
 ► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

KALEIDA HEALTH IS THE LARGEST HEALTHCARE PROVIDER IN WNY, SERVING THE AREA'S EIGHT COUNTIES WITH COMPREHENSIVE SERVICES & PROGRAMS PROVIDED AT FOUR ACUTE CARE, TWO LONG TERM CARE, AS WELL AS OUTPATIENT & PRIMARY CARE SITES.

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 \$ 1,310,266,823. including grants of \$ 326,927.) (Revenue \$ 1,439,624,604.)
SEE 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 1,310,266,823.

Form **990** (2022)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1044
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 9140		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 ☒ **X**

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	14			
b Enter the number of voting members included on line 1a, above, who are independent		10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

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

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
MATTHEW DRAKE - 716-859-8836
726 EXCHANGE STREET, SUITE 200, BUFFALO, NY 14210

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

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

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT NESSELBUSH CHIEF EXECUTIVE OFFICER (UNTIL 9/22)	40.00	X		X				3,694,133.	0.	11,541.
(2) DONALD BOYD PRESIDENT AND CEO (AS OF 7/22)	40.00 1.00	X		X				2,075,977.	0.	-29,039.
(3) JODY LOME0 FMR PRES/CEO	0.00						X	1,258,511.	0.	-11,285.
(4) CHRISTOPHER MALLAVARAPU, MD EMPLOYED PHYSICIAN	40.00					X		834,888.	0.	31,681.
(5) ALYSON SPAULDING GENERAL COUNSEL	40.00			X				838,665.	0.	11,980.
(6) KAVEH VALI, MD EMPLOYED PHYSICIAN	40.00					X		781,370.	0.	-15,621.
(7) CHERYL KLASS EVP, CHIEF NURSE EXECUTIVE	40.00			X				749,148.	0.	-452.
(8) CARROLL HARMON, MD EMPLOYED PHYSICIAN	40.00					X		714,793.	0.	7,503.
(9) VICTOR FILADORA II PRESIDENT GREAT LAKES CANCER CARE	40.00					X		678,876.	0.	6,663.
(10) MATTHEW DRAKE EVP, CHIEF FIN OFFICER (AS OF 4/22)	40.00			X				662,608.	0.	13,139.
(11) MICHAEL MINEO, MD EVP, CHIEF MED OFFICER (AS OF 7/22)	40.00			X				640,616.	0.	21,873.
(12) MICHAEL HUGHES CHIEF ADMINISTRATIVE OFFICER	40.00				X			659,493.	0.	-26,686.
(13) JUDY BAUMGARTNER PRESIDENT MFS AND DEGRAFF	40.00				X			594,391.	0.	5,953.
(14) ALLEGRA JAROS PRESIDENT WCHOB	40.00 1.00				X			625,737.	0.	-26,484.
(15) DAVID HUGHES, MD EVP, CMO (UNTIL 5/22)	40.00 1.00			X				515,677.	0.	6,432.
(16) THOMAS HULL SVP, CHIEF INFO OFFICER (AS OF 1/22)	40.00			X				508,118.	0.	13,581.
(17) LUCY CAMPBELL, MD EMPLOYED PHYSICIAN	40.00					X		500,226.	0.	-10,536.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHEN HARDY VP FINANCE	40.00				X			366,909.	0.	24,364.
(19) CHRISTOPHER LANE PRESIDENT BGMC AND GVI (UNTIL 3/22)	40.00				X			295,020.	0.	-35,939.
(20) BETH HUGHES PRESIDENT BGMC AND GVI (AS OF 10/22)	40.00				X			244,372.	0.	4,344.
(21) IAN BARRET (AS OF 10/22) EVP, CHIEF HUMAN RES OFF	40.00			X				203,263.	0.	1,625.
(22) GEORGE E. MATTHEWS, MD DIRECTOR	1.00	X						0.	181,839.	0.
(23) MUHAMMED JAVED, MD DIRECTOR	1.00	X						0.	147,167.	0.
(24) ABEER EDDIB, MD DIRECTOR	1.00	X						23,282.	0.	315.
(25) NICHOLAS J. AQUINO, MD DIRECTOR	1.00	X						0.	0.	0.
(26) THOMAS BEAUFORD DIRECTOR (AS OF 5/22)	1.00	X						0.	0.	0.
1b Subtotal								17,466,073.	329,006.	4,952.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								17,466,073.	329,006.	4,952.

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

927

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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
PROLINK HEALTHCARE, 4700 ROCKSIDE RD #640, INDEPENDENCE, OH 44131	STAFFING SERVICES	66,506,541.
CERNER CORPORATION PO BOX 959156, ST. LOUIS, MO 63195	TECH CONSULTANT	20,897,892.
RESEARCH FOUNDATION FOR SUNY PO BOX 9, ALBANY, NY 12201	EDUCATIONAL SERVICES	19,051,910.
METZ CULINARY MANAGEMENT TWO WOODLAND DRIVE, DALLAS, PA 18612	DINING SERVICES	9,156,805.
WNY RADIOLOGY, LLC PO BOX 4029, BUFFALO, NY 14240	RADIOLOGY SERVICES	7,429,016.

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

113

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,241,782.				
	e Government grants (contributions)	1e	36,059,533.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,884,310.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,702,626.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a NET PATIENT SERVICE REVENUE	Business Code	623990	1432396107.	1432396107		
	b LAB SERVICES		621500	5,301,893.		5301893.	
	c MANAGEMENT FEES		561000	110,000.		110,000.	
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1437808000.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,671,469.		2007571.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b		2,959,034.			
c Rental income or (loss)		6c		581,812.			
d Net rental income or (loss)				2,377,222.			2377222.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b		1,084,805.			
c Gain or (loss)		7c		5,800,000.			
d Net gain or (loss)				-4,715,195.			-4715195.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MANAGEMENT & CONSULTING FEES	Business Code	541610	11,698,162.		11698162.	
	b REBATE REVENUE		900099	5,190,334.		5190334.	
	c ALL OTHER REVENUE		900099	1,861,020.	654,545.	1206475.	
	d All other revenue		900099	1,339,249.	1,162,059.	177,190.	
	e Total. Add lines 11a-11d			20,088,765.			
	12 Total revenue. See instructions			1502415886.	1434212711	7596654.	19420896.

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	326,927.	326,927.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,674,129.		12,674,129.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	552,558,164.	516,319,933.	36,238,231.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,045,673.	5,641,994.	36,403,679.	
9 Other employee benefits	99,168,676.	78,984,384.	20,184,292.	
10 Payroll taxes	39,827,119.	37,973,810.	1,853,309.	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,532,824.	1,033,763.	1,499,061.	
c Accounting	566,844.	30,456.	536,388.	
d Lobbying	307,978.		307,978.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	239,746,579.	229,189,314.	10,557,265.	
12 Advertising and promotion	3,338,154.	2,655,069.	683,085.	
13 Office expenses	1,444,022.	1,172,249.	271,773.	
14 Information technology				
15 Royalties				
16 Occupancy	21,519,927.	6,016,218.	15,503,709.	
17 Travel	825,636.	785,336.	40,300.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,406,931.	12,325,539.	3,081,392.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	72,213,686.	51,090,595.	21,123,091.	
23 Insurance	15,892,344.	11,385,450.	4,506,894.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a HEALTH CARE SUPPLIES	275,214,063.	275,952,053.	-737,990.	
b EQUIPMENT RENTAL & MAIN	44,366,755.	15,249,393.	29,117,362.	
c OTHER	29,404,192.	32,025,017.	-2,620,825.	
d SERVICE CONTRACTS	22,938,241.	16,777,782.	6,160,459.	
e All other expenses	19,125,760.	15,331,541.	3,794,219.	
25 Total functional expenses. Add lines 1 through 24e	1511444624.	1310266823.	201,177,801.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,128,710.	1	0.
	2 Savings and temporary cash investments	9,566,264.	2	47,844,949.
	3 Pledges and grants receivable, net	925,000.	3	925,000.
	4 Accounts receivable, net	122,508,432.	4	118,637,658.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	44,619,757.	8	44,933,961.
	9 Prepaid expenses and deferred charges	14,273,658.	9	14,636,718.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2124653130.		
	b Less: accumulated depreciation	10b 1534040341.	10c	590,612,789.
	11 Investments - publicly traded securities	89,191,534.	11	92,274,118.
	12 Investments - other securities. See Part IV, line 11	42,044,127.	12	35,318,997.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	235,061,694.	15	259,634,780.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1193308740.	16	1204818970.	
Liabilities	17 Accounts payable and accrued expenses	208,178,968.	17	227,702,546.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	4,038,878.	20	1,912,031.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	282,668,611.	23	264,392,229.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	637,057,719.	25	604,741,782.
	26 Total liabilities. Add lines 17 through 25	1131944176.	26	1098748588.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,996,000.	27	76,962,000.
	28 Net assets with donor restrictions	30,368,564.	28	29,108,382.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	61,364,564.	32	106,070,382.
	33 Total liabilities and net assets/fund balances	1193308740.	33	1204818970.

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,502,415,886.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,511,444,624.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,028,738.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,364,564.
5	Net unrealized gains (losses) on investments	5	-35,178,000.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	88,912,556.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	106,070,382.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

OMB No. 1545-0047

2022

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization	Employer identification number
KALEIDA HEALTH	16-1533232

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	HEALTH RESEARCH 1 UNIVERSITY PLACE RENSSELAER, NY 12144-3447	\$ 169,453.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UB FOUNDATION ACTIVITIES, INC. BOX 900 BUFFALO, NY 14226	\$ 33,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HOLOGIC 250 CAMPUS DRIVE MARLBOROUGH, MA 01752	\$ 11,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DISCOVERY LIFE SCIENCES, INC. 800 HUDSON WAY HUNTSVILLE, AL 35806	\$ 165,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	\$ 189,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYS DEPT OF HEALTH CORNING TOWER, EMPIRE STATE PLAZA ALBANY, NY 12237	\$ 1,638,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
KALEIDA HEALTH	16-1533232

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	ERIE COUNTY DEPT OF SOCIAL SERVICES 95 FRANKLIN ST. BUFFALO, NY 14222	\$ 130,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	KALEIDA HEALTH FOUNDATION 726 EXCHANGE STREET BUFFALO, NY 14210	\$ 1,587,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	WOMEN AND CHILDREN'S FOUNDATION 727 EXCHANGE STREET BUFFALO, NY 14211	\$ 114,987.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	NYSDOH AIDS INSTITUTE 897 CROTONA PARK N BRONX, NY 10460	\$ 241,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	MERIDIAN BIOSCIENCE 3471 RIVER HILLS DRIVE CINCINNATI, OH 45244	\$ 37,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MEDICAL RESEARCH NETWORK, LLC 101 CONSTITUTION BLVD STE G FRANKLIN, MA 02038	\$ 68,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
KALEIDA HEALTH	16-1533232

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	HEALTHCARE ASSOCIATION OF NYS ONE EMPIRE DRIVE RENSSELAER, NY 12144	\$ 11,458,122.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	US DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) 6730 SANTA BARBARA COURT BALTIMORE, MD 20221	\$ 7,590,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MILLARD FILLMORE AMBULATORY SURGICAL CENTER 726 EXCHANGE STREET BUFFALO, NY 14210	\$ 539,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

KALEIDA HEALTH

16-1533232

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
8	VARIOUS MEDICAL EQUIPMENT	\$ 1,587,639.	
9	VARIOUS MEDICAL EQUIPMENT	\$ 114,987.	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

KALEIDA HEALTH**16-1533232****Part III**

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

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

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

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

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

Name of organization

KALEIDA HEALTH

Employer identification number

16-1533232

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) 2022

LHA

232041 11-08-22

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table 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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		307,978.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			307,978.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:**GRANTS TO OTHER ORGANIZATIONS**

THE AMOUNT REFLECTED FOR PART II-B, QUESTION 1F REPRESENTS PAYMENTS

MADE TO ORGANIZATIONS IN AN EFFORT TO ADVOCATE ON THE ORGANIZATION'S

BEHALF AT THE NEW YORK STATE AND FEDERAL LEVELS AS IT SPECIFICALLY

RELATES TO HEALTH CARE LEGISLATION AND REGULATORY ISSUES.

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

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

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
1a Beginning of year balance	22,489,715.	23,437,656.	24,333,765.	26,993,388.	27,593,062.
b Contributions	1,245,004.	2,424,618.	2,424,618.	2,231,957.	2,596,681.
c Net investment earnings, gains, and losses	394,138.	-879,004.	-827,172.	-2,293,720.	-995,040.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,156,907.	2,493,555.	2,493,555.	2,597,860.	2,201,315.
f Administrative expenses					
g End of year balance	22,971,950.	22,489,715.	23,437,656.	24,333,765.	26,993,388.

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

- a Board designated or quasi-endowment 48.4600 %
 b Permanent endowment _____ %
 c Term endowment 51.5400 %

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

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

- (i) Unrelated organizations _____
 (ii) Related organizations _____

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,713,867.		6,713,867.
b Buildings		854,449,052.	526,181,185.	328,267,867.
c Leasehold improvements				
d Equipment		124,629,392.	995,596,316.	250,703,076.
e Other		17,190,819.	12,262,840.	4,927,979.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				590,612,789.

Schedule D (Form 990) 2022

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	92,195,395.
(2) OTHER ASSETS	9,188,420.
(3) ESTIMATED 3RD PARTY PAYOR REC	19,829,000.
(4) OPERATING LEASE RIGHT-USE ASSETS	138,421,965.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	259,634,780.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	42,137,362.
(3) SELF INSURANCE LIABILITY	180,505,651.
(4) OTHER LIABILITIES	32,771,864.
(5) PENSION LIABILITY	132,836,000.
(6) ASSET RETIREMENT OBLIGATIONS	9,385,836.
(7) CAPITAL LEASE OBLIGATIONS	207,105,069.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	604,741,782.

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) 2022

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INTENDED USE OF ENDOWMENTS:

THE FOLLOWING ARE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

1) CAPITAL EXPANSION AND IMPROVEMENT

2) ADVANCEMENT OF MEDICAL EDUCATION AND RESEARCH AND HEALTH CARE

SERVICES

3) SUPPORT PEDIATRIC HEALTH CARE SERVICES

PART X, LINE 2:

KALEIDA AND SUBSTANTIALLY ALL OF ITS AFFILIATES HAVE BEEN DETERMINED BY

THE INTERNAL REVENUE SERVICE TO BE ORGANIZATIONS DESCRIBED IN INTERNAL

REVENUE CODE (THE CODE) SECTION 501(C)(3) AND, THEREFORE, ARE EXEMPT FROM

Part XIII Supplemental Information *(continued)*

FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE
CODE. KALEIDA RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE-LIKELY
THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE
POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN
TAX POSITIONS THAT NEED TO BE RECORDED.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

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 AND THE CARIBBEAN			INVESTMENTS		319,539,563.
EUROPE (INCLUDING ICELAND AND GREENLAND)			INVESTMENTS		20,474,453.
SUB-SAHARAN AFRICA			INVESTMENTS		2,351,498.
3 a Subtotal	0	0			342,365,514.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			342,365,514.

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

Schedule F (Form 990) 2022

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)

- 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 ▶ _____
- 3** Enter total number of other organizations or entities ▶ _____

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.

[illegible]

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) 2022

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 3:

INVESTMENT AMOUNTS REPORTED ARE DERIVED FROM KALEIDA'S BOOKS AND RECORDS
WHICH ARE MAINTAINED ON AN ACCRUAL BASIS.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?	X	
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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?		X
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			11148386.	6168000.	4980386.	.33%
b Medicaid (from Worksheet 3, column a)			452090980	273424125	178666855	11.82%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			463239366	279592125	183647241	12.15%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6711786.	0.	6711786.	.44%
f Health professions education (from Worksheet 5)			30981850.	28234894.	2746956.	.18%
g Subsidized health services (from Worksheet 6)			47776742.	21565558.	26211184.	1.73%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			85470378.	49800452.	35669926.	2.35%
k Total. Add lines 7d and 7j			548709744	329392577	219317167	14.50%

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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	145	14,075	75,233.		75,233.	.00%
8 Workforce development						
9 Other						
10 Total	145	14,075	75,233.		75,233.	.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 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**
- 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**
- 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** 192,008,463.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 180,060,526.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 11,947,937.
- 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:
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** **X**
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** **X**

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 HARLEM ROAD LEASING	MRI EQUIPMENT LEASING	50.00%		50.00%
2 AMTON IMAGING, LLC	HEALTH CARE SERVICES	50.00%		50.00%
3 SITE E, LLC	REAL ESTATE LEASING CO	50.14%		49.86%
	IMAGING EQUIPMENT			
4 SOUTHTOWNS IMAGING	LEASING	70.00%		30.00%
5 GL MEDICAL BILLING	MEDICAL BILLING	50.00%		50.00%
6 SOUTHTOWNS SURG CTR	PHYSICIAN SERVICES	63.95%		36.04%

Part V	Facility Information
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Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 4

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):

[illegible]

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: GROUP ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 3, 4

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.KALEIDAHEALTH.ORG/COMMUNITY</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>WWW.KALEIDAHEALTH.ORG/COMMUNITY</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: GROUP A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.KALEIDAHEALTH.ORG</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.KALEIDAHEALTH.ORG</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.KALEIDAHEALTH.ORG</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: GROUP A

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

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2022

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2022

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 5

IN CONDUCTING ITS 2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT-COMMUNITY SERVICE PLAN (CHNA-CSP), KALEIDA HEALTH TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ITS HOSPITALS LOCATED IN ERIE AND NIAGARA COUNTIES, THE PRIMARY SERVICE AREA. FOR EACH COUNTY, KALEIDA HEALTH PARTICIPATED IN COLLABORATIVE WORK GROUPS LED BY THE ERIE COUNTY DEPARTMENT OF HEALTH AND THE NIAGARA COUNTY DEPARTMENT OF HEALTH AND COMPRISED OF REPRESENTATIVES FROM OTHER HOSPITALS, ORGANIZATIONS, AGENCIES, AND SCHOOLS; AND INCLUDED INPUT FROM THE COMMUNITY INCLUDING THE MEDICALLY UNDERSERVED.

THE ERIE COUNTY WORK GROUP LAUNCHED THEIR EFFORTS ON DECEMBER 2, 2021 AND HELD REGULAR MEETINGS THROUGHOUT 2021-2022, BOTH VIRTUALLY AND IN-PERSON AT THE ERIE COUNTY FIRE TRAINING FACILITY. THE ERIE COUNTY WORK GROUP COLLABORATED TO CONDUCT A CONSUMER HEALTH SURVEY, COMMUNITY CONVERSATIONS, AND PROFESSIONAL STAKEHOLDER FOCUS GROUP SESSIONS TO SOLICIT INPUT FROM THE COMMUNITY ON THE HEALTH STATUS AND CHALLENGES OF ERIE COUNTY RESIDENTS.

