

BALANCE SHEET		PROVIDER CCN: 11-0028	PERIOD: FROM: 01/01/2021 TO: 12/31/2021		WORKSHEET G
Assets (omit cents)		General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4
1	Cash on hand and in banks				1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	154,787,219			4
5	Other receivables	24,503,288			5
6	Allowances for uncollectible notes and accounts receivable	(58,459,738)			6
7	Inventory	12,653,274			7
8	Prepaid expenses				8
9	Other current assets	9,580,795			9
10	Due from other funds				10
11	Total current assets (sum of lines 1 through 10)	180,687,537			11
FIXED ASSETS					
12	Land	18,593,142			12
13	Land improvements	4,984,214			13
14	Accumulated depreciation	(4,164,130)			14
15	Buildings	353,763,608			15
16	Accumulated depreciation	(183,683,800)			16
17	Leasehold improvements	7,945,322			17
18	Accumulated depreciation	(6,452,916)			18
19	Fixed equipment	17,057,043			19
20	Accumulated depreciation	(16,931,723)			20
21	Automobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	413,112,411			23
24	Accumulated depreciation	(321,017,509)			24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated Assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12 through 29)	283,205,662			30
OTHER ASSETS					
31	Investments	524,564,373			31
32	Deposits on leases				32
33	Due from owners/officers				33
34	Other assets	8,699,596			34
35	Total other assets (sum of lines 31 through 34)	533,263,969			35
36	Total assets (sum of lines 11, 30, and 35)	997,157,168			36

BALANCE SHEET

PROVIDER CCN:
11-0028PERIOD:
FROM: 01/01/2021
TO: 12/31/2021WORKSHEET G
(CONT.)

Liabilities and Fund Balances (omit cents)		General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4	
CURRENT LIABILITIES						
37	Accounts payable	27,868,697				37
38	Salaries, wages, and fees payable					38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)	19,349,754				40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	34,444,260				44
45	Total current liabilities (sum of 45 lines 37 thru 44)	97,322,084				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans	279,558,320				48
49	Other long term liabilities					49
50	Total long term liabilities (sum of 50 lines 46 thru 49)	279,558,320				50
51	Total liabilities (sum of lines 45 and 50)	376,880,404				51
CAPITAL ACCOUNTS						
52	General fund balance	620,276,764				52
53	Specific purpose fund					53
54	Donor created - endowment fund 54 balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	620,276,764				59
60	Total liabilities and fund balances (sum of 60 lines 51 and 59)	997,157,168				60

UNIVERSITY HEALTH SERVICES INC.
STATEMENT OF CHANGES IN FUND BALANCES

12-22

PROVIDER CCN:
11-0028

PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND				
	1	2	3	4	5	6		7	8
1 Fund balances at beginning of period		590,649,885							1
2 Net income (loss) (from Worksheet G-3, line 29)		55,602,934							2
3 Total (sum of line 1 and line 2)		646,252,819							3
4 Additions (credit adjustments) (specify) 4 5 5									4
5									5
6									6
7									7
8									8
9									9
10 Total additions (sum of lines 4 through 9)									10
11 Subtotal (line 3 plus line 10)		646,252,819							11
12 CHANGE IN POSTRETIREMENT PLAN	1,080,257								12
13 TRANSFERS TO AFFILIATE	24,895,798								13
14									14
15									15
16									16
17									17
18 Total deductions (sum of lines 12 through 17)		25,976,055							18
Fund balance at end of period per balance sheet									
19 (line 11 minus line 18)		620,276,764							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER CCN:
11-0028

PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

WORKSHEET G-2,
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 Hospital	92,380,000		92,380,000	1
2 Subprovider IPF				2
3 Subprovider IRF				3
4 Subprovider (Other)				4
5 Swing bed - SNF				5
6 Swing bed - NF				6
7 Skilled nursing facility				7
8 Nursing facility				8
9 Other long term care				9
10 Total general inpatient care services (sum of lines 1 through 9)	92,380,000		92,380,000	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 Intensive care unit	90,743,755		90,743,755	11
11.01 02060NEURO INTENSIVE CARE UNIT	8,953,764		8,953,764	11.01
12 Coronary care unit				12
13 Burn intensive care unit				13
14 Surgical intensive care unit				14
15 Other special care (specify)				15
16 Total intensive care type inpatient hospital services (sum of 16 of lines 11-15)	99,697,519		99,697,519	16
17 Total inpatient routine care services (sum of lines 10 and 16)	192,077,519		192,077,519	17
18 Ancillary services	642,554,756	656,839,442	1,299,394,198	18
19 Outpatient services	35,228,190	52,659,025	87,887,215	19
20 Rural Health Clinic (RHC)				20
21 Federally Qualified Health Center (FQHC)				21
22 Home health agency				22
23 Ambulance				23
24 Outpatient rehabilitation providers				24
25 ASC				25
26 Hospice				26
27 Other (specify)				27
28 Total patient revenues (sum of lines 17 through 27) (transfer column 3 to 28 Worksheet G-3, line 1)	869,860,465	709,498,467	1,579,358,932	28

PART II - OPERATING EXPENSES

REVENUE CENTER	1	2	
29 Operating expenses (per Wkst. A, column 3, line 200)		499,362,053	29
30 Add (specify)			30
31			31
32			32
33			33
34			34
35			35
36 Total additions (sum of lines 30 through 35)			36
37 Deduct (specify)			37
38			38
39			39
40			40
41			41
43 Total deductions (sum of lines 37 through 41)		499,362,053	43
43 Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		499,362,053	43

STATEMENT OF REVENUES
AND EXPENSESPROVIDER CCN:
11-0028PERIOD:
FROM: 01/01/2021
TO: 12/31/2021

WORKSHEET G-3

Description		1	
1 Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)		1,579,358,932	1
2 Less contractual allowances and discounts on patients' accounts		1,096,700,768	2
3 Net patient revenues (line 1 minus line 2)		482,658,164	3
4 Less total operating expenses (from Worksheet G-2, Part II, line 43)		499,362,053	4
5 Net income from service to patients (line 3 minus line 4)		(16,703,889)	5
OTHER INCOME			
6 Contributions, donations, bequests, etc		1,606,801	6
7 Income from investments		58,966,177	7
8 Revenues from telephone and other miscellaneous communication services			8
9 Revenue from television and radio service			9
10 Purchase discounts			10
11 Rebates and refunds of expenses		470,233	11
12 Parking lot receipts			12
13 Revenue from laundry and linen service			13
14 Revenue from meals sold to employees and guests			14
15 Revenue from rental of living quarters			15
16 Revenue from sale of medical and surgical supplies to other than patients			16
17 Revenue from sale of drugs to other than patients		(20,888)	17
18 Revenue from sale of medical records and abstracts			18
19 Tuition (fees, sale of textbooks, uniforms, etc.)		111,566	19
20 Revenue from gifts, flowers, coffee shops, and canteen			20
21 Rental of vending machines			21
22 Rental of hospital space		2,948,059	22
23 Governmental appropriations			23
24 GRANT REVENUE		656,634	24
24.01 MISCELLANEOUS INCOME		9,911,150	24.01
24.5 COVID-19 PHE Funding			24.5
25 Total other income (sum of lines 6-24)		74,649,732	25
26 Total (line 5 plus line 25)		57,945,843	26
27 LOSS ON PENSION		2,342,909	27
28 Total other expenses (sum of line 27 and subscripts)		2,342,909	28
29 Net income (or loss) for the period (line 26 minus line 28)		55,602,934	29