

EXHIBIT 21

LEAPFROG RATINGS

Palm Beach Gardens Medical Center

3360 Burns Road
Palm Beach Gardens, Florida 33410-4304
[Facility info, location, and more](#)

Find a procedure or measure

▼

Palm Beach Gardens Medical Center has DECLINED TO RESPOND

×

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

	billing information and access to a representative that can quickly resolve billing issues. In addition, hospitals should not sue patients over late or unpaid bills.	 DECLINED TO RESPOND
Health Care Equity	Hospitals should examine their own data to identify any differences in processes or outcomes for patients of different races and ethnicities, and patients who speak different languages. Hospitals should also put action plans in place if differences are identified.	 DECLINED TO RESPOND
Informed Consent	Hospitals should ensure that all patients are fully aware of risks and alternatives prior to procedures.	 DECLINED TO RESPOND

**Responding to
Never Events**

Hospitals should have a never events policy that includes all nine (9) actions that should occur following a “never event,” which includes apologizing to the patient and not charging for costs associated with the never event.



Preventing Patient Harm

Measure name**Leapfrog's Standard****Hospital's Progress****Nursing and
Bedside Care
for Patients**

Hospitals should have nurse staffing plans in place that ensure there are enough nurses of all types (i.e., registered nurses, licensed practical nurses, or unlicensed assistive personnel) to provide direct care to patients in medical, surgical, or med-surg units each day.

**Nursing Care**

Hospitals should have nurse staffing plans in place



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**who have a
Bachelor's
Degree in
Nursing****Effective
Leadership to
Prevent Errors**

Hospitals should take meaningful steps to raise awareness about patient safety, hold leadership accountable for reducing unsafe practices, provide resources to implement a patient safety program, and develop systems and structures to support action to improve patient safety.

**Staff Work
Together to
Prevent Errors**

Hospitals should assess their culture of safety and hold leadership accountable for implementing policies, procedures