COUNTY-WIDE ASSESSMENT ACTIVITIES WERE CONDUCTED IN 2022 INCLUDING A CONSUMER SURVEY WITH 1,394 RESPONDENTS TO DETERMINE HEALTH STATUS AND COMMUNITY HEALTH NEEDS, HEALTH BEHAVIORS, BARRIERS TO HEALTH, HEALTHCARE ACCESS AND UTILIZATION, AND DEMOGRAPHIC INFORMATION. CONCENTRATED EFFORTS WERE MADE TO TARGET LOW-INCOME AND UNDERSERVED POPULATIONS AT SITES INCLUDING THE OFFICE OF THE ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES, ST. LUKE'S MISSION OF MERCY, TOPS MARKETS/AMHERST

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.

ST., NIAGARA ST., SAVE-A-LOT/ABBOTT RD.-LACKAWANNA, ERIE COUNTY

VACCINATION PODS, VARIOUS LOCATIONS, AMONG OTHERS. SURVEYS WERE

DISSEMINATED VIRTUALLY TO ERIE COUNTY RESIDENTS THROUGH PUBLIC

WEBSITES, EMPLOYEE/ASSOCIATES INTRANET, FACEBOOK, INSTAGRAM, TWITTER OF

ERIE COUNTY DEPARTMENT OF HEALTH, CATHOLIC HEALTH SYSTEMS, AND KALEIDA

HEALTH. THREE VIRTUAL COMMUNITY CONVERSATIONS AND FOUR IN-PERSON

COMMUNITY CONVERSATIONS WERE HELD IN MARCH AND APRIL 2022 WITH 93 TOTAL

PARTICIPANTS. IN ADDITION, 63 ADDITIONAL INDIVIDUAL CONVERSATIONS TOOK

PLACE IN MARCH-JUNE 2022 UTILIZING THE SAME QUESTIONS POSED TO THE

GROUPS. THESE SESSIONS WERE CONDUCTED TO CAPTURE COMMUNITY INPUT ON

THE STATUS OF HEALTH AND HEALTHCARE NEEDS. SESSION LOCATIONS TARGETED A

GEOGRAPHIC CROSS-SECTION OF SITES, AGES, AND INCOME LEVELS. WITH THE

EXCEPTION OF ONE SUBURBAN LOCATION, THE LOCATIONS OF THE CONVERSATIONS

WERE CHOSEN IN AN EFFORT TO INCREASE INPUT FROM POPULATIONS WHOSE VIEWS

WERE UNDERREPRESENTED IN COMMUNITY SURVEY RESPONSE. IN FEBRUARY AND

MARCH 2022, THE ERIE COUNTY DEPARTMENT OF HEALTH, KALEIDA HEALTH, AND

CATHOLIC HEALTH SYSTEM HOSTED THREE PROFESSIONAL STAKEHOLDER FOCUS

GROUP SESSIONS TO GATHER INFORMATION FOR THE 2022-2024 CHNA-CSP.

PROFESSIONALS FROM HEALTH, MENTAL HEALTH, AND SOCIAL SERVICES

ORGANIZATIONS PROVIDED INPUT ON THE COMMUNITY'S CURRENT HEALTH STATUS,

NEEDS, AND ISSUES. THE SESSIONS WERE HELD VIA ZOOM ON FEBRUARY 28,

2022, MARCH 1, 2022, AND MARCH 4, 2022 AND INCLUDED 16 PARTICIPANTS

PRIMARILY FROM COMMUNITY-BASED OUTPATIENT SITES OF CATHOLIC HEALTH

SYSTEMS AND KALEIDA HEALTH.

IN ADDITION TO THE REVIEW OF DATA FROM THE NYS PREVENTION AGENDA

DASHBOARD AND OTHER RELIABLE SOURCES, THESE ACTIVITIES HELPED TO

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.

PRIORITIZE THE HEALTH CARE NEEDS OF THE COUNTY AND THE RESULTING
IMPLEMENTATION STRATEGIES; AND ARE INCLUDED IN KALEIDA HEALTH'S
2022-2024 CHNA-CSP AND ALIGNED WITH THE ERIE COUNTY DEPARTMENT OF
HEALTH, COMMUNITY HEALTH IMPROVEMENT PLAN.

AFTER A DELAY RESULTING FROM COVID-19, THE NIAGARA COUNTY WORK GROUP
LAUNCHED THEIR EFFORTS ON FEBRUARY 23, 2022 AND HELD REGULAR MEETINGS
THROUGHOUT 2022, BOTH VIRTUALLY AND IN-PERSON AT VARIOUS PARTNER
LOCATIONS. THE WORK GROUP COLLABORATED TO CONDUCT A CONSUMER HEALTH
SURVEY, FOCUS GROUP SESSIONS, AND A COUNTY-WIDE COMMUNITY STAKEHOLDER
EVENT TO SOLICIT INPUT FROM THE COMMUNITY, INCLUDING THE UNDERSERVED,
ON THE HEALTH STATUS AND CHALLENGES OF NIAGARA COUNTY RESIDENTS.

COUNTY-WIDE ASSESSMENT ACTIVITIES WERE CONDUCTED IN 2022 INCLUDING A
CONSUMER SURVEY CONDUCTED IN MARCH-JUNE 2022 WITH 2,399 RESPONDENTS TO
DETERMINE HEALTH STATUS AND COMMUNITY HEALTH NEEDS, HEALTH BEHAVIORS,
BARRIERS TO HEALTH, HEALTHCARE ACCESS AND UTILIZATION, AND DEMOGRAPHIC
INFORMATION. INPUT WAS RECEIVED FROM THE UNDERSERVED WITH CONCENTRATED
EFFORTS MADE TO DISTRIBUTE SURVEYS TO LOW-INCOME RESPONDENTS. LINKS
WERE PROVIDED ON THE NIAGARA COUNTY DEPARTMENT OF HEALTH'S WEBSITE AND
SOCIAL MEDIA AND SHARED WITH THE PARTNERING HOSPITALS FOR ADDITIONAL
ELECTRONIC AND PRINT DISSEMINATION. IN-PERSON SURVEY DISTRIBUTION WAS
ALSO CONDUCTED BY VARIOUS NIAGARA COUNTY PUBLIC AGENCIES AND
ORGANIZATIONS. KALEIDA HEALTH AND DEGRAFF MEDICAL PARK POSTED THE
SURVEYS ON THE KALEIDA HEALTH PUBLIC WEBSITE, KALEIDA HEALTH EMPLOYEE
WEBSITE, AND ON FACEBOOK AND TWITTER.

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.

FIVE FOCUS GROUP SESSIONS WERE CONDUCTED IN MAY 2022 AT NIAGARA COUNTY LOCATIONS INCLUDING HEALTHCARE CLINICS, SUBSIDIZED HOUSING FACILITIES, AND FAITH-BASED/COMMUNITY/SENIOR CENTERS AND INCLUDED THE UNDERSERVED. THE FOCUS GROUPS WERE FACILITATED BY THE NIAGARA COUNTY DEPARTMENT OF HEALTH AND HOSPITAL PARTNERS. THE QUESTIONS WERE CREATED BY POPULATION HEALTH COLLABORATIVE AND USED AT ALL FOCUS GROUPS TO MAINTAIN CONSISTENCY. ADDITIONALLY, A COUNTYWIDE KEY STAKEHOLDER MEETING WAS CONVENED ON SEPTEMBER 12, 2022 AT PUBLIC SAFETY TRAINING CENTER IN LOCKPORT, NY. THE WORK GROUP PARTNERS DEVELOPED THE SESSION AGENDA AND LOGISTICS IN COORDINATION WITH POPULATION HEALTH COLLABORATIVE SERVING AS FACILITATOR. THERE WERE 49 ATTENDEES IN TOTAL. IN ADDITION TO THE PARTNERS, PARTICIPATING ORGANIZATIONS INCLUDED AMS NUTRITION COUNSELING, MENTAL HEALTH ASSOCIATION OF NIAGARA COUNTY, MARCH OF DIMES, GENESEE COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE, HIGHMARK HEALTH, FIDELIS CARE, MOBILE SAFETY NET TEAM OF WNY, HORIZON HEALTH SERVICES, NIAGARA COUNTY WIC, AMERICAN HEART ASSOCIATION, ROSWELL PARK CANCER INSTITUTE, NIAGARA PRIDE, NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, NIAGARA COUNTY OFFICE FOR THE AGING, NIAGARA UNIVERSITY, NIAGARA ORGANIZING ALLIANCE FOR HOPE, FAMILY RESIDENCY PROGRAM OF NIAGARA FALLS MEMORIAL MEDICAL CENTER, LEWISTON PORTER CENTRAL SCHOOL DISTRICT, LOCKPORT CITY SCHOOL DISTRICT, NEWFANE CENTRAL SCHOOL DISTRICT, NIAGARA WHEATFIELD CENTRAL SCHOOL DISTRICT, WNY INTEGRATED CARE COLLABORATIVE AND HEART LOVE AND SOUL. DURING THIS MEETING PARTICIPANTS LEARNED ABOUT NIAGARA COUNTY'S CHNA-CSA PROCESS AND INFORMATION AND DATA WAS SHARED FROM THE CONSUMER HEALTH SURVEYS, PROVIDER SURVEYS, AND FOCUS GROUP SESSIONS IMPLEMENTED BY THE WORK GROUP PARTNERS. THE 2019-2024 NYS PREVENTION AGENDA WAS DISCUSSED

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.

INCLUDING NIAGARA COUNTY'S PLANS TO FOCUS ON THE PREVENT CHRONIC
DISEASE AND PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE
DISORDERS PRIORITY AREAS. BREAKOUT SESSIONS WERE HELD AND EACH
ORGANIZATION HAD THE OPPORTUNITY TO PROVIDE INPUT FOR THE DEVELOPMENT
OF FOCUS AREAS AND INTERVENTIONS ACTIVITIES AS A PART OF THE 2022-2024
NIAGARA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AND KALEIDA'S
CHNA-CSP.

THE KALEIDA HEALTH 2022-2024 CHNA-CSP WAS APPROVED BY THE KALEIDA
HEALTH BOARD OF DIRECTORS ON DECEMBER 15, 2022. IT IS AVAILABLE TO THE
PUBLIC IN THE COMMUNITY HEALTH SECTION OF THE KALEIDA HEALTH WEBSITE AT
[HTTPS://WWW.KALEIDAHEALTH.ORG/COMMUNITY/](https://www.kaleidahealth.org/community/). A PAPER VERSION IS AVAILABLE
UPON REQUEST AT NO CHARGE AT THE HOSPITALS. WRITTEN COMMENTS ON THE
CHNA-CSP ARE INVITED FROM THE PUBLIC THROUGH A LINK ENTITLED "COMMENT
ON PLAN" LOCATED NEXT TO THE DOCUMENT THROUGH THE ABOVE LINK. THIS
INFORMATION IS DOCUMENTED IN THE CHNA-CSP IN THE DISSEMINATION TO THE
PUBLIC SECTION. NO COMMENTS ON THE 2022-2024 CHNA-CSP WERE RECEIVED
FROM THE PUBLIC IN 2022.

PART V, SECTION B, LINE 6A

KALEIDA HEALTH'S FOUR HOSPITALS ARE INCLUDED IN ITS 2022-2024 CHNA-CSP:
BUFFALO GENERAL MEDICAL CENTER, MILLARD FILLMORE SUBURBAN HOSPITAL, AND
OISHEI CHILDREN'S HOSPITAL, ALL LOCATED IN ERIE COUNTY AND DEGRAFF
MEDICAL PARK LOCATED IN NIAGARA COUNTY.

IN ERIE COUNTY, KALEIDA HEALTH COLLABORATED ON THE CHNA-CSP PROCESS
THROUGH A PARTNERSHIP LED BY THE ERIE COUNTY DEPARTMENT OF HEALTH AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 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.

INCLUDED UNRELATED HOSPITAL FACILITIES OF CATHOLIC HEALTH SYSTEM.

IN NIAGARA COUNTY, KALEIDA HEALTH COLLABORATED ON THE CHNA-CSP PROCESS THROUGH A PARTNERSHIP LED BY THE NIAGARA COUNTY DEPARTMENT OF HEALTH, AND INCLUDED THE FOLLOWING UNRELATED HOSPITAL FACILITIES: CATHOLIC HEALTH SYSTEM- MOUNT SAINT MARY'S HOSPITAL AND HEALTH CENTER, EASTERN NIAGARA HOSPITAL SYSTEM AND NIAGARA FALLS MEMORIAL MEDICAL CENTER.

PART V, SECTION B, LINE 6B

IN ERIE COUNTY, KALEIDA HEALTH COLLABORATED ON THE 2022-2024 CHNA-CSP PROCESS WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES: ERIE COUNTY DEPARTMENT OF HEALTH, BUFFALO STATE COLLEGE (SUNY), D'YOUVILLE UNIVERSITY, NEW YORK STATE PUBLIC HEALTH CORPS/CSSI, POPULATION HEALTH COLLABORATIVE OF WNY, UNITED WAY OF BUFFALO & ERIE COUNTY AND THE UNIVERSITY AT BUFFALO (SUNY) DEPARTMENT OF EPIDEMIOLOGY AND ENVIRONMENTAL HEALTH.

IN NIAGARA COUNTY, KALEIDA HEALTH COLLABORATED ON THE 2022-2024 CHNA-CSP PROCESS WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES: NIAGARA COUNTY DEPARTMENT OF HEALTH, NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, AND THE POPULATION HEALTH COLLABORATIVE OF WNY.

PART V, SECTION B, LINE 11

WITH HOSPITALS IN BOTH ERIE AND NIAGARA COUNTIES, KALEIDA HEALTH WORKED COLLABORATIVELY WITH WORK GROUPS LED BY THE ERIE COUNTY DEPARTMENT OF

Part V Facility Information (continued)

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

HEALTH AND THE NIAGARA COUNTY DEPARTMENT OF HEALTH TO REVIEW HEALTH CARE DATA, DISSEMINATE CONSUMER SURVEYS AND CONDUCT FOCUS GROUP SESSIONS TO PRIORITIZE SIGNIFICANT HEALTH NEEDS AND IMPLEMENTATION STRATEGIES FOR EACH COUNTY. THE STRATEGIES FURTHER ALIGN WITH THE PRIORITY AREAS OF THE NEW YORK STATE PREVENTION AGENDA. KALEIDA HEALTH INCLUDED THESE COLLABORATIVE PRIORITY AREAS ITS 2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT-COMMUNITY SERVICES PLAN (CHNA-CSP).

ERIE COUNTY:

PREVENT CHRONIC DISEASE, PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS, PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN (WHILE ONLY TWO PRIORITY AREAS ARE REQUIRED PER COUNTY, BASED ON COMMUNITY NEED, THE ERIE COUNTY DEPARTMENT OF HEALTH AND KALEIDA HEALTH ADDED THIS THIRD PRIORITY AREA).

NIAGARA COUNTY: PREVENT CHRONIC DISEASE, PROMOTE WELL-BEING AND PREVENT MENTAL AND SUBSTANCE USE DISORDERS.

HEALTH CARE NEEDS ADDRESSED IN KALEIDA HEALTH'S 2022-2024 CHNA-CSP

HEART DISEASE IS THE NUMBER ONE CAUSE OF DEATH IN ERIE AND NIAGARA COUNTIES ACCOUNTING FOR 164.9 PER 100,000 POPULATION OF ALL DEATHS IN ERIE COUNTY AND 211.3 PER 100,000 IN NIAGARA COUNTY (2019 COUNTY HEALTH RANKINGS), AND THERE IS A HIGH INCIDENCE OF RISK FACTORS AMONG RESIDENTS INCLUDING HIGH BLOOD PRESSURE, DIABETES, OBESITY AND SMOKING. HEART DISEASE FURTHER AFFECTS MINORITY AND UNDERSERVED POPULATIONS DISPROPORTIONALLY. THE MORTALITY RATE FOR DISEASES OF THE HEART PER

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.

100,000 POPULATION (AGE-ADJUSTED) FOR ERIE COUNTY IS 199.5 FOR
 NON-HISPANIC, AFRICAN AMERICANS, 168.4 FOR WHITES, AND 132.3 FOR
 HISPANICS; AND IN NIAGARA COUNTY, THE MORTALITY RATES ARE 306.1 FOR
 NON-HISPANIC, AFRICAN AMERICANS, 201.2 FOR WHITES, AND 132 FOR
 HISPANICS (2017-2019, ERIE COUNTY AND NIAGARA COUNTY HEALTH INDICATORS
 BY RACE/ETHNICITY, NYS DEPARTMENT OF HEALTH). IN COLLABORATION WITH THE
 ERIE COUNTY DEPARTMENT OF HEALTH AND THE NIAGARA COUNTY DEPARTMENT OF
 HEALTH WORK GROUPS, KALEIDA HEALTH SELECTED "PREVENT CHRONIC DISEASE"
 AS ONE OF ITS NYS PREVENTION AGENDA PRIORITIES. KALEIDA HEALTH
 HOSPITALS IDENTIFIED THE FOLLOWING COMMUNITY HEALTH ACTIVITIES TO
 ADDRESS CHRONIC DISEASE IN ITS 2022-2024 CHNA-CSP:

ERIE COUNTY

- HEALTHY EATING AND FOOD SECURITY
- COMMUNITY NUTRITION EDUCATION AND HEALTHY MOBILE FOOD MARKETS
 (DISPARITY-LOW INCOME POPULATION), WORKSITE NUTRITION AND WELLNESS
 PROGRAM
- PREVENTIVE CARE AND MANAGEMENT - CARDIOVASCULAR EDUCATION AND
 SCREENING PROGRAM IN OB-GYN CENTERS (DISPARITY - FEMALE, MEDICAID
 POPULATION), CHRONIC DISEASE EDUCATION AND SCREENING PROGRAMS FOR THE
 COMMUNITY

NIAGARA COUNTY

- HEALTHY EATING AND FOOD SECURITY - LITTLE FREE PANTRY (DISPARITY -
 FOOD INSECURE POPULATION
- PREVENTIVE CARE AND MANAGEMENT - CHRONIC DISEASE EDUCATION AND
 SCREENING PROGRAMS FOR THE COMMUNITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

IN 2022, KALEIDA HEALTH HOSPITALS PROVIDED THE FOLLOWING CHRONIC
DISEASE INTERVENTIONS:

- A HEALTHY MOBILE FOOD MARKET WITH FRESH PRODUCE WAS SET UP AT AN
OUTDOOR SITE ON THE MFSH CAMPUS IN JUNE - NOVEMBER 2022. COULTER FARMS
WAS THE VENDOR AND WAS ON SITE TUESDAYS AND FRIDAYS EACH WEEK FROM 11
AM - 4 PM. NUTRITION EDUCATION WAS DISTRIBUTED AT THE MARKET. BUFFALO
GENERAL MEDICAL CENTER [IN CLOSE PROXIMITY TO JOHN R. OISHEI HOSPITAL]
PLANNED TO HOST BUFFALO-BASED URBAN FRUITS AND VEGGIES, AN OUTDOOR
MARKET OF HEALTHY FRUITS AND VEGETABLES AND NUTRITIONAL EDUCATION
SERVING THE CAMPUS AND ADJACENT LOW-INCOME FRUIT BELT NEIGHBORHOOD. IN
2022, PROGRAM IMPLEMENTATION PLANNING FOR THE 2023-2024 GOALS OUTLINED
IN THE CHNA-CSP OCCURRED. ADDITIONALLY, JOHN R. OISHEI CHILDREN'S
HOSPITAL PARTNERED WITH A LOCAL URBAN FARM, MASSACHUSSETTS AVENUE
PROJECT, TO BRING THEIR MOBILE FRESH FOOD MARKET TO OISHEI'S 1021
BROADWAY CLINIC. THE MARKET OFFERED FRESH FRUITS AND VEGETABLES TO
PATIENTS AND RESIDENTS OF THE SURROUNDING EAST BUFFALO NEIGHBORHOOD.

- IN 2022, THE PARTNERSHIP BETWEEN KALEIDA HEALTH AND ITS FOOD VENDOR
METZ CULINARY MANAGEMENT AND THE BUFFALO NIAGARA MEDICAL CAMPUS
CONTINUED TO HELP BRING MORE LOCALLY GROWN AND SOURCED PRODUCE, MEATS
AND OTHER MENU ITEMS TO THE CAFETERIAS AT BUFFALO GENERAL MEDICAL
CENTER, JOHN R. OISHEI CHILDREN'S HOSPITAL, AND HIGHPOINTE ON MICHIGAN.
KALEIDA HEALTH EMPLOYEES, PATIENTS AND VISITORS WERE PROVIDED
INFORMATION ON HEALTHY EATING AND NUTRITION, AND WERE INTRODUCED TO THE
FARMERS BEHIND THE PRODUCTS. THE METZ CHEFS AND GENERAL MANAGERS

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.

VISITED LOCAL FARMS TO LEARN NEW AGRICULTURAL METHODS AND SUSTAINABLE PRACTICES. THROUGH THE METZ FARM TO HOSPITAL PARTNERSHIP, KALEIDA HEALTH PROVIDES EMAILS VIA CAMPUS E-NEWS TO EMPLOYEES OF PARTICIPATING FACILITIES, PROMOTING FACTS ON THE BENEFITS OF LOCAL FRUIT AND VEGETABLES, AS THEY ARE FRESHER AND SAFER THAN MANY STORE-BOUGHT OPTIONS.

- NUTRITION TUNE-UP DAYS FOR EMPLOYEES WERE NOT HELD IN 2021 AND 2022 DUE TO COVID-19 RESTRICTIONS. IN THE ABSENCE OF THE NUTRITION TUNE-UP DAYS, EMPLOYEES VISITED A KALEIDA HEALTH DIETICIAN AT VARIOUS TIMES AT BUFFALO GENERAL MEDICAL CENTER FOR NUTRITION/WELLNESS CONCERNS AND RECEIVED NUTRITION EDUCATION AND PRINT MATERIALS.

- IN 2022, WELLNESS ACTIVITIES FOR EMPLOYEES OF BUFFALO GENERAL MEDICAL CENTER AND JOHN R. OISHEI CHILDREN'S HOSPITAL IN COLLABORATION WITH THE BUFFALO NIAGARA MEDICAL CAMPUS (BNMC) WERE PRIMARILY ON HOLD DUE TO COVID-19 RESTRICTIONS. HOWEVER, THE WALKS ON WEDNESDAY PROGRAM DID SUCCESSFULLY RESUME IN 2021, AND CONTINUED ON IN 2022.

-CARDIOVASCULAR EDUCATION AND SCREENING TARGETING LOW-INCOME PATIENTS WAS PROVIDED AT KALEIDA HEALTH'S OB-GYN CENTERS WHERE AN ESTIMATED 72% (2022) OF PATIENT VISITS ARE REIMBURSED THROUGH MEDICAID. IN 2022, 205 CLINIC PATIENTS WERE SCREENED FOR CARDIOVASCULAR DISEASE AND PROVIDED COUNSELING AND EDUCATION.

-DUE TO COVID 19 RESTRICTIONS AND THE NEED FOR COMMUNITY SAFETY FROM THE VIRUS, IN-PERSON CHRONIC DISEASE RISK FACTOR EDUCATION AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 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.

SCREENING EVENTS THROUGH KALEIDA HEALTH HOSPITALS IN ERIE AND NIAGARA
COUNTIES WERE REPLACED WITH VIRTUAL PROGRAMS.

- IN 2022, 9,348 INDIVIDUALS PARTICIPATED IN VIRTUAL HEALTHY U PROGRAMS
VIA FACEBOOK LIVE AND 120 INDIVIDUALS ENGAGED WITH THE SPEAKER OR
RESPONDED TO THE PRESENTATION.

- IN 2022, 39 WEEKLY MEDICAL MINUTE VIDEOS REACHING 37,415 INDIVIDUALS
WERE PRESENTED ON WIVB-TV, CH. 4 AND KALEIDA HEALTH SOCIAL MEDIA ON
HEALTH RELATED TOPICS.

- IN 2022, THE MEDICALLY SPEAKING INTERVIEW SERIES PROVIDED 12
COMMUNITY HEALTH EDUCATION VIDEOS ON VARIOUS HEALTH TOPICS INCLUDING
THE COVID-19 PANDEMIC TO 18,173 VIEWERS ON KALEIDA HEALTH FACEBOOK AND
AT WWW.KALEIDAHEALTH.ORG/MEDICALLY-SPEAKING. 462 INDIVIDUALS FURTHER
ENGAGED WITH THE SPEAKER OR RESPONDED TO THE PRESENTATION.

- IN 2022, THE LITTLE FREE PANTRY AT DEGRAFF MEDICAL PARK CONTINUED TO
PROVIDE COMMUNITY ACCESS TO A FREE SOURCE OF FOOD AT AN ON-SITE,
SELF-CONTAINED OUTDOOR PANTRY TO PROMOTE FOOD SECURITY AMONG
UNDERSERVED POPULATIONS. DEGRAFF PROVIDES HEALTH EDUCATION LITERATURE
AND EMPLOYEES AND COMMUNITY MEMBERS WORK TO KEEP THE PANTRY STOCKED
WITH HEALTHY, NUTRITIONAL ITEMS.

- IN 2022, KALEIDA HEALTH'S HERTEL-ELMWOOD INTERNAL MEDICINE CLINIC
RECEIVED FUNDING FROM NEW YORK STATE DEPARTMENT OF HEALTH AND HEALTH
RESEARCH INC. THROUGH THE COMPREHENSIVE CANCER CONTROL PROGRAM TO

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.

PROVIDE A COLORECTAL CANCER SCREENING-PROFESSIONAL EDUCATION PROGRAM FOR STAFF, PHYSICIANS, AND RESIDENTS; AND A LUNG CANCER SCREENING AND EDUCATION PROGRAM TARGETING THE CLINIC'S SURROUNDING LOW-INCOME COMMUNITY. PARTNERS INCLUDED UBMD, UNIVERSITY AT BUFFALO SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES, NYS ERIE COUNTY CANCER SERVICES, GREAK LAKES IMAGING, AMERICAN CANCER SOCIETY, AND AMERICAN LUNG ASSOCIATION.

PART V, SECTION B, LINE 11, CONTINUED

MENTAL AND SUBSTANCE USE DISORDERS

KALEIDA HEALTH, IN COLLABORATION WITH THE ERIE COUNTY DEPARTMENT OF HEALTH AND THE NIAGARA COUNTY DEPARTMENT OF HEALTH IDENTIFIED THE RISING OPIOID ADDICTION PROBLEM AS A DIRE AREA OF CONCERN FOR THEIR COMMUNITIES. THE PROBLEM HAS BEEN ON THE RISE NATIONALLY AND BOTH COUNTIES HAVE BEEN SIGNIFICANTLY AFFECTED. IN 2015 AND 2016, OPIOID USE INCREASED DRAMATICALLY IN NEW YORK STATE (NYS) AND THE COUNTIES OF ERIE AND NIAGARA WERE LARGELY IMPACTED. IN 2016, THE OPIOID BURDEN (CRUDE RATE PER 100,000 POPULATION) WAS 352.2 IN ERIE COUNTY AND 416.5 IN NIAGARA COUNTY, SOME OF THE HIGHEST RATES IN NYS. IN ADDITION TO STATISTICAL DATA ON OPIOID USE, RESULTS FROM ERIE COUNTY AND NIAGARA COUNTY CONSUMER SURVEYS AND FOCUS GROUP SESSIONS INDICATED THE NEED TO ADDRESS THE PROBLEM. WHILE THE OPIOID BURDEN RATE DECREASED FROM 2016-2019, IT INCREASED AGAIN SHARPLY IN 2020 AND 2021 AS A RESULT OF THE COVID-19 PANDEMIC, AND IMPACTS INDIVIDUALS OF ALL RACES AND BACKGROUNDS, WHETHER THEY RESIDE IN URBAN, RURAL OR SUBURBAN AREAS. OPIOID USE INCLUDES BOTH SYNTHETICS AND HEROIN, AND THE PROBLEM HAS BECOME EXACERBATED BY THE LACING OF OPIOIDS WITH DEADLY ADDITIVES SUCH

Part V Facility Information (continued)

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

AS FENTANYL.

KALEIDA HEALTH IDENTIFIED THE FOLLOWING COMMUNITY HEALTH ACTIVITIES IN ITS 2022-2024 CHNA-CSP TO ADDRESS THE OPIOID ADDICTION PROBLEM:

ERIE COUNTY AND NIAGARA COUNTY

- PREVENT OPIOID AND OTHER SUBSTANCE MISUSE AND DEATH MATTERS BUPRENORPHINE AND TREATMENT REFERRAL PROGRAM; AVAILABILITY, ACCESS, LINKAGE TO OPIOID OVERDOSE REVERSAL MEDICATIONS; MEDICATION AND SYRINGE DROP BOXES IN HOSPITAL EMERGENCY DEPARTMENTS AND DRUG TAKE-BACK DAYS (DISPARITY SUBSTANCE USE POPULATION)

IN 2022, KALEIDA HEALTH HOSPITALS PROVIDED THE FOLLOWING SUBSTANCE USE DISORDER INTERVENTIONS:

-IN 2022, KALEIDA HEALTH HOSPITALS PARTICIPATED IN NEW YORK MATTERS, A HOSPITAL-INITIATED BUPRENORPHINE AND TREATMENT REFERRAL PROGRAM. THIS ONLINE, REAL-TIME REFERRAL PROGRAM CONNECTS PATIENTS PRESENTING IN THE EMERGENCY ROOM WITH OPIATE USE DISORDERS TO A NETWORK OF 20 WESTERN NEW YORK TREATMENT AGENCIES. IN 2021, 18 REFERRALS WERE MADE TO NEW YORK MATTERS AT KALEIDA HEALTH EMERGENCY DEPARTMENTS.

-KALEIDA HEALTH EMERGENCY DEPARTMENTS AT BUFFALO GENERAL MEDICAL CENTER AND MILLARD FILLMORE SUBURBAN HOSPITAL AND DEGRAFF MEDICAL PARK PROVIDE PATIENT ACCESS TO OVERDOSE REVERSAL MEDICATION INCLUDE NALOXONE THROUGH THE KALEIDA HEALTH PHARMACY. IN 2022, 44 NALOXONE KITS, AN OVERDOSE REVERSAL MEDICATION, WERE PROVIDED TO PATIENTS/FAMILIES IN KALEIDA HEALTH EMERGENCY DEPARTMENTS. IN 2021, FENTANYL TEST STRIPS WERE ADDED

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.

TO THE NARCAN KITS TO HELP TO DECREASE ACCIDENTAL OVERDOSE DUE TO
FENTANYL-LACED PRODUCTS THIS CONTINUED IN 2022.

-IN PARTNERSHIP WITH THE ERIE COUNTY DEPARTMENT OF HEALTH, MEDICATION
AND SYRINGE DROP BOXES ARE PROVIDED AT THE EMERGENCY DEPARTMENTS OF
KALEIDA HEALTH HOSPITALS. NIAGARA COUNTY SHERIFF'S OFFICES PICK UP AND
TRANSPORT CONTENTS OF DROP BOXES ON A REGULAR BASIS FOR INCINERATION.

-PRESCRIPTION DRUG TAKE BACK DAYS WERE HELD ON APRIL 30, 2022 AND
OCTOBER 29, 2022 AT MILLARD FILLMORE SUBURBAN HOSPITAL IN ERIE COUNTY
AND AT DEGRAFF MEDICAL PARK IN NIAGARA COUNTY.

PROMOTE HEALTHY WOMEN, INFANTS, AND CHILDREN
THE HEALTH OF WOMEN, INFANTS, CHILDREN AND THEIR FAMILIES IS
FUNDAMENTAL TO POPULATION HEALTH AND IS A PRIORITY AREA FOR THE
2019-2024 NYS PREVENTION AGENDA. ERIE COUNTY AND NIAGARA COUNTY BOTH
HAVE HIGH RATES OF INFANT AND MATERNAL MORTALITY, PREMATURE BIRTH, LOW
BIRTHWEIGHT BABIES, AND TEEN PREGNANCY RATES. THESE RATES ARE AFFECTED
BY MULTIPLE DISPARITIES INCLUDING RACE, POVERTY, AND LACK OF ACCESS TO
QUALITY PRENATAL CARE, AS WELL AS OTHER SOCIAL DETERMINANTS OF HEALTH
SUCH AS OBESITY, SMOKING, SUBSTANCE USE, AND MENTAL HEALTH DISORDERS.
ERIE COUNTY AND NIAGARA COUNTY INFANT MORTALITY RATES ARE SIGNIFICANTLY
HIGHER THAN NYS RATES PER 2014-2016 NYS VITAL STATISTICS DATA:

-THE INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS (<1 YEAR) FOR ERIE
COUNTY IS 5.6, AND THE RATE FOR NIAGARA COUNTY IS 5.4 WHILE THE NYS
RATE IS 4.4.-THE PERCENTAGE OF LOW BIRTHWEIGHT BIRTHS (<2.5 KG) IS 8.8%

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.

IN ERIE COUNTY, 6.6% IN NIAGARA COUNTY VERSUS THE NYS RATE OF 9.0%

DISPARITIES EXIST AMONG MINORITY POPULATIONS GIVEN THAT THE PERCENTAGE
OF LOW BIRTHWEIGHT BABIES IN ERIE COUNTY IS 6.7% AMONG THE WHITE
POPULATION AND 13.8% AMONG THE AFRICAN AMERICAN/BLACK POPULATION.

-WHILE THE HEALTH BENEFITS OF BREASTFEEDING ARE WELL DOCUMENTED AND
PROMOTED AMONG NEW MOTHERS, THERE IS MORE WORK TO BE DONE TO INCREASE
RATES THROUGHOUT ERIE AND NIAGARA COUNTIES. THE PERCENTAGE OF INFANTS
FED ANY BREAST MILK IN A DELIVERY HOSPITAL IS 76% IN ERIE COUNTY, 70.9%
IN NIAGARA COUNTY, MUCH LOWER THAN THE NYS RATE OF 88.6%.

KALEIDA HEALTH'S DELIVERY HOSPITALS OF OISHEI CHILDREN'S HOSPITAL (OCH)
AND MILLARD FILLMORE SUBURBAN HOSPITAL (MFS) ARE LOCATED IN ERIE
COUNTY. THEREFORE, KALEIDA HEALTH SELECTED MATERNAL, INFANT, AND CHILD
HEALTH AS ONE OF ITS NYS PREVENTION AGENDA PRIORITIES FOR ERIE COUNTY
AND IDENTIFIED THE FOLLOWING COMMUNITY HEALTH ACTIVITIES TO ADDRESS IN
ITS 2022-2024 CHNA-CSP:

ERIE COUNTY

-PERINATAL AND INFANT HEALTH SAFE SLEEP INITIATIVE, YOMINGO ONLINE
PARENT EDUCATION, BREASTFEEDING PROMOTION AND EDUCATION PROGRAM

IN 2022, KALEIDA HEALTH PROVIDED THE FOLLOWING MATERNAL, INFANT, CHILD
HEALTH INTERVENTIONS:

-THROUGH THE SAFE SLEEP INITIATIVE, IN 2022, OISHEI CHILDREN'S HOSPITAL
(OCH) AND MILLARD FILLMORE SUBURBAN HOSPITAL (MFS) PROVIDED SAFE SLEEP

Part V Facility Information (continued)

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

EDUCATION AND THE HALO SLEEP SACK FOR ALL NEWBORNS; AND AT OCH FOR ADMITTED PEDIATRIC PATIENTS UP TO ONE YEAR OF AGE AS PROVIDED BY TOPS FRIENDLY MARKETS AND THE CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION. IN SEPTEMBER 2022, OCH IMPLEMENTED EVIDENCE-BASED PRACTICE STRATEGIES AND ACHIEVED GOLD SAFE SLEEP CERTIFICATION THROUGH THE CRIBS FOR KIDS NATIONAL SAFE SLEEP HOSPITAL CERTIFICATION PROGRAM. MFS WILL BE MODELING SIMILAR PRACTICES TO ACHIEVE A SILVER OR GOLD CERTIFICATION. THROUGH A SAFE SLEEP INITIATIVE, OCH AND MFS WILL PROVIDE SAFE SLEEP EDUCATION FOR PARENTS/CAREGIVERS AND THE HALO SLEEP SACK FOR ALL NEWBORNS TO TAKE HOME TO REPLACE THE USE OF LOOSE BEDDING. THROUGH A PARTNERSHIP WITH THE CHILD ADVOCACY CENTER AND THE SAFE SLEEP AMBASSADOR, PER AN ASSESSMENT, OCH FAMILIES REQUIRING A SAFE SLEEP ENVIRONMENT FOR THEIR NEWBORN ARE PROVIDED A SAFE SLEEP PACK AND PLAY UPON DISCHARGE.

-MILLARD FILLMORE SUBURBAN HOSPITAL OFFERED CHILDBIRTH EDUCATION TO PREGNANT WOMEN AND PARENTS WITH INFORMATION ON PRENATAL, PERINATAL, INFANT AND CHILD CARE THROUGH THE USE OF THE YOMINGO APP (WWW.MYYOMINGO.COM) TO IMPROVE MATERNAL AND INFANT HEALTH OUTCOMES. IN 2022, MILLARD FILLMORE SUBURBAN HOSPITAL RECORDED 235 ACTIVE USERS ON YOMINGO AND THE PROGRAM WAS PROMOTED THROUGH YOMINGO FLYERS DELIVERED TO 250 PHYSICIANS/PROVIDERS THROUGHOUT THE COMMUNITY.

-THROUGHOUT 2022, JOHN R. OISHEI CHILDREN'S HOSPITAL (OCH) AND MILLARD FILLMORE SUBURBAN HOSPITAL (MFS) CONTINUED THEIR BREASTFEEDING PROMOTION AND EDUCATION ACTIVITIES TO INCREASE INITIATION AND EXCLUSIVE BREASTFEEDING RATES. AT OCH, A HOSPITAL WITH 63.8% OF PATIENTS WITH

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.

MEDICAID, THE AVERAGE BREASTFEEDING RATES IN 2022 WERE 71.3% INITIATION AND 36.2% EXCLUSIVE (3,715 BIRTHS). AT MFS, THE AVERAGE RATES IN 2021 WERE 72.0% INITIATION AND 53.0% EXCLUSIVE (2,768 BIRTHS).

THE CENTERING PREGNANCY PROGRAM WAS NOT PROVIDED AT KALEIDA HEALTH OB-GYN CLINICS IN 2022 DUE TO COVID-19 RESTRICTIONS. PLANNING IS UNDERWAY TO CONTINUE THE PROGRAM WHEN RESTRICTIONS ARE LIFTED.

HEALTH CARE NEEDS NOT ADDRESSED IN KALEIDA HEALTH 2022-2024 CHNA-CSP

PART V, SECTION B, LINE 11, CONTINUED

CANCER

WHILE CANCER IS THE NUMBER TWO CAUSE OF DEATH IN ERIE AND NIAGARA COUNTIES, THE COUNTY WORK GROUPS AGREED TO INSTEAD PRIORITIZE CARDIOVASCULAR DISEASE, THE NUMBER ONE CAUSE OF DEATH, IN THEIR 2022-2024 PLANS. THE IMPACT OF CANCER ON THE HEALTH OF RESIDENTS IS WELL RECOGNIZED AND ADDRESSED WITH SEVERAL ONGOING CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT INITIATIVES IN PLACE IN THE REGION. ROSWELL PARK COMPREHENSIVE CANCER CENTER, LOCATED IN BUFFALO, HOLDS THE NATIONAL CANCER INSTITUTE DESIGNATION AS A COMPREHENSIVE CANCER CENTER AND HAS A PROVEN MULTIDISCIPLINARY APPROACH. OISHEI CHILDREN'S HOSPITAL PARTNERS WITH ROSWELL ON THE ROSWELL PARK OISHEI CHILDREN'S CANCER AND BLOOD DISORDERS PROGRAM PROVIDING BOTH INPATIENT AND OUTPATIENT CARE AND A MULTIDISCIPLINARY APPROACH FOR CHILDREN AND ADOLESCENTS WITH CANCER AND HEMATOLOGIC DISORDERS. KALEIDA HEALTH'S MILLARD FILLMORE SUBURBAN HOSPITAL AND DEGRAFF MEDICAL PARK OFFER CANCER REHABILITATION AND RECOVERY THROUGH THE SURVIVOR STEPS PROGRAM. KALEIDA HEALTH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

PARTICIPATES IN THE GREAT LAKES CANCER CARE COLLABORATIVE, IN
PARTNERSHIP WITH CANCER CARE OF WESTERN NEW YORK, ECMC,
GASTROENTEROLOGY ASSOCIATES, LLP, GENERAL PHYSICIAN, PC, GREAT LAKES
MEDICAL IMAGING, UBMD PHYSICIANS' GROUP, WESTERN NEW YORK UROLOGY
ASSOCIATES, WINDSONG, AND THE VISITING NURSING ASSOCIATION OF WESTERN
NEW YORK- WITH THE GOAL TO HARNESS THE REGION'S TOP TALENT AND MOST
ADVANCED TECHNOLOGY IN A UNIQUE COLLABORATION TO DIAGNOSE, TREAT AND
ELIMINATE CANCER.

SMOKING AND E-CIGARETTES

E-CIGARETTES HAVE BEEN THE MOST COMMONLY USED TOBACCO PRODUCE AMONG
YOUTH SINCE 2014. MOST E-CIGARETTES CONTAIN NICOTINE - THE ADDICTIVE
DRUG IN REGULAR CIGARETTES. TOBACCO CESSATION PROGRAMS ARE PROVIDED
THROUGHOUT ERIE AND NIAGARA COUNTIES, AND KALEIDA HEALTH'S INPATIENT
AND OUTPATIENT PROGRAMS CONTINUE TO PROVIDE PATIENT EDUCATION ON THE
HEALTH BENEFITS OF NOT SMOKING AND WILL CONTINUE TO REFER PATIENTS TO
THESE PROGRAMS.

ENVIRONMENT

AIR AND WATER QUALITY, FOOD SAFETY, BUILT ENVIRONMENTS TO PROMOTE
PHYSICAL HEALTH, SUSTAINABILITY, HEALTHY HOME AND SCHOOL ENVIRONMENTS
ARE ADDRESSED THROUGH FEDERAL, STATE AND LOCAL GOVERNMENTS AND
NEIGHBORHOOD AND COMMUNITY-BASED ORGANIZATIONS. KALEIDA HEALTH'S OISHEI
CHILDREN'S HOSPITAL PARTNERS WITH THE WNY ASTHMA COALITION TO IMPROVE
AIR QUALITY IN THE HOME TO IMPROVE ADULT AND CHILDHOOD ASTHMA RATES.
THE HOSPITAL FURTHER ADDRESSES HOME SAFETY THROUGH ITS LEAD POISONING
PREVENTION PROGRAM.

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.

MENTAL HEALTH

KALEIDA HEALTH PROVIDES INPATIENT AND OUTPATIENT BEHAVIORAL HEALTH SERVICES FOR CHILDREN THROUGH THE CHILDREN'S PSYCHIATRY CENTER OF OISHEI CHILDREN'S HOSPITAL. THE CENTER ALSO PARTNERS WITH OTHER COMMUNITY-BASED PROVIDERS TO ASSURE IMPROVED ACCESS TO THE MOST APPROPRIATE CARE FOR CHILDREN WITH MENTAL HEALTH CONDITIONS. KALEIDA HEALTH IS A PARTNER WITH ERIE COUNTY MEDICAL CENTER, HOME OF THE REGIONAL CENTER OF EXCELLENCE FOR BEHAVIORAL HEALTH OFFERING MENTAL HEALTH AND PSYCHIATRY SERVICES, AS WELL AS ALCOHOL AND DRUG ADDICTION DETOXIFICATION AND REHAB.

INJURY PREVENTION:

KALEIDA HEALTH WORKS TO PREVENT INJURIES AMONG CHILDREN THROUGH ITS CAR PASSENGER SAFETY PROGRAM OF THE NYS GOVERNOR'S TRAFFIC SAFETY COMMITTEE. NYS FUNDING THROUGH THIS PROGRAM SUPPORTS CAR SEAT SAFETY CHECKS FOR THE COMMUNITY INCLUDING EDUCATION AND AWARENESS AS WELL AS THE PROVISION OF FREE CAR SEATS FOR THOSE WHO ARE OF LOW INCOME AND IN NEED. THE PROGRAM HAS BEEN PROVIDED SINCE 2020. PLANS ARE ALSO UNDERWAY FOR A BICYCLE HELMET SAFETY CHECK EVENT AT DEGRAFF MEDICAL PARK IN SPRING 2023. THESE PROGRAMS ALIGN WITH THE NYS PREVENTION AGENDA PRIORITY AREA TO PROMOTE A HEALTHY AND SAFE ENVIRONMENT.

KALEIDA HEALTH'S OISHEI CHILDREN'S HOSPITAL PROVIDES THE FOLLOWING:

- YOUTH LINK AND BE PREPARED PROGRAM - SUPPORTIVE SERVICES TO YOUTH AND YOUNG ADULTS, AGES 13-24, WHO IDENTIFY AS LGBTQ+, ARE LIVING WITH OR ARE AT RISK FOR HIV AND STIS, ARE EXPERIENCING HOMELESSNESS, SEXUAL

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.

ABUSE, SUBSTANCE USE AND/OR MENTAL HEALTH RELATED ISSUES.

- THE FAMILY PLANNING CLINIC AND THE WOMEN'S HEALTH CENTERS ADDRESS

STIS, HIV AND HCV.

ALL KALEIDA HEALTH HOSPITALS ASSURE AND ALSO PROVIDE COVID-19 TESTING
AND VACCINES FOR ITS EMPLOYEES AND PATIENTS.

PART V, SECTION B, LINE 16J

INFORMATION THAT EXPLAINS HOW QUALIFIED PATIENTS CAN ACCESS FINANCIAL
ASSISTANCE THROUGH THE HOSPITAL IS INCLUDED ON BILLS AND STATEMENTS TO
PATIENTS.

APPLICATION MATERIALS INCLUDE A NOTICE TO PATIENTS THAT ONCE THEY
SUBMIT A COMPLETED APPLICATION AND DOCUMENTATION, THEY MAY DISREGARD
ANY BILLS UNTIL THE HOSPITAL HAS RENDERED A WRITTEN DECISION ON THE
APPLICATION. THE HOSPITAL MAY NOT FORWARD ACCOUNTS TO COLLECTION WHILE
AND APPLICATION IS PENDING.

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? 20

Name and address	Type of facility (describe)
1 HIGHPOINTE ON MICHIGAN 1031 MICHIGAN AVE BUFFALO, NY 14203	INPATIENT SKILLED NURSING FACILITY
2 CENTER FOR LABORATORY MEDICINE 115 FLINT ROAD AMHERST, NY 14226	HOSPITAL BASED LAB SERVICES
3 DEGRAFF SKILLED NURSING FACILITY 445 TREMONT STREET NORTH TONAWANDA, NY 14120	INPATIENT SKILLED NURSING FACILITY
4 MILLARD FILLMORE SURGERY CENTER 215 KLEIN ROAD WILLIAMSVILLE, NY 14221	AMBULATORY SURGERY CENTER
5 MAPLE WEST MEDICAL COMPLEX 705 MAPLE ROAD AMHERST, NY 14221	MEDICAL SERVICES - OTHER MEDICAL SPECIALTIES
6 NORTH BUFFALO MEDICAL PARK 900 HERTEL AVE BUFFALO, NY 14207	MEDICAL SERVICES - PRIMARY CARE, RADIOLOGY OUTPATIENT, OUTPATIENT THERAPY
7 KALEIDA HEALTH FAMILY PLANNING CENTER 1313 MAIN STREET BUFFALO, NY 14209	OUTPATIENT FAMILY PLANNING
8 TOWNE GARDEN PEDIATRICS 461 WILLIAM STREET BUFFALO, NY 14204	MEDICAL SERVICES - PRIMARY CARE
9 SOUTHTOWNS SURGERY CENTER 5959 BIG TREE ROAD, SUITE 100 ORCHARD PARK, NY 14217	AMBULATORY SURGERY CENTER
10 WCHOB WOMEN'S OB/GYN HEALTH CENTER 462 GRIDER STREET BUFFALO, NY 14215	MEDICAL SERVICES - PRIMARY CARE

Schedule H (Form 990) 2022

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? 20

Name and address	Type of facility (describe)
11 WCHOB MCKINLEY OB/GYN 3860 MCKINLEY PARKWAY HAMBURG, NY 14219	MEDICAL SERVICES - PRIMARY CARE
12 WCHOB CHILD PROTECTION CENTER 556 FRANKLIN STREET BUFFALO, NY 14202	MEDICAL SERVICES - PRIMARY CARE
13 STANLEY MAKOWSKI SBHC 1095 JEFFERSON AVE BUFFALO, NY 14214	SCHOOL BASED PRIMARY CARE SERVICES
14 HILLERY PARK #27 SBHC 72 PAWNEE PARKWAY BUFFALO, NY 14210	SCHOOL BASED PRIMARY CARE SERVICES
15 WESTMINSTER #86 SBHC 24 WESTMINSTER AVE BUFFALO, NY 14215	SCHOOL BASED PRIMARY CARE SERVICES
16 DR. LYDIA WRIGHT #89 SBHC 106 APPENHEIMER STREET BUFFALO, NY 14214	SCHOOL BASED PRIMARY CARE SERVICES
17 BUILD ACADEMY #91 SBHC 340 FOUGERON STREET BUFFALO, NY 14211	SCHOOL BASED PRIMARY CARE SERVICES
18 BUFFALO SCHOOL OF TECHNOLOGY SBHC 414 SOUTH DIVISION STREET BUFFALO, NY 14204	SCHOOL BASED PRIMARY CARE SERVICES
19 HERMAN BADILLO #76 SBHC 315 CAROLINE STREET BUFFALO, NY 14201	SCHOOL BASED PRIMARY CARE SERVICES
20 SOUTHTOWNS CLINIC 4535 SOUTHWESTERN BLVD HAMBURG, NY 14075	MEDICAL SERVICES PRIMARY CARE

Schedule H (Form 990) 2022

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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

KALEIDA HEALTH HAS IMPLEMENTED AND COMMUNICATES ITS FINANCIAL ASSISTANCE (CHARITY CARE) POLICY, WHICH ASSISTS LOW INCOME, UNINSURED OR UNDERINSURED INDIVIDUALS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR MEDICAL SERVICES RENDERED. LEVELS OF DISCOUNTS ARE AWARDED BASED UPON INCOME AND ASSET VERIFICATION AND IN ACCORDANCE WITH THE FEDERAL POVERTY GUIDELINES AS PUBLISHED ANNUALLY BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. INDIVIDUALS ARE PROVIDED FINANCIAL ASSISTANCE CONTACT INFORMATION DURING INTAKE AND REGISTRATION.

THE APPLICANT FOR FREE OR REDUCED PRICE CARE WORKS DIRECTLY WITH A MEMBER OF THE FINANCIAL COUNSELING OR CHARITY CARE TEAM FOR FINANCIAL SCREENING AND ENROLLMENT IN A GOVERNMENT-FUNDED PROGRAM, IF ELIGIBLE.

AFTER REVIEW OF INCOME AND ASSETS, AN INDIVIDUAL MAY BE APPROVED FOR FREE CARE (100% DISCOUNT) OR A DISCOUNT LEVEL OF 50, 60, 75, OR 90%, FOR MEDICALLY NECESSARY SERVICES RENDERED AT A KALEIDA HEALTH FACILITY, AS

FOLLOWS:

232100 11-18-22

Part VI Supplemental Information (Continuation)

LESS THAN 200% OF FEDERAL POVERTY GUIDELINE IS AWARDED 100% DISCOUNT

200% - 249% OF FEDERAL POVERTY GUIDELINE IS AWARDED 90% DISCOUNT

250% - 299% OF FEDERAL POVERTY GUIDELINE IS AWARDED 75% DISCOUNT

300% - 349% OF FEDERAL POVERTY GUIDELINE IS AWARDED 60% DISCOUNT

350% - 400% OF FEDERAL POVERTY GUIDELINE IS AWARDED 50% DISCOUNT

PART I, LINE 7:

THE AMOUNTS REPORTED IN THE TABLE UNDER PART 1, LINE 7 WERE DETERMINED USING THE HEALTH SYSTEM'S DECISION SUPPORT SOFTWARE PROGRAM AND REVENUE AND EXPENSES FROM THE GENERAL LEDGER. THE OVERALL REVENUE AND EXPENSES INCLUDED IN THE DECISION SUPPORT SOFTWARE PROGRAM WERE RECONCILED TO THE GENERAL LEDGER WHICH RECONCILES TO THE AUDITED FINANCIAL STATEMENTS. THE DECISION SUPPORT SOFTWARE PROGRAM ALLOCATES DIRECT COSTS TO EACH PATIENT ACCOUNT BASED ON THE RESOURCES USED BY THAT PATIENT WITHIN THE SPECIFIC COST CENTER. INDIRECT COSTS ARE ALLOCATED USING SIMILAR STEPDOWN METHODOLOGY USED BY CMS IN THE INSTITUTIONAL COST REPORT.

PART II, LINE 7

KALEIDA HEALTH'S COMMUNITY HEALTH SERVICES SUPPORTS A COMPREHENSIVE PROGRAM OF COMMUNITY HEALTH IMPROVEMENT ADVOCACY. OUTREACH IS CONDUCTED IN MULTIPLE WESTERN NEW YORK COMMUNITIES TARGETING VARIED POPULATIONS OF ALL AGES AND ETHNICITIES, INCLUDING THE MEDICALLY UNDERSERVED. PROGRAMS AND EVENTS PROMOTE THE REDUCTION OF HEALTH DISPARITIES, ACCESS TO CARE, AND PROMOTE OVERALL COMMUNITY HEALTH AND WELLNESS; AND INCLUDE HEALTH EDUCATION AND SCREENING, SPEAKERS ON HEALTH-RELATED TOPICS, AND COMMUNITY REFERRALS. TOPICS RANGE FROM HEALTH INSURANCE ENROLLMENT TO DIABETES, STROKE, HEART DISEASE, MATERNAL AND CHILD HEALTH, AND HEALTH

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

CAREER EXPLORATION.

IN 2022, COVID-19 RESTRICTIONS CONTINUED, ALTHOUGH MANY WERE EASED, AND SOMEWHAT LIMITED KALEIDA HEALTH'S ABILITY TO PROVIDE THE SAME COMPREHENSIVE PROGRAM OF COMMUNITY OUTREACH AND EDUCATION IT HAS IN PREVIOUS YEARS. HOWEVER, WORKING AROUND THE EASING RESTRICTIONS, KALEIDA HEALTH PARTNERED WITH VARIOUS ORGANIZATIONS AND PARTICIPATED IN 113 IN-PERSON AND VIRTUAL EVENTS TO REACH 14,075 INDIVIDUALS WITH COMMUNITY SERVICE PROGRAMMING. ALL OF THE OUTREACH PROGRAMS ARE FREE AND REACH A CROSS SECTION OF CULTURES, ETHNICITIES, ECONOMIC DEMOGRAPHICS, LANGUAGES, RELIGIONS AND ALL GENDERS INCLUDING LGBTQ+ COMMUNITY. MATERIALS PROVIDED TO THE COMMUNITY DURING OUTREACH EVENTS INCLUDED: INFORMATION ON FREE PSA SCREENINGS; BREAST, PROSTATE, COLON CANCER; STROKE PREVENTION; DIABETES PREVENTION; HEART DISEASE AND RISK FACTORS; CHILDREN'S HEALTH; BARIATRIC /OBESITY/ BMI; FAMILY PLANNING; HPV/ STD/STI; CHILDREN'S MEDICAID HEALTH HOMES; NUTRITION; WOMEN'S HEALTH; MATERNITY INCLUDING BREASTFEEDING; KALEIDA HEALTH WELLNESS SERIES/ "HEALTHY YOU".

KALEIDA HEALTH COMMUNITY OUTREACH EXTENDED THROUGHOUT ITS SERVICE AREA AND PRIMARILY IN THE CITY OF BUFFALO, A CITY WITH A POVERTY RATE OF 28.3% AND A HIGH MINORITY POPULATION WITH 35.2% BLACK/AFRICAN AMERICAN AND 12.2% HISPANIC (US CENSUS 2020). BUFFALO HAS SEVERAL CENSUS TRACTS THAT ARE FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS AND HEALTH PROFESSIONAL SHORTAGE AREAS. IN-PERSON AND VIRTUAL OUTREACH IN THE BUFFALO AREA INCLUDED THE FOLLOWING:

GREAT LAKES CANCER COLLABORATIVE CARE:

Part VI Supplemental Information (Continuation)

KALEIDA HEALTH'S COMMUNITY OUTREACH SPECIALIST SERVED AS A COMMUNITY LIAISON FOR GREAT LAKES CANCER CARE (GLCC) TO ASSIST WITH ACCREDITATION REQUIREMENTS. WORKING CLOSELY WITH CONSULTANTS FROM ONCOLOGY SOLUTIONS, THE COMMUNITY OUTREACH SPECIALIST LEAD GLCC WITH THE FOLLOWING INITIATIVES:

-CANCER PREVENTION: IN 2022, WORKING CLOSELY WITH WNY UROLOGY ASSOCIATES, KALEIDA HEALTH FAMILY PLANNING, GLCC, THE COMMUNITY LIAISON TRACKED CENSUS DATA TO DETERMINE COMMUNITIES WITH THE GREATEST HEALTHCARE NEEDS AND HEALTHCARE DISPARITIES IN BUFFALO. USING THIS DATA AND EXISTING ZIP CODES DETERMINED BY THE COMMISSION ON CANCER/BGMC/MSF CANCER COMMITTEE, THE LIAISON RESEARCHED AND ORGANIZED THE LOGISTICS FOR OUTREACH OPPORTUNITIES AND EVENTS FOR WNY UROLOGY ASSOCIATES, KALEIDA HEALTH FAMILY PLANNING, AND GLCC.

-CANCER SCREENINGS: BASED ON ERIE COUNTY DATA, LOCATIONS WERE IDENTIFIED BASED ON NEED (USING DATA OUTLINED ABOVE). THE LIAISON THEN IDENTIFIED COLLABORATING ORGANIZATIONS FOR CANCER SCREENINGS. CANCER SCREENINGS WERE HELD IN AREAS OF HIGH NEED FOR PROSTATE CANCER, ORAL CANCER (WITH ECMC DENTAL TEAM), AND HPV.

-GREAT LAKES HEALTH RADIO: KALEIDA'S COMMUNITY LIAISON CREATED AND PRODUCED VIRTUAL INTERVIEWS FOR EMPLOYEES OF GLCC, ECMC, WNY UROLOGY, AND KALEIDA HEALTH COMMUNITIES DISCUSS HEALTH TOPICS THAT HAVE A DISPROPORTIONATE IMPACT ON THE LIVES OF PERSONS OF COLOR OR PERSONS RESIDING IN LOW-INCOME COMMUNITIES. THE PROGRAM WAS RECORDED AND POSTED ON THE KALEIDA HEALTH WEBSITE. IT AIRED 2 TIMES A MONTH IN 2022 ON WUFO 1080 AM AND POWER 96.5 FM. IT FEATURES 30 MINUTE INTERVIEWS WITH GUEST SPEAKERS, INCLUDING PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS.

Part VI Supplemental Information (Continuation)

A SENIOR MOMENT PROGRAM ALSO AIRED AND FEATURED 30 MINUTE INTERVIEWS WITH GUEST SPEAKERS ON HEALTH AND WELLNESS TOPICS FOR AGES 60+. THESE PROGRAMS REACH A PREDOMINANTLY URBAN POPULATION OF ALL AGES RACES AND SEXUAL ORIENTATIONS.

-EXECUTIVE DIRECTOR OF NEAR EAST AND WEST SIDE TASK FORCE (NEWS TF)- THE COMMUNITY OUTREACH SPECIALIST ORGANIZED OUTREACH PROGRAMS WITH KALEIDA HEALTH AND COMMUNITY PARTNER ORGANIZATIONS. PROGRAMS AND OUTREACH WERE HELD IN LOW-INCOME NEIGHBORHOODS IN BUFFALO WHERE UNDERSERVED POPULATIONS RESIDE. AS NYS BEGAN TO LIFT COVID RESTRAINTS IN 2022, COMMUNITY OUTREACH RESUMED INDOORS AND OUTDOORS, AND CONTINUED TO BE HELD VIRTUALLY.

KALEIDA HEALTH WAS PRESENT AT 83 COMMUNITY OUTREACH EVENTS REPRESENTING EITHER KALEIDA HEALTH, GLCC, WNY UROLOGY, OR ECMC.

KALEIDA'S COMMUNITY OUTREACH SPECIALIST ATTENDED 30 EVENTS REPRESENTING KALEIDA HEALTH.

14,075 MEMBERS OF THE COMMUNITY WERE REACHED THROUGH OUTREACH PROGRAMS. THIS DOES NOT INCLUDE GREAT LAKES RADIO, SENIOR MOMENT, OR NAACP SPEAKS RADIO PROGRAMS, WHERE KALEIDA'S COMMUNITY OUTRACH SPECIALIST SERVES AS HOST OR IS OFTEN A GUEST-HOST. THROUGH EMAIL, HUNDREDS OF COMMUNICATIONS ARE SHARED WITH THE COMMUNITY THROUGH KALEIDA HEALTH.

-KALEIDA HEALTH'S COMMUNITY OUTREACH SPECIALIST COORDINATED SPONSORSHIP OUTREACH FOR THE FOLLOWING EVENTS:

-SUSAN J. KOMEN WALK

-MAKING STRIDES AGAINST BREAST CANCER

-NAACP ANNUAL DINNER

Part VI Supplemental Information (Continuation)

-JUNETEENTH FESTIVAL

-BLACK ACHIEVERS

-HISPANIC WOMEN'S LEAGUE

-TAKING IT TO THE STREETS

-HOSPITAL TOURS AND SPEAKING ENGAGEMENTS:

KALEIDA'S COMMUNITY OUTREACH SPECIALIST HAD 8 SPEAKING ENGAGEMENTS, EITHER IN PERSON OR VIRTUAL, WITH KH COLLEAGUES FOR COMMUNITY GROUPS, FAITH BASED ORGANIZATIONS, THE CITY OF BUFFALO, AND CITY OF BUFFALO SCHOOLS. SHE LED FOUR TOURS OF LABS AND BUFFALO GENERAL MEDICAL CENTER.

ADDITIONALLY, KALEIDA HEALTH'S COMMUNITY RELATIONS SPECIALIST ACTIVELY PARTICIPATES IN THE FOLLOWING COMMUNITY ORGANIZATIONS:

-NEAR EAST AND WEST SIDE TASK FORCE - EXECUTIVE DIRECTOR

-CRISIS SERVICES- OUTREACH, MEMBERSHIP

-WNED - COMMUNITY ADVISORY COMMITTEE

-UB MINI MEDICAL SCHOOL - COMMUNITY COMMITTEE MEMBER

-NAACP - BOARD OF DIRECTORS 2ND VP, BUFFALO; CHAIR HEALTH COMMITTEE, BUFFALO AND NEW YORK STATE

-LEADERSHIP BUFFALO -CLASS CHAIR

-HISPANIC WOMEN'S LEAGUE- MEMBERSHIP CHAIR AND SPECIAL PROJECTS

-ALBRIGHT-KNOX ART GALLERY - ADVANCEMENT COMMITTEE

-ST. JOHN BAPTIST CHURCH - CHAIR, HEALTH COMMITTEE AND OUTREACH

-BUFFALO NIAGARA MEDICAL CAMPUS - NEIGHBORHOOD ENGAGEMENT & GOVERNMENT AFFAIRS COUNCIL

-UB MEDICAL SCHOOL CURRICULUM REVISION COMMITTEE - COMMUNITY ADVISORY

-HEALTH SCIENCES CHARTER SCHOOL - BOARD OF DIRECTORS

Part VI Supplemental Information (Continuation)

KALEIDA HEALTH'S COMMUNITY RELATIONS SPECIALIST WAS RECOGNIZED AS A
BUFFALO BUSINESS FIRST WOMEN OF INFLUENCE RECIPIENT AND FEATURED IN
HEALTHY LIVING MAGAZINE'S AUGUST EDITION.

PART III, SECTION A, LINE 2

BAD DEBT EXPENSE

DUE TO THE ADOPTION OF ASU NO. 2014-09 - REVENUE FROM CONTRACTS WITH
CUSTOMERS (TOPIC 606) BAD DEBT EXPENSE IS NO LONGER REPORTED ON THE
AUDITED FINANCIAL STATEMENT. RATHER IT IS TREATED AS A PRICE
CONCESSION. PLEASE SEE THE FOLLOWING 2022 AUDITED FINANCIAL STATEMENT
FOOTNOTE WHICH DESCRIBES THIS.

KALEIDA ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A
PATIENT'S CARE MAY BE CLASSIFIED AS CHARITY CARE IN ACCORDANCE WITH
CERTAIN ESTABLISHED POLICIES OF KALEIDA. ESSENTIALLY, THESE POLICIES
DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS
ANTICIPATED.

TO ENHANCE AND ACCELERATE THE CHARITY CARE QUALIFICATION PROCESS,
KALEIDA UTILIZES A PRESUMPTIVE CHARITY SCORING SYSTEM IN ORDER TO
DETERMINE CHARITY CARE ELIGIBILITY. THE SYSTEM USES DEMOGRAPHIC AND
PUBLIC FINANCIAL INFORMATION TO QUALIFY PATIENT ACCOUNTS FOR CHARITY
CARE. IN ADDITION, KALEIDA MAKES AND RECEIVES PAYMENTS TO AND FROM A
STATEWIDE POOL TO SUPPORT THE DELIVERY OF CHARITY CARE TO PATIENTS
THROUGHOUT NEW YORK. THESE NET PAYMENTS ARE REPORTED AS A COMPONENT OF
PATIENT SERVICE REVENUE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Part VI Supplemental Information (Continuation)

PART III, LINE 8:

THERE ARE NO MEDICARE SHORTFALLS INCLUDED IN THE CALCULATION OF COMMUNITY BENEFIT.

COSTING METHODOLOGY USED TO DETERMINE THE MEDICARE ALLOWABLE COSTS

REPORTED IN THE MEDICARE COST REPORT, AS REFLECTED IN PART III, LINE 6:

KALEIDA HEALTH USED THE FILED, BUT UNAUDITED 2022 CMS MEDICARE COST REPORT TO DETERMINE THE AMOUNTS REPORTED ON THESE LINES.

PART III, LINE 9B:

ONCE PATIENT LIABILITY HAS BEEN DETERMINED FOLLOWING PROCESSING OF APPLICATIONS FOR GOVERNMENT ASSISTANCE, CHARITY CARE, AND/OR INSURANCE CARRIER REMITTANCE, THE PATIENT STATEMENT IS MAILED FOR PAYMENT RECOVERY.

KALEIDA HEALTH HAS A PRE-COLLECTION PROCESS FOR ACCOUNTS WITH A POSITIVE PATIENT BALANCE GREATER THAN \$4.99 AND A FIRST BILL DATE OLDER THAN 60 DAYS, BUT NOT PREVIOUSLY PAID IN FULL BY THE PATIENT (EXCLUDING ACCOUNTS FOR PATIENTS THAT HAVE SUBMITTED A COMPLETED APPLICATION FOR CHARITY CARE, MEDICAID, OR CHILD HEALTH PLUS, AND AN ELIGIBILITY DETERMINATION IS PENDING).

UPON A PATIENT EXPRESSING FINANCIAL CONCERN, THE PATIENT WILL BE OFFERED THE OPPORTUNITY TO APPLY FOR FINANCIAL ASSISTANCE (CHARITY CARE). ONCE THE PATIENT SUBMITS THE COMPLETED APPLICATION, THE ACCOUNT IS PLACED ON HOLD AND ALL COLLECTION ACTIVITIES ARE SUSPENDED UNTIL AN ELIGIBILITY DETERMINATION IS MADE. IF THE PATIENT IS ELIGIBLE FOR CHARITY CARE, THEN THE PATIENT IS NOTIFIED OF THE LEVEL OF CHARITY CARE AWARDED. IF 100% CHARITY CARE IS AWARDED, THEN NO BILL IS SENT TO THE PATIENT. IF LESS THAN 100% CHARITY CARE IS AWARDED, THEN THE PATIENT WILL RECEIVE A BILL

Part VI Supplemental Information (Continuation)

PURSUANT TO THE PRIVATE PAY COLLECTION POLICY.

PART VI, LINE 2:

KALEIDA HEALTH ASSESSES THE NEEDS OF THE COMMUNITY THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT-COMMUNITY SERVICE PLAN (CHNA-CSP) WITH ITS MOST RECENT PLAN COMPLETED IN 2022.

THE 2022-2024 CHNA-CSP IS AVAILABLE TO THE PUBLIC ON THE KALEIDA HEALTH WEBSITE AT [HTTPS://WWW.KALEIDAHEALTH.ORG/COMMUNITY/](https://www.kaleidahealth.org/community/) AND A PRINTED COPY IS AVAILABLE UPON REQUEST AT NO CHARGE. WRITTEN COMMENTS ON THE 2022-2024 CHNA-CSP ARE INVITED FROM THE PUBLIC THROUGH A LINK ENTITLED "COMMENT ON PLAN", LOCATED NEXT TO THE DOCUMENT THROUGH THE ABOVE LINK.

IN ADDITION TO THE 2022-2024 CHNA-CSP (AS REPORTED IN PART V, SECTION B), KALEIDA HEALTH STAFF ENGAGE IN OTHER METHODS TO ASSESS THE NEEDS OF THE COMMUNITY. POVERTY TRENDS, COMMUNITY HEALTH RESEARCH, AND LOCAL COMMUNITY HEALTH NEEDS ARE REVIEWED ON A REGULAR BASIS WHILE PLANNING SERVICES AND PROGRAMS. RESPONSIVE TO COMMUNITY PRIORITIES, PROGRAM DEVELOPMENT AND SERVICES FILL IDENTIFIED GAPS OR SUPPLEMENT EXISTING PROGRAMS.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

KALEIDA HEALTH INFORMS INDIVIDUALS OF FINANCIAL ASSISTANCE MADE AVAILABLE AT THE TIME OF REGISTRATION INTO THE INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT, AND LONG-TERM CARE FACILITY. POSTERS INFORMING THE PATIENT/FAMILY OF ASSISTANCE ARE AVAILABLE THROUGHOUT THE KALEIDA LOCATIONS. BROCHURES AND PAMPHLETS INFORMING THE COMMUNITY ARE WIDELY

Part VI Supplemental Information (Continuation)

DISTRIBUTED IN THE COMMUNITY AT HEALTH FAIRS, CHURCHES, SCHOOLS AND OTHER PUBLIC LOCATIONS. INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AS WELL AS APPLICATION IS ALSO MADE AVAILABLE THROUGH KALEIDA HEALTH'S WEBSITE.

KALEIDA HEALTH OFFERS ASSISTANCE TO INDIVIDUALS IN OUR COMMUNITY FOR ACCESSING AFFORDABLE HEALTH CARE, INCLUDING:

- FACILITATED ENROLLMENT: ASSISTS ELIGIBLE INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT BY OFFERING EDUCATION AND APPLICATION ASSISTANCE FOR MEDICAID, CHILD HEALTH PLUS, ESSENTIAL PLANS, STATE AID PROGRAM FOR CHILDREN WITH SPECIAL NEEDS AND ALL QUALIFIED HEALTH PLANS MADE AVAILABLE THROUGH THE NEW YORK STATE OF HEALTH, HEALTH PLAN MARKETPLACE. A DEDICATED TELEPHONE NUMBER IS AVAILABLE AND INFORMATION IS PUBLISHED IN BROCHURES AT KALEIDA SITES AND AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY.

- FINANCIAL ASSISTANCE PROGRAM: AS DESCRIBED ABOVE, THE KALEIDA FINANCIAL ASSISTANCE PROGRAM IF ELIGIBLE PROVIDES FREE OR REDUCED-PRICES FOR PATIENTS TREATED AT KALEIDA HEALTH HOSPITALS OR LONG-TERM CARE FACILITIES. DISCOUNTS ARE AWARDED BASED UPON INCOME AND ASSET VERIFICATION.

- PRESUMPTIVE ELIGIBILITY: KALEIDA HEALTH HAS SHOWN A WILLINGNESS TO EXTEND FINANCIAL ASSISTANCE TO NEEDY PATIENTS WITH OUTSTANDING BILLS WHO HAVE NOT COMPLETED THE CHARITY APPLICATION PROCESS. THIS IS ACHIEVED THROUGH AN AUTOMATED PARO SCORING PROCESS USING PUBLIC RECORDS, REGIONAL COST OF LIVING, ESTIMATED HOUSEHOLD INCOME THRESHOLDS, COMMUNITY DEMOGRAPHICS TO DERIVE AN ESTIMATED FINANCIAL POSITION FOR EACH PATIENT. THOSE PATIENTS SCREENED THROUGH THIS AUTOMATED PROCESS AND DEEMED ELIGIBLE

Part VI Supplemental Information (Continuation)

ARE ADJUSTED OFF TO CHARITY CARE IN LIEU OF BAD DEBT.

PART VI, LINE 4:

KALEIDA HEALTH SERVES WESTERN NEW YORK'S EIGHT COUNTIES OF ALLEGANY, CATTARAUGUS, CHAUTAUQUA, ERIE, GENESEE, NIAGARA, ORLEANS, AND WYOMING. THE POPULATION FOR THE REGION IS APPROXIMATELY 1.5 MILLION WITH ERIE COUNTY AND NIAGARA COUNTY COMPRISING AN ESTIMATED 1.1 MILLION OF THIS TOTAL. THREE KALEIDA HEALTH HOSPITALS INCLUDING BUFFALO GENERAL MEDICAL CENTER, MILLARD FILLMORE SUBURBAN HOSPITAL, AND OISHEI CHILDREN'S HOSPITAL ARE LOCATED IN ERIE COUNTY, THE HOSPITALS' PRIMARY SERVICE AREA. DEGRAFF MEDICAL PARK IS LOCATED IN NIAGARA COUNTY, ITS PRIMARY SERVICE AREA. DEGRAFF ALSO SERVES A NUMBER OF ERIE COUNTY RESIDENTS GIVEN ITS LOCATION LESS THAN ONE MILE FROM THE ERIE COUNTY BORDER. EACH FACILITY'S PRIMARY SERVICE AREA IS DEFINED AS THE COUNTY WITH THE HIGHEST PERCENTAGE OF ALL WNY COUNTIES FOR INPATIENT DISCHARGES, EMERGENCY DEPARTMENT VISITS, AND OUTPATIENT VISITS AS IDENTIFIED IN THE 2022-2024 CHNA-CSP.

ERIE COUNTY

ERIE COUNTY IS LOCATED IN THE WESTERN PORTION OF NEW YORK STATE BORDERING LAKE ERIE, AND ALSO LIES ON THE INTERNATIONAL BORDER BETWEEN THE UNITED STATES AND CANADA. THE FOLLOWING DEMOGRAPHIC STATISTICS FOR ERIE COUNTY ARE FROM THE US CENSUS, QUICK FACTS, POPULATION ESTIMATES, APRIL 1, 2020 AS INDICATED IN KALEIDA HEALTH'S 2022-2024 CHNA-CSP. THE COUNTY'S TOTAL POPULATION IS 954,236 AND IS COMPRISED OF URBAN, SUBURBAN, AND RURAL CITIES, TOWNS, AND VILLAGES. ERIE COUNTY'S MEDIAN HOUSEHOLD INCOME IS \$59,464. ITS POVERTY RATE IS 13.2%, AND 18.4% OF ITS POPULATION IS 65 YEARS AND OVER. ITS LARGEST CITY AND COUNTY SEAT IS BUFFALO WITH A POPULATION OF 278,349. THE CITY HAS A 28.3% POVERTY RATE THE MEDIAN

Part VI Supplemental Information (Continuation)

HOUSEHOLD INCOME IN BUFFALO IS \$39,677 WHILE THE MEDIAN HOUSEHOLD INCOME IN ERIE COUNTY IS \$59,464 AND IN NEW YORK STATE, \$71,117. BUFFALO HAS THE FOURTH HIGHEST YOUTH POVERTY RATE IN THE COUNTRY. OF THE 58,618 BUFFALO RESIDENTS UNDER 18 YEARS OF AGE, 27,678 OR 47% OF THOSE CHILDREN LIVE BELOW THE FEDERAL POVERTY LEVEL. THE ERIE COUNTY YOUTH POVERTY RATE IS 19.8% AND THE NYS RATE IS 20.8%. ONLY DETROIT, ROCHESTER AND CLEVELAND HAVE WORSE YOUTH POVERTY RATES (BUFFALO BUSINESS FIRST, 1-15-19). BUFFALO ALSO HAS A HIGH MINORITY POPULATION WITH 35.2% OF ITS RESIDENTS BEING BLACK NON-HISPANIC AND 12.2% HISPANIC AS COMPARED TO 14% BLACK NON-HISPANIC AND 5.8% HISPANIC FOR ALL OF ERIE COUNTY. PERSONS UNDER 65 WITHOUT HEALTH INSURANCE COMPRISE 4.1% OF ERIE COUNTY'S POPULATION AND 4.9% OF BUFFALO'S POPULATION. BUFFALO GENERAL MEDICAL CENTER AND OISHEI CHILDREN'S HOSPITAL ARE LOCATED IN THE CITY OF BUFFALO AND SERVE A HIGH PERCENTAGE OF BUFFALO'S POOR AND UNDERSERVED POPULATION. MOST CENSUS TRACTS IN BUFFALO ARE FEDERALLY DESIGNATED AS MEDICALLY UNDERSERVED AREAS. THE TOWN OF AMHERST IS ONE OF THE COUNTY'S LARGEST SUBURBS WITH A POPULATION OF 129,595 AND IS HOME TO MILLARD FILLMORE SUBURBAN HOSPITAL. IN CONTRAST TO BUFFALO, THE TOWN OF AMHERST HAS A POVERTY RATE OF 9.8% AND THE MEDIAN HOUSEHOLD INCOME IN 2020 IS \$76,781. AMHERST'S POPULATION IS 78.6% WHITE NON-HISPANIC. THE TOWN ALSO HAS 8.9% ASIAN POPULATION, COMPARABLE TO THE NYS RATE OF 10.2% WHILE THE ERIE COUNTY RATE IS 3.8%. THE TOWN HAS A SIGNIFICANT SENIOR POPULATION WITH 20.9% OF RESIDENTS 65 YEARS AND OVER, AND MILLARD FILLMORE SUBURBAN HOSPITAL SERVES A HIGH PERCENTAGE OF THE TOWN'S AGING POPULATION.

NIAGARA COUNTY

NIAGARA COUNTY IS LOCATED IN THE WESTERN PORTION OF NEW YORK STATE, JUST NORTH OF BUFFALO (ERIE COUNTY) AND ADJACENT TO LAKE ONTARIO ON ITS

Part VI Supplemental Information (Continuation)

NORTHERN BORDER AND THE NIAGARA RIVER AND CANADA ON ITS WESTERN BORDER.

THE FOLLOWING DEMOGRAPHIC STATISTICS FOR NIAGARA COUNTY ARE FROM THE US

CENSUS, QUICK FACTS, POPULATION ESTIMATES, APRIL 1, 2020 AS INDICATED IN

KALEIDA HEALTH'S 2022-2024 CHNA-CSP. THE COUNTY'S TOTAL POPULATION IS

212,666 AND IS COMPRISED OF URBAN, SUBURBAN, AND RURAL CITIES, TOWNS, AND

VILLAGES. NIAGARA COUNTY'S MEDIAN HOUSEHOLD INCOME IN 2020 IS \$57,252. ITS

POVERTY RATE IS 11.7% AND 19.5% OF ITS POPULATION IS 65 YEARS AND OVER.

ITS CITIES INCLUDE NIAGARA FALLS, POPULATION 48,671; NORTH TONAWANDA,

POPULATION 30,496; AND ITS COUNTY SEAT OF LOCKPORT, POPULATION 20,876.

THESE CITIES INCLUDE A HIGH PROPORTION OF THE COUNTY'S LOW INCOME AND

UNDERSERVED POPULATION. 20% OF NIAGARA FALLS RESIDENTS ARE BLACK/AFRICAN

AMERICAN AND THE CITY HAS A 23.5% POVERTY RATE. ADDITIONALLY, NIAGARA

FALLS IS FEDERALLY DESIGNATED AS AN AREA WITH A MEDICALLY UNDERSERVED

POPULATION. THE POVERTY RATE FOR NORTH TONAWANDA IS 10.2%, AND 14.2% FOR

LOCKPORT. THE PERCENTAGE OF RESIDENTS UNDER 65 YEARS WITHOUT HEALTH

INSURANCE RANGES FROM 4.3% IN NIAGARA FALLS AND 2.8% IN NORTH TONAWANDA

AND 5.9% IN LOCKPORT. NIAGARA COUNTY IS ALSO HOME TO THE TUSCARORA

RESERVATION WITH A POPULATION OF 1,167, A POVERTY RATE OF 39.9% AND A

MEDIAN INCOME OF \$14,323, MUCH LOWER THAN THAT OF NIAGARA COUNTY. NORTH

TONAWANDA IS HOME TO DEGRAFF MEDICAL PARK, AND, A COMMUNITY HOSPITAL A

WITH A RECENTLY EXPANDED, NEW STATE-OF-THE ART EMERGENCY ROOM TO BETTER

SERVE THE GROWING EMERGENCY CARE NEEDS OF THE COMMUNITY.

DURING 2022, THERE WERE 53,569 INPATIENT DISCHARGES, OF WHICH 27% WERE

MEDICAID AND MEDICAID MANAGED CARE, 41% MEDICARE AND MEDICARE MANAGED

CARE, 1% WERE UNINSURED, AND 31% WERE OTHER.

IN ADDITION TO KALEIDA HEALTH'S 3 HOSPITALS IN ERIE COUNTY AND 1 HOSPITAL

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

IN NIAGARA COUNTY, THERE ARE 9 OTHER HOSPITALS IN ERIE COUNTY AND 3 OTHER HOSPITALS IN NIAGARA COUNTY SERVING WESTERN NEW YORK PER THE NEW YORK STATE DEPARTMENT OF HEALTH WEBSITE.

MORE INFORMATION IS AVAILABLE IN THE KALEIDA HEALTH 2022-2024 COMMUNITY HEALTH NEEDS ASSESSMENT-COMMUNITY SERVICE PLAN (CHNA-CSP). THE DOCUMENT WAS COMPLETED IN FALL 2021, AND CAN BE FOUND ON THE KALEIDA HEALTH WEBSITE AT [HTTPS://WWW.KALEIDAHEALTH.ORG/COMMUNITY/](https://www.kaleidahealth.org/community/). PRINTED COPIES AVAILABLE UPON REQUEST AT NO CHARGE AT KALEIDA HEALTH HOSPITALS. WRITTEN COMMENTS ON THE 2022-2024 CHNA-CSP ARE INVITED AND A "COMMENT LINK" IS PROVIDED NEXT TO THE PLAN FOUND ON THE KALEIDA HEALTH WEBSITE.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NY

PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

KALEIDA HEALTH'S MISSION IS TO "ADVANCE THE HEALTH OF ITS COMMUNITY" AND ITS VISION IS TO "PROVIDE COMPASSIONATE, HIGH-VALUE, QUALITY CARE, IMPROVING HEALTH IN WESTERN NEW YORK AND BEYOND, EDUCATING FUTURE HEALTH CARE LEADERS AND DISCOVERING INNOVATIVE WAYS TO ADVANCE MEDICINE."

KALEIDA HEALTH BOARD OF DIRECTORS

KALEIDA HEALTH MAINTAINS CONTROL OVER THE CORPORATION THROUGH ITS SELF-PERPETUATING, 15 MEMBER GOVERNING BOARD OF DIRECTORS. A MAJORITY OF

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

THE BOARD OF DIRECTORS RESIDES IN KALEIDA HEALTH'S PRIMARY SERVICE AREA OF ERIE AND NIAGARA COUNTIES AND IS NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF KALEIDA HEALTH, NOR FAMILY MEMBERS THEREOF. THE BOARD OF DIRECTORS IS COMPRISED OF COMMUNITY LEADERS FROM THE BUSINESS, INDUSTRY, AND HEALTHCARE SECTORS, INCLUDING PHYSICIANS WHO ARE ON THE MEDICAL STAFF. EACH DIRECTOR SIGNS A CONFLICT OF INTEREST STATEMENT AND SERVES A THREE-YEAR TERM. ROBERT NESSELBUSH (JAN 1-JULY 12, 2022) AND DONALD BOYD (JULY 13-DEC 31, 2022), SERVED AS PRESIDENT AND CEO OF KALEIDA HEALTH, AND SERVED AS AN EX-OFFICIO DIRECTOR WITH VOTING RIGHTS.

USE OF SURPLUS FUNDS

SURPLUS FUNDS ARE USED TO FURTHER THE MISSION AND OPERATIONS OF KALEIDA HEALTH, SUCH AS REINVESTING IN COMMUNITY BENEFIT PROGRAMS, AND MAKING IMPROVEMENTS IN FACILITIES, PATIENT CARE, MEDICAL, NURSING AND ALLIED HEALTH TRAINING, EDUCATION AND RESEARCH IN SUPPORT OF THE HEALTH NEEDS OF THE COMMUNITY. IN ADDITION TO THE COMMUNITY SERVICE PROGRAMS ADDRESSED IN THE SECTION VI, PART II COMMUNITY BUILDING SECTION, KALEIDA HEALTH PROVIDES A NUMBER OF ADDITIONAL PROGRAMS AND COLLABORATIONS.

KALEIDA HEALTH IS COMMITTED TO EDUCATION AND RESEARCH AS IT SERVES AS A MAJOR CLINICAL TEACHING AFFILIATE OF THE UNIVERSITY AT BUFFALO, JACOBS SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES. THROUGH AFFILIATIONS WITH A NUMBER OF EDUCATIONAL INSTITUTIONS , KALEIDA HEALTH ALSO PROVIDES A CLINICAL EXPERIENCE FOR HEALTH CARE PROFESSIONALS IN TRAINING IN THE FIELDS OF PHARMACY, NURSING, PHYSICIAN ASSISTANTS, SOCIAL WORK, AND

Part VI Supplemental Information (Continuation)

REHABILITATION SERVICES.

AS CONFERRED BY THE BOARD OF DIRECTORS, MEDICAL STAFF MEMBERSHIP IS OFFERED TO PROFESSIONALLY COMPETENT PHYSICIANS, DENTISTS, PODIATRISTS AND OTHER SPECIFIED INDIVIDUALS, WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS OUTLINED IN THE BYLAWS, RULES AND REGULATIONS, POLICIES OF THE MEDICAL STAFF AND KALEIDA HEALTH, CONSISTENT WITH THE NEEDS OF KALEIDA HEALTH'S PATIENTS. STAFF MEMBERSHIP OR PARTICULAR CLINICAL PRIVILEGES SHALL NOT BE DENIED ON THE BASIS OF AGE, SEX, SEXUAL ORIENTATION, RACE, COLOR, CREED, NATIONAL ORIGIN, A DISABILITY UNRELATED TO THE ABILITY TO FULFILL PATIENT CARE AND MEDICAL STAFF RESPONSIBILITIES OR ANY OTHER CRITERION UNRELATED TO THE EFFICIENT DELIVERY OF QUALITY PATIENT CARE, TO PROFESSIONAL QUALIFICATIONS OR TO THE NEEDS OF THE COMMUNITY, OR TO THE PURPOSES, NEEDS, AND CAPABILITIES OF KALEIDA HEALTH. EVERY MEMBER OF THE MEDICAL STAFF ASSISTS THE HOSPITALS IN FULFILLING KALEIDA HEALTH'S MISSION AND RESPONSIBILITY TO PROVIDE EMERGENCY AND UNCOMPENSATED CARE FOR THOSE IN NEED.

KALEIDA HEALTH IS COMMITTED TO PROVIDING HEALTH CARE FOR THE UNINSURED AND UNDERINSURED, OFFERS PROGRAMS AND SERVICES IN COMMUNITY-BASED SETTINGS AND IN ITS CAMPUSES AND FACILITIES, AND WORKS WITH PARTNERING ORGANIZATIONS TO FURTHER MEET THE COMMUNITY'S HEALTH AND SOCIAL NEEDS. PROGRAMS AND EVENTS TARGET ALL AGES AND BACKGROUNDS, INCLUDING THE MEDICALLY UNDERSERVED; AND FOCUS ON THE REDUCTION OF HEALTH DISPARITIES, IMPROVED ACCESS TO CARE, EFFECTIVE USE OF HEALTH SERVICES, AND THE PROMOTION OF OVERALL COMMUNITY HEALTH AND WELLNESS.

Part VI Supplemental Information (Continuation)

IN 2019, THE MED-LAW PARTNERSHIP OF WESTERN NEW YORK OPENED AT BUFFALO GENERAL MEDICAL CENTER/GATES VASCULAR INSTITUTE OFFERING PATIENTS' LEGAL EXPERTISE AND SERVICES AT NO CHARGE TO ADDRESS PATIENTS' HEALTH-RELATED SOCIAL NEEDS.

IN 2022, KALEIDA HEALTH CONTINUED ITS PARTNERSHIPS WITH CHARTER SCHOOLS LOCATED IN UNDERSERVED COMMUNITIES IN THE CITY OF BUFFALO. IN 2021, KALEIDA HEALTH BECAME A MEMBER OF THE HEALTH SCIENCES CHARTER SCHOOL AND A KALEIDA HEALTH STAFF MEMBER BEGAN SERVING ON THE SCHOOL'S BOARD OF DIRECTORS. IN 2022, KALEIDA CONTINUED TO SUPPORT AND SERVE ON THE BOARD OF DIRECTORS AT HEALTH SCIENCES CHARTER SCHOOL. IN 2022, KALEIDA HEALTH'S PLANNED ACTIVITIES RESUMED FOLLOWING EASING PANDEMIC RESTRICTIONS AND INCLUDED VENDOR TABLES WITH FAMILY PLANNING INFORMATION, SPEAKERS, AND HOSPITAL TOURS WITH KALEIDA HEALTH'S COMMUNITY OUTREACH SPECIALIST.

A NYS MEDICAID HEALTH HOME SERVING CHILDREN WAS ESTABLISHED IN 2016 THROUGH OISHEI CHILDREN'S HOSPITAL TO PROVIDE CARE MANAGEMENT TO WNY CHILDREN WITH MEDICAID WHO HAVE COMPLEX PHYSICAL AND/OR BEHAVIORAL HEALTH CONDITIONS. THE HOSPITAL ALSO OPERATES SEVEN SCHOOL BASED HEALTH CENTERS IN BUFFALO PUBLIC SCHOOLS, A SCHOOL DISTRICT WITH 82% OF STUDENTS ECONOMICALLY DISADVANTAGED (2019-2020 DATA.NYSED.GOV).

OISHEI CHILDREN'S HOSPITAL IS KNOWN FOR ITS COMMUNITY COLLABORATIONS TO ADDRESS PUBLIC HEALTH CONCERNS AND ASSURE ACCESS TO CARE FOR WOMEN AND CHILDREN, MANY OF WHOM ARE MEDICALLY UNDERSERVED. IN ADDITION TO ITS WIDE RANGE OF SPECIALIZED PEDIATRIC AND MATERNAL SERVICES, THE HOSPITAL SERVES THE REGION AS A NEW YORK STATE REGIONAL PERINATAL CENTER, NYS

Part VI Supplemental Information (Continuation)

DESIGNATED EBOLA PREPARED CENTER, AND THE PEDIATRIC & ADOLESCENT AIDS DESIGNATED CETNER OF WNY. IT HAS A LEVEL IV NEONATAL INTENSIVE CARE UNIT, LEVEL I PEDIATRIC TRAUMA UNIT, AND PEDIATRIC INTENSIVE CARE UNIT AND IS HOME TO THE ROBERT WARNER CENTER FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS, CHILDREN'S GUILD FOUNDATION AUTISM SPECTRUM DISORDER CENTER, REGIONAL LEVEL IV EPILEPSY MONITORING CENTER OF WNY, SAFE BABIES NEW YORK PROGRAM, LEAD POISONING PREVENTION RESOURCE CENTER OF WESTERN NEW YORK, SICKLE CELL & HEMOGLOBINOPATHY CENTER OF WESTERN NEW YORK, ROSWELL PARK AND OISHEI CHILDREN'S CANDER AND BLOOD DISORDER CENTER AND CYSTIC FIBROSIS CENTER OF WNY, AMONG OTHERS.

INCREASING BREASTFEEDING RATES IS A PUBLIC HEALTH PRIORITY OF THE NEW YORK STATE PREVENTION AGENDA. AS DELIVERY HOSPITALS, BOTH OISHEI CHILDREN'S HOSPITAL AND MILLARD FILLMORE SUBURBAN HOSPITAL ARE ENGAGED IN SEVERAL EDUCATIONAL AND CLINICAL INITIATIVES TO IMPROVE EXCLUSIVE BREASTFEEDING RATES THROUGH NEW YORK STATE DEPARTMENT OF HEALTH GUIDELINES. IN 2019, ADDITIONALLY, KALEIDA HEALTH'S OB-GYN CENTERS HAVE ALL ACHIEVED NEW YORK STATE BABY-FRIENDLY PRACTICE DESIGNATION. IN 2018, OISHEI CHILDREN'S OPENED A BABY CAFE TO PROVIDE FREE BREASTFEEDING SUPPORT AND GUIDANCE TO PREGNANT AND BREASTFEEDING MOMS. EVIDENCE BASED PATIENT EDUCATION MATERIALS IN ENGLISH AND SPANISH WERE PROVIDED FOR LABOR AND DELIVERY PATIENTS AT OCH AND MFSM AND FOR OB PATIENTS AT OCH'S OB-GYN CENTERS. CLINICAL EDUCATORS PROVIDED BREAST FEEDING EDUCATION TO STAFF AND OFFER AN ONLINE PROVIDER EDUCATION MODEL ON BREASTFEEDING PRACTICES TO PROVIDERS. BY THE END OF 2022, A LACTATION CONSULTANT INCREASED THE NUMBER OF NICU PARENTS WHO STARTED BREAST PUMPING WITHIN 2 HOURS AFTER DELIVERY OF INFANT. BY THE END OF 2024 THERE WILL BE A BREAST FEEDING "LOUNGE" WHERE THE BREAST FEEDING

Part VI Supplemental Information (Continuation)

CLIENT CAN RECEIVE ADDITIONAL SUPPORT AND EDUCATION FROM THE LACTATION NURSE AS WELL AS OTHER BREAST FEEDING PARENTS. OCH SUPPORTED BREASTFEEDING PATIENTS BY PERFORMING FOLLOW UP PHONE CALLS AFTER DISCHARGE AND OFFERING LACTATION ASSISTANCE.

CARDIOVASCULAR DISEASE IS THE NUMBER ONE CAUSE OF DEATH IN BOTH ERIE AND NIAGARA COUNTIES AND KALEIDA HEALTH SUPPORTS SEVERAL CARDIOVASCULAR INITIATIVES. CARDIAC AND STROKE CARE IS A MAJOR SERVICE LINE FOR KALEIDA HEALTH AND THE GATES VASCULAR INSTITUTE OF BUFFALO GENERAL MEDICAL CENTER SERVES AS A REGIONAL SPECIALTY CARE AND RESEARCH FACILITY FOCUSING ON THE HEART, NEUROLOGICAL, AND RELATED VASCULAR SYSTEM. IN 2022, 6 LIVE SEMINARS OCCURRED WITH 9,348 INDIVIDUALS PARTICIPATING IN HEALTHY U PROGRAMS VIA FACEBOOK.

ADDITIONALLY, 39 MEDICAL MINUTE VIDEOS ON HEALTH TOPICS AIRED ON WIVB-TV AND KALEIDA SOCIAL MEDIA REACHING 37,415 AND THE MEDICALLY SPEAKING INTERVIEW SERIES AIRED 12 VIDEOS AND REACHED 18,173 VIA FACEBOOK AND THE KALEIDA WEBSITE. A TARGETED CARDIOVASCULAR EDUCATION AND SCREENING PROGRAM IS PROVIDED TO MEDICALLY UNDERSERVED FEMALES AT THE OB-GYN CENTERS OF OISHEI CHILDREN'S HOSPITAL, WHERE A MAJORITY OF PATIENT VISITS ARE REIMBURSED THROUGH MEDICAID.

COLLABORATION AND ACCESS TO CARE ACROSS ALL OF WESTERN NEW YORK IS A PRIORITY FOR KALEIDA HEALTH. TO ADDRESS THE NEED FOR CARDIAC CATHETERIZATION SERVICES IN NIAGARA COUNTY, KALEIDA HEALTH COLLABORATED WITH NIAGARA FALLS MEMORIAL MEDICAL CENTER (NFMCC), CATHOLIC HEALTH SYSTEM, AND ERIE COUNTY MEDICAL CENTER TO MAKE THIS LIFESAVING CARE READILY ACCESSIBLE TO RESIDENTS THROUGHOUT THE NIAGARA REGION. A NEW

Part VI Supplemental Information (Continuation)

CARDIAC CATHETERIZATION LABORATORY OPENED IN 2017 AT THE HEART CENTER
OF NIAGARA ON THE NFMMC'S DOWNTOWN NIAGARA FALLS CAMPUS.

PART VI, LINE 5 - CONTINUED

MILLARD FILLMORE SUBURBAN HOSPITAL SERVES THE WESTERN NEW YORK
COMMUNITY WITH A COMPREHENSIVE CANCER REHAB PROGRAM. THE HOSPITAL
FURTHER PROVIDES CHRONIC DISEASE EDUCATION AND SCREENING PROGRAMS AND
PARTICIPATES IN COMMUNITY EVENTS INCLUDING NATIONAL PRESCRIPTION DRUG
TAKE-BACK DAYS.

KALEIDA HEALTH'S DEGRAFF MEDICAL PARK PARTICIPATES IN SEVERAL COMMUNITY
EVENTS TO PROVIDE CHRONIC DISEASE EDUCATION AND SCREENING PROGRAMS, AND
SERVES AS A SITE FOR NATIONAL PRESCRIPTION DRUG TAKE-BACK DAYS. DEGRAFF
MEDICAL PARK PROVIDES CANCER REHABILITATION AND RECOVERY SERVICES,
CARDIAC REHABILITATION SERVICES, OCCUPATIONAL, PHYSICAL, AND SPEECH
THERAPY.

KALEIDA HEALTH HOSPITALS ARE RESPONDING TO THE COMMUNITY'S OPIATE
PROBLEM THROUGH THE NEW YORK MATTERS BUPRENORPHINE TREATMENT PROGRAM IN
THE EMERGENCY DEPARTMENTS WITH IMMEDIATE BUPRENORPHINE TREATMENT AND
PATIENT REFERRAL TO COMMUNITY TREATMENT AGENCIES. ADDITIONALLY,
MEDICATION AND SYRINGE DROP BOXES ARE ON-SITE AT EACH HOSPITAL.

KALEIDA HEALTH'S HUMAN RESOURCES DEPARTMENT PARTNERS WITH THE BUFFALO
AND ERIE COUNTY WORKFORCE DEVELOPMENT COUNCIL AND THE BUFFALO EDUCATION
AND TRAINING CENTER ON DIFFERENT WORKFORCE DEVELOPMENT INITIATIVES AND
EVENTS, INCLUDING THOSE TARGETING THE UNDERSERVED. ADDITIONALLY,
KALEIDA HEALTH NURSE RECRUITERS PARTNER WITH LOCAL SCHOOLS AND COLLEGES

Part VI Supplemental Information (Continuation)

TO ADVANCE RECRUITMENT EFFORTS.

INFORMATION REGARDING THE AVAILABILITY OF COMMUNITY HEALTH PROGRAMS, ASSISTANCE WITH HEALTH INSURANCE ENROLLMENT AND FINANCIAL ASSISTANCE PROGRAMS IS PROMOTED TO THE PUBLIC THROUGH MULTIPLE COMMUNITY OUTREACH ACTIVITIES AND EVENTS, ON THE KALEIDA HEALTH WEBSITE WWW.KALEIDAHEALTH.ORG, ON FACEBOOK AND TWITTER; AND AS INCLUDED IN THE 2022-2024 CHNA-CSP. THE CHNA-CSP IS AVAILABLE ON THE KALEIDA HEALTH WEBSITE AT [HTTPS://WWW.KALEIDAHEALTH.ORG/COMMUNITY](https://WWW.KALEIDAHEALTH.ORG/COMMUNITY) OR IN PRINT FORMAT UPON REQUEST. WRITTEN COMMENTS ON THE 2022-2024 CHNA-CSP ARE INVITED AND A COMMENT LINK IS PROVIDED NEXT TO THE PLAN FOUND ON THE KALEIDA HEALTH WEBSITE.

PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM

KALEIDA HEALTH IS PART OF AN AFFILIATED HEALTH CARE SYSTEM WHOSE MEMBERS INCLUDE: THE UPPER ALLEGHENY HEALTH SYSTEM, KALEIDA HEALTH FOUNDATION, VISITING NURSING ASSOCIATION OF WNY, INC., VNA HOMECARE SERVICE, INC., AND OISHEI CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION.

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 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

KALEIDA HEALTH

Employer identification number
16-1533232

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY ORTHOPEDIC SERVICE 5500 MAIN STREET BUFFALO, NY 14221	16-1406947	N/A	0.	100,000.	FMV		SPONSORSHIP
WNY CLINICAL INFO EXCHANGE 2475 GEORGE URBAN BLVD BUFFALO, NY 14043	36-4594483	N/A	0.	90,000.	FMV		CONTRIBUTION
WNY HEALTHENET 2475 GEORGE URBAN BLVD DEPEW, NY 14043	04-3726634	N/A	0.	36,000.	FMV		SPONSORSHIP
AMHERST CHAMBER OF COMMERCE 400 ESSJAY RD WILLIAMSVILLE, NY 14221	16-0959485	N/A	0.	12,000.	FMV		SPONSORSHIP
UB FOUNDATION 3435 MAIN ST 704 KIMBALL TOWE BUFFALO, NY 14231-0590	16-1372561	501(C)(3)	0.	35,500.	FMV		CONTRIBUTION
NIAGARA UNIVERSITY PO BOX 2002 NIAGARA, NY 14109	16-0755807	501(C)(3)	0.	6,495.	FMV		CONTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**
- 3** Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) 2022

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

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:

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS:

KALEIDA HEALTH MAKES CONTRIBUTIONS TO ORGANIZATIONS IN WESTERN NEW YORK THAT
ALSO HAVE HEALTH CARE RELATED ACTIVITIES. ALL CONTRIBUTIONS MUST BE
APPROVED BY THE GOVERNING BODY BEFORE MONEY IS DISTRIBUTED.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

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 type="checkbox"/> First-class or charter travel | <input 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 type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" 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 checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

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

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT NESSELBUSH CHIEF EXECUTIVE OFFICER (UNTIL 9/22)	(i)	933,192.	927,083.	1,833,858.	11,045.	496.	3,705,674.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONALD BOYD PRESIDENT AND CEO (AS OF 7/22)	(i)	1,002,946.	280,000.	793,031.	-47,000.	17,961.	2,046,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JODY LOME0 FMR PRES/CEO	(i)	0.	0.	1,258,511.	-11,600.	315.	1,247,226.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER MALLAVARAPU, MD EMPLOYED PHYSICIAN	(i)	830,413.	0.	4,475.	14,227.	17,454.	866,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALYSON SPAULDING GENERAL COUNSEL	(i)	486,300.	148,200.	204,165.	-5,315.	17,295.	850,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KAVEH VALI, MD EMPLOYED PHYSICIAN	(i)	755,755.	25,000.	615.	-16,680.	1,059.	765,749.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHERYL KLASS EVP, CHIEF NURSE EXECUTIVE	(i)	526,897.	192,500.	29,751.	-5,161.	4,709.	748,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARROLL HARMON, MD EMPLOYED PHYSICIAN	(i)	681,475.	25,000.	8,318.	6,389.	1,114.	722,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VICTOR FILADORA II PRESIDENT GREAT LAKES CANCER CARE	(i)	522,732.	130,683.	25,461.	5,658.	1,005.	685,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MATTHEW DRAKE EVP, CHIEF FIN OFFICER (AS OF 4/22)	(i)	489,991.	148,750.	23,867.	5,420.	7,719.	675,747.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL MINEO, MD EVP, CHIEF MED OFFICER (AS OF 7/22)	(i)	518,202.	93,000.	29,414.	4,540.	17,333.	662,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHAEL HUGHES CHIEF ADMINISTRATIVE OFFICER	(i)	413,812.	103,750.	141,931.	-27,549.	863.	632,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JUDY BAUMGARTNER PRESIDENT MFS AND DEGRAFF	(i)	456,923.	110,000.	27,468.	5,638.	315.	600,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ALLEGRA JAROS PRESIDENT WCHOB	(i)	481,877.	117,500.	26,360.	-43,768.	17,284.	599,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DAVID HUGHES, MD EVP, CMO (UNTIL 5/22)	(i)	260,316.	224,588.	30,773.	5,800.	632.	522,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) THOMAS HULL SVP, CHIEF INFO OFFICER (AS OF 1/22)	(i)	375,516.	103,125.	29,477.	5,304.	8,277.	521,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) LUCY CAMPBELL, MD EMPLOYED PHYSICIAN	(i)	495,883.	0.	4,343.	-27,621.	17,085.	489,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) STEPHEN HARDY VP FINANCE	(i)	301,842.	61,200.	3,867.	7,013.	17,351.	391,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) CHRISTOPHER LANE PRESIDENT BGMC AND GVI (UNTIL 3/22)	(i)	130,747.	143,000.	21,273.	-36,442.	503.	259,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) BETH HUGHES PRESIDENT BGMC AND GVI (AS OF 10/22)	(i)	208,266.	35,000.	1,106.	2,669.	1,675.	248,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) IAN BARRET (AS OF 10/22) EVP, CHIEF HUMAN RES OFF	(i)	77,543.	125,000.	720.	692.	933.	204,888.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) GEORGE E. MATTHEWS, MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	181,839.	0.	0.	0.	0.	181,839.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

HEALTH OR SOCIAL CLUB DUES

AS PART OF THEIR COMPENSATION PACKAGE, OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION ARE ENTITLED TO CHOOSE AS AN EXECUTIVE PERK THE BENEFIT OF BUSINESS RELATED SOCIAL DUES OR INITIATION FEES.

PART I, LINE 4A:

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III).

- JODY LOME0 - \$1,258,511

- ROBERT NESSELBUSH - \$498,519

PART I, LINE 7:

CERTAIN INDIVIDUALS QUALIFIED TO RECEIVE BONUS/INCENTIVE COMPENSATION PAYMENTS BASED ON CERTAIN PERFORMANCE METRICS BEING MET. THESE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN(B)(II).

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
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Name of the organization KALEIDA HEALTH	Employer identification number 16-1533232
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Part I	Bond Issues										
(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 DORMITORY AUTHORITY - STATE OF NEW YORK	14-6000293	000000000	09/30/16	7,650,258.	LEASE OF EQUIPMENT		X		X		X
B DORMITORY AUTHORITY - STATE OF NEW YORK	14-6000293	000000000	09/30/16	7,349,742.	LEASE OF EQUIPMENT		X		X		X
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired	6,664,997.		6,403,183.						
2 Amount of bonds legally defeased									
3 Total proceeds of issue	7,650,424.		7,350,549.						
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds	197,725.		525,560.						
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	104,266.								
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	7,348,433.		6,748,676.						
11 Other spent proceeds			76,312.						
12 Other unspent proceeds									
13 Year of substantial completion	2017		2017						
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X					
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X					
16 Has the final allocation of proceeds been made?	X		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

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

Schedule K (Form 990) 2022

Part III Private Business Use

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

Part IV Arbitrage

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

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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				
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					
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

SCHEDULE K, PART II, LINE 3

THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS AND MARKET VALUE FLUCTUATIONS.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C

(A) ISSUER NAME: DORMITORY AUTHORITY - STATE OF NEW YORK. DATE OF REBATE COMPUTATION PERFORMED: 09/30/2020.

(B) ISSUER NAME: DORMITORY AUTHORITY - STATE OF NEW YORK. DATE OF REBATE COMPUTATION PERFORMED: 05/31/2021.

NOTE REGARDING THE REBATE COMPUTATIONS ON 9/30/20 & 5/31/21: SINCE THE BOND PROCEEDS HAVE BEEN SPENT AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASES, NO FURTHER REBATE CALCULATIONS ARE NECESSARY.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2022

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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 for instructions and the latest information.

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (MEDICAL EQUIPME)	X	2	1,702,626.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

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 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2022

Supplemental Information.

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 O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KALEIDA HEALTH PROVIDES HEALTHCARE SERVICES FOR THE EIGHT COUNTIES OF
WNY AT FOUR ACUTE CARE, TWO LT CARE, AND OTHER OUTPATIENT AND PRIMARY
CARE SITES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

KALEIDA HEALTH IS A VOLUNTARY, NOT-FOR-PROFIT; NEW YORK STATE
DEPARTMENT OF HEALTH ARTICLE 28 LICENSED HOSPITAL-BASED HEALTHCARE
DELIVERY SYSTEM SERVICING THE COMMUNITIES OF WESTERN NEW YORK STATE AT
VARIOUS LEVELS AND WITH FACILITIES IN MULTIPLE LOCATIONS THROUGHOUT THE
REGION. KALEIDA HEALTH INCLUDES THE BUFFALO GENERAL MEDICAL CENTER
(BUFFALO GENERAL), MILLARD FILLMORE SUBURBAN HOSPITAL (MILLARD
SUBURBAN), JOHN R. OISHEI CHILDREN'S HOSPITAL (OISHEI CHILDREN'S
HOSPITAL, FORMERLY THE WOMEN & CHILDREN'S HOSPITAL OF BUFFALO), AND
DEGRAFF MEMORIAL HOSPITAL (DEGRAFF). IN ADDITION TO THE FOUR KALEIDA
HEALTH (KALEIDA) HOSPITALS, KALEIDA OPERATES TWO SKILLED NURSING
FACILITIES, AND NUMEROUS OUTPATIENT CLINICS. THE ABOVE FACILITIES
OPERATE UNDER ONE TAX IDENTIFICATION NUMBER.

OUR FAMILY OF HEALTH CARE ORGANIZATIONS IS BLENDED TOGETHER INTO ONE
FRAMEWORK FOR LEADERSHIP, GOVERNANCE, SHARED SERVICES, FINANCIAL
INFRASTRUCTURE AND INFORMATION TECHNOLOGY PLATFORMS. COLLECTIVELY,
KALEIDA HEALTH'S MARKET SHARE IS 32.9% IN WESTERN NEW YORK, 41.39% IN
ERIE COUNTY AND 34.37% IN NIAGARA COUNTY. ANNUALLY \$1.2 MILLION
COMBINED INPATIENT, EMERGENCY DEPARTMENT AND OUTPATIENT VISITS OCCUR AT
THE HEALTH CARE FACILITIES IN THE KALEIDA HEALTH SYSTEM, WHICH EMPLOYS

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

Schedule O (Form 990) 2022

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

APPROXIMATELY 8,500 STAFF AND HAVE APPROXIMATELY 2,300 MEDICAL STAFF MEMBERS. DURING 2022, THERE WERE 53,569 INPATIENT DISCHARGES, OF WHICH 27% WERE MEDICAID AND MEDICAID MANAGED, 41% MEDICARE AND MEDICARE MANAGED CARE, 1% WERE UNINSURED, AND 36% WERE OTHER.

KALEIDA HEALTH'S MISSION IS TO ADVANCE THE HEALTH OF OUR COMMUNITY. OUR VISION IS TO PROVIDE COMPASSIONATE, HIGH-VALUE, QUALITY CARE, IMPROVING HEALTH IN WESTERN NEW YORK AND BEYOND, EDUCATING FUTURE HEALTH CARE LEADERS AND DISCOVERING INNOVATIVE WAYS TO ADVANCE MEDICINE. OUR VALUES CLEARLY STATE WHO WE ARE AND HOW WE PERFORM OUR WORK:

CENTERED: REMAIN CENTERED AROUND THE PATIENT AND FAMILY.

ACCOUNTABLE: BE ACCOUNTABLE TO PATIENTS AND EACH OTHER.

RESPECT: SHOW RESPECT AND INTEGRITY.

EXCELLENCE: PROVIDE EXCELLENCE IN ALL WE DO.

KALEIDA HEALTH'S PROGRAMS AND AFFILIATES ARE LICENSED BY THE STATE OF NEW YORK DEPARTMENT OF HEALTH AND ACCREDITED BY DNV. KALEIDA IS CERTIFIED BY THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR PARTICIPATION IN MEDICARE AND MEDICAID. THE ACCREDITATION COUNSEL FOR GRADUATE MEDICAL EDUCATION APPROVES ALL RESIDENCY PROGRAMS FOR PHYSICIANS, AND THE AMERICAN DENTAL ASSOCIATION APPROVES ITS DENTAL AND ORAL SURGERY PROGRAMS. KALEIDA IS ALSO A MEMBER OF THE COUNCIL OF TEACHING HOSPITALS, THE AMERICAN DENTAL ASSOCIATION, THE AMERICAN MEDICAL ASSOCIATION AND THE GREATER NEW YORK HOSPITAL ASSOCIATION.

OPERATION OF EMERGENCY ROOMS:

KALEIDA HEALTH OPERATES FOUR EMERGENCY ROOMS, ONE IN EACH OF THE ACUTE

Name of the organization	Employer identification number
KALEIDA HEALTH	16-1533232

CARE HOSPITALS, GENERATING A TOTAL OF 162,635 PATIENT VISITS DURING 2022. THE EMERGENCY DEPARTMENTS, WHICH OPERATE 24 HOURS A DAY, SEVEN DAYS EACH WEEK, ARE OPEN TO ANYONE, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES.

BOARD OF DIRECTORS AND COMMUNITY GUIDANCE:

KALEIDA HEALTH MAINTAINS COMMUNITY CONTROL OVER THE CORPORATION THROUGH ITS BOARD OF DIRECTORS, COMPRISED OF COMMUNITY AND FAITH LEADERS, AND LEADERS IN BUSINESS AND INDUSTRY, HEALTHCARE AND PHYSICIANS REPRESENTING THE MEDICAL STAFF OF KALEIDA HEALTH. THE MAJORITY OF THE DIRECTORS RESIDE IN WESTERN NEW YORK AND EACH DIRECTOR SERVES A THREE-YEAR TERM.

OPEN MEDICAL STAFF:

AS CONFERRED BY THE BOARD OF DIRECTORS, MEDICAL STAFF MEMBERSHIP IS OFFERED TO PROFESSIONALLY COMPETENT PHYSICIANS, DENTISTS, PODIATRISTS AND OTHER SPECIFIED INDIVIDUALS, WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS OUTLINED IN THE BYLAWS, RULES AND REGULATIONS, POLICIES OF THE MEDICAL STAFF AND KALEIDA HEALTH, CONSISTENT WITH THE NEEDS OF KALEIDA HEALTH'S PATIENTS. STAFF MEMBERSHIP OR PARTICULAR CLINICAL PRIVILEGES SHALL NOT BE DENIED ON THE BASIS OF AGE, SEX, SEXUAL ORIENTATON, RACE, COLOR, CREED, NATIONAL ORIGIN, A DISABILITY UNRELATED TO THE ABILITY TO FULFILL PATIENT CARE AND MEDICAL STAFF RESPONSIBILITIES OR ANY OTHER CRITERION UNRELATED TO THE EFFICIENT DELIVERY OF QUALITY PATIENT CARE, TO PROFESSIONAL QUALIFICATIONS OR TO THE NEEDS OF THE COMMUNITY, OR TO THE PURPOSES, NEEDS AND CAPABILITIES OF KALEIDA HEALTH. EVERY MEMBER OF THE MEDICAL STAFF ASSISTS THE HOSPITALS IN FULFILLING OUR MISSION AND

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

RESPONSIBILITY TO PROVIDE EMERGENCY AND UNCOMPENSATED CARE FOR THOSE IN
NEED.

USE OF SURPLUS FUNDS:

SURPLUS FUNDS ARE USED TO FURTHER THE MISSION AND OPERATIONS OF KALEIDA
HEALTH, SUCH AS REINVESTING IN COMMUNITY BENEFIT PROGRAMS, AND MAKING
IMPROVEMENTS IN FACILITIES, PATIENT CARE, MEDICAL, NURSING AND ALLIED
HEALTH TRAINING, EDUCATION AND RESEARCH IN SUPPORT OF THE HEALTH NEEDS
OF THE COMMUNITY.

COMMUNITY BENEFIT PROGRAMS AND SERVICES:

KALEIDA HEALTH OFFERS NUMEROUS COMMUNITY BENEFIT PROGRAMS AND SERVICES
IN RESPONSE TO THE COMMUNITY'S NEEDS, BY IMPROVING ACCESS TO CARE,
IMPROVE PUBLIC HEALTH, ADVANCE KNOWLEDGE AND RELIEVE GOVERNMENT
PROGRAMS. THESE PROGRAMS ARE CONDUCTED IN COMMUNITY-BASED SETTINGS SUCH
AS SCHOOLS, CHURCHES, COMMUNITY CENTERS, SENIOR CENTERS AND PROGRAMS
ARE ALSO OFFERED AT KALEIDA'S HOSPITAL CAMPUSES AND FACILITIES.

COMMUNITY BENEFIT PROGRAMS AND SERVICES INCLUDE HEALTH FAIRS, HEALTH
SCREENINGS, HEALTH EDUCATION LECTURES AND WORKSHOPS FOR COMMUNITY
GROUPS AND THE GENERAL PUBLIC, SCHOOL HEALTH EDUCATION PROGRAMS, AND
CONSUMER HEALTH INFORMATION IN THE KALEIDA HEALTH LIBRARIES. KALEIDA
ALSO OFFERS A NUMBER OF SUBSIDIZED HEALTH SERVICES SUCH AS OUTPATIENT
CLINICS, LONG-TERM CARE SERVICES, WOMEN'S HEALTH CENTERS, DIALYSIS
SERVICES, BEHAVIORAL HEALTH SERVICES, SCHOOL-BASED HEALTH CENTERS,
EARLY CHILDHOOD PROGRAM, EARLY INTERVENTION SERVICES, FAMILY PLANNING
SERVICES, WESTERN NEW YORK CLINICAL INFORMATION EXCHANGE AND
HEALTH-E-LINK AND DIAGNOSTIC, THERAPEUTIC AND REHABILITATION SERVICES
FOR CHILDREN WITH SPECIAL NEEDS.

Name of the organization	Employer identification number
KALEIDA HEALTH	16-1533232

KALEIDA'S HOSPITALS SERVE AS A MAJOR TEACHING AFFILIATE OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO'S SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES AND DENTAL MEDICINE, WITH TRAINING TO 400 MEDICAL AND DENTAL RESIDENTS EACH YEAR. KALEIDA IS INVOLVED IN AND SPONSORS RESEARCH PROJECTS, AND WE PROVIDE LOAN FORGIVENESS FOR PHYSICIANS TO ESTABLISH OR JOIN EXISTING PRACTICES THAT SERVE THE UNDERSERVED COMMUNITIES OF BUFFALO AND WESTERN NEW YORK. KALEIDA OFFERS CLINICAL TRAINING FACILITIES AND SUPPORT FOR NURSING AND A NUMBER OF ALLIED HEALTH PROFESSIONAL TRAINING PROGRAMS AT LOCAL COLLEGES AND UNIVERSITIES, AND OTHER PROFESSIONAL DEVELOPMENT/CONTINUING EDUCATION TRAINING PROGRAMS FOR COLLEAGUES FROM HEALTH CARE ORGANIZATIONS ACROSS THE REGION.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEW PROCESS FOR FORM 990

ORGANIZATION'S MANAGEMENT, IN CONSULTATION WITH THE ORGANIZATION'S TAX ADVISORS, KPMG, REVIEW THE FORM 990. THE FINANCIAL REVIEW IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE RELEVANT TIME PERIOD. BEFORE THE FORM 990 IS FILED WITH THE IRS, THE FINANCE COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THE FORM 990 AND PROVIDES A COPY OF THE SAME TO THE ORGANIZATION'S FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

UPON EMPLOYMENT AND ANNUALLY THEREAFTER EACH KEY EMPLOYEE, OFFICER OR DIRECTOR OF THE ORGANIZATION IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE FORM, PROVIDING SUFFICIENT INFORMATION ABOUT HIS/HER PERSONAL INTERESTS AND RELATIONSHIPS SO THE ORGANIZATION CAN (1) DETERMINE

Name of the organization

KALEIDA HEALTH

Employer identification number

16-1533232

WHETHER ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST MAY EXIST, AND (2) MONITOR WORK OR SERVICE ASSIGNMENTS TO AVOID PLACING THE KEY EMPLOYEE, OFFICER OR DIRECTOR IN A POSITION WHERE THERE MAY BE POTENTIAL, ACTUAL, OR EVEN APPEARANCE, OF A CONFLICT OF INTEREST OR A QUESTION OF OBJECTIVITY. THE COMPLETED CONFLICTS OF INTEREST AND DISCLOSURE FORMS FOR DIRECTORS ARE RETURNED TO THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION APPROVAL PROCESS

ON A REGULAR BASIS, THE ORGANIZATION PROVIDES DOCUMENTATION TO THE COMPENSATION COMMITTEE OF THE BOARD WITH RESPECT TO THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES FOR REVIEW AND APPROVAL. SUCH INFORMATION IS COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT AND INCLUDES COMPARABLE DATA FROM SIMILAR SIZE TAX-EXEMPT ORGANIZATIONS IN THE WESTERN NEW YORK COMMUNITY AS WELL AS COMPENSATION FOR THESE POSITIONS (AS DISCLOSED ON FORM 990) WITH OTHER ORGANIZATIONS IN THE HEALTH CARE INDUSTRY THAT ARE OF SIMILAR SIZE, DEMOGRAPHICS AND GEOGRAPHY. REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE COMPENSATION COMMITTEE IS DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICE AT 726 EXCHANGE STREET, SUITE 200, BUFFALO, NY 14210. A NOMINAL FEE IS CHARGED IF COPIES ARE REQUESTED.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PHYSICIAN FEES:

Name of the organization	Employer identification number
KALEIDA HEALTH	16-1533232

PROGRAM SERVICE EXPENSES	84,618,174.
MANAGEMENT AND GENERAL EXPENSES	3,259,512.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	87,877,686.

INTERNS & RESIDENTS FEES:

PROGRAM SERVICE EXPENSES	30,657,583.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,657,583.

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	28,018,679.
MANAGEMENT AND GENERAL EXPENSES	4,028,675.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,047,354.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	990,681.
MANAGEMENT AND GENERAL EXPENSES	2,930,682.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,921,363.

EMPLOYMENT AGENCY FEES:

PROGRAM SERVICE EXPENSES	84,904,197.
MANAGEMENT AND GENERAL EXPENSES	338,396.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	85,242,593.

Name of the organization	Employer identification number
KALEIDA HEALTH	16-1533232

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 239,746,579.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

MINORITY INTEREST IN SUBSIDIARY -29,180,000.

NET ACTUARIAL GAIN ON PENSION PLAN 120,299,000.

OTHER TRANSFERS, NET -2,206,444.

TOTAL TO FORM 990, PART XI, LINE 9 88,912,556.

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 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

KALEIDA HEALTH

Employer identification number
16-1533232

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
KALEIDA MCO LLC - 16-1570311 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	DORMANT	NEW YORK	0.	0.	KH
KALEIDA IPA LLC - 16-1570380 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	DORMANT	NEW YORK	0.	0.	KH
KALEIDA WNYI LLC - 45-3189404 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	HEALTH CARE	NEW YORK	1,505,208.	616,339.	KH
KALEIDA SERVICES LLC - 47-2284036 2100 WEHRLE DRIVE WILLIAMSVILLE, NY 14221	ADULT DAYCARE	NEW YORK	-82,006.	167,622.	KH

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
MILLARD FILLMORE AMBULATORY SURGER CTR - 16-1307129, 726 EXCHANGE STREET, SUITE 200, BUFFALO, NY 14210	SUPPORT ORG	NEW YORK	501(C)(3)	12A	KH	X	
VNA HOME CARE SERVICES - 16-1491203 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	HOME HLTH CAR	NEW YORK	501(C)(3)	10	KH	X	
VNA OF WESTERN NEW YORK - 16-0743214 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	HOME HLTH CAR	NEW YORK	501(C)(3)	10	KH	X	
VISK - 22-2738425 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	SUPPORT ORG	NEW YORK	501(C)(3)	10	KH	X	

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

Schedule R (Form 990) 2022

Part I

Continuation of Identification of Disregarded Entities

[illegible]

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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	
HARLEM ROAD LEASING, LLC - 20-5588135, 3435 MAIN STREET, BUFFALO, NY 14214	EQUIPMENT LEASING	NY	KALEIDA HEALTH	UNRELATED	18,512.	239,741.		X	N/A	X		50.00%
AMTON IMAGING, LLC - 26-2925470, 199 PARK CLUB LANE, SUITE 300, WILLIAMSVILLE, NY 14221	HEALTH CARE	NY	KALEIDA WNYI	RELATED	950,014.	-2,814,069.		X	N/A	X		50.00%
SITE E, LLC - 27-2124795 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	REAL ESTATE MGMT	NY	KPI	EXCLUDED	90,945.	1,687,488.		X	N/A	X		50.15%
SOUTHTOWNS IMAGING, LLC - 47-1123230, 5959 BIG TREE ROAD, SUITE 105, ORCHARD PARK, NY 14127	EQUIPMENT LEASING	NY	KALEIDA WNYI	UNRELATED	416,126.	3,243,639.		X	N/A	X		70.00%

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
KALEIDA PROPERTIES, INC. - 22-2738483 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	PROP MGMT SVCS	NY	KALEIDA HEALTH	C CORP	-685,923.	4,758,503.	100%	X	
WESTLINK CORPORATION - 16-1354421 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	MED & DIAGN SVCS	NY	KALEIDA HEALTH	C CORP	-25.	0.	100%	X	
GREAT LAKES INTEGRATED NETWORK, INC. - 82-3184375, 726 EXCHANGE STREET, SUITE 200, BUFFALO, NY 14210	HEALTH CARE	NY	KALEIDA HEALTH	C CORP	-9,717,972.	536,563.	50.00%		X
KHBC, INC. - 82-3184375 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210	HEALTH CARE	NY	KALEIDA HEALTH	C CORP	-597,430.	14,185,889.	50.00%		X
OLEAN MEDICAL PRACTICE PLLC - 88-1324896 726 EXCHANGE STREET, SUITE 515 BUFFALO, NY 14210	HEALTH CARE	NY	KALEIDA HEALTH	C CORP	-3,149,276.	1,967,941.	100%	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MILLARD FILLMORE AMBULATORY SURGERY CENTER	C	539,156.	ACTUAL COST
(2) VNA HOME CARE SERVICES	O	8,609.	ACTUAL COST
(3) VNA HOME CARE SERVICES	Q	3,291,074.	ACTUAL COST
(4) VNA HOME CARE SERVICES	E	213,182.	ACTUAL COST
(5) VNA OF WESTERN NEW YORK	O	90,711.	ACTUAL COST
(6) VNA OF WESTERN NEW YORK	L	358,004.	ACTUAL COST

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)VNA OF WESTERN NEW YORK	Q	15,452,469.	ACTUAL COST
(8)VNA OF WESTERN NEW YORK	D	597,117.	ACTUAL COST
(9)KALEIDA PROPERTIES INC	Q	44,669.	ACTUAL COST
(10)KALEIDA PROPERTIES INC	D	342,025.	ACTUAL COST
(11)VISK	D	300,700.	ACTUAL COST
(12)THE CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION	C	114,987.	ACTUAL COST
(13)THE CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION	S	15,169,271.	ACTUAL COST
(14)THE CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION	D	14,527,405.	ACTUAL COST
(15)KALEIDA HEALTH FOUNDATION	C	1,587,639.	ACTUAL COST
(16)KALEIDA HEALTH FOUNDATION	S	5,378,015.	ACTUAL COST
(17)KALEIDA HEALTH FOUNDATION	D	16,280,958.	ACTUAL COST
(18)SOUTHTOWNS IMAGING, LLC	D	3,909,379.	ACTUAL COST
(19)SOUTHTOWNS IMAGING, LLC	J	242,651.	ACTUAL COST
(20)SOUTHTOWNS IMAGING, LLC	Q	206,903.	ACTUAL COST
(21)SOUTHTOWNS SURGERY CENTER, LLC	L	510,600.	ACTUAL COST
(22)SOUTHTOWNS SURGERY CENTER, LLC	J	864,958.	ACTUAL COST
(23)SOUTHTOWNS SURGERY CENTER, LLC	R	297,674.	ACTUAL COST
(24)SOUTHTOWNS SURGERY CENTER, LLC	D	4,812,542.	ACTUAL COST

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) COLLABORATIVE CARE VENTURES, LLC	D	395,294.	ACTUAL COST
(8) CHILDREN'S HOME HEALTH OF WNY, INC	O	33,970.	ACTUAL COST
(9) CHILDREN'S HOME HEALTH OF WNY, INC	Q	138,840.	ACTUAL COST
(10) CHILDREN'S HOME HEALTH OF WNY, INC	E	238,836.	ACTUAL COST
(11) UAHS	O	186,087.	ACTUAL COST
(12) UAHS	Q	6,092,213.	ACTUAL COST
(13) UAHS	D	8,036,341.	ACTUAL COST
(14) HEALTH SYSTEM PHYSICIANS, PC	O	19,460.	ACTUAL COST
(15) HEALTH SYSTEM PHYSICIANS, PC	Q	1,472,762.	ACTUAL COST
(16) HEALTH SYSTEM PHYSICIANS, PC	D	1,491,601.	ACTUAL COST
(17) BRADFORD REGIONAL MEDICAL SERVICES, PC	Q	1,926,113.	ACTUAL COST
(18) BRADFORD REGIONAL MEDICAL SERVICES, PC	D	5,724,543.	ACTUAL COST
(19) OLEAN MEDICAL PRACTICE PLLC	D	3,275,000.	ACTUAL COST
(20)			
(21)			
(22)			
(23)			
(24)			

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]

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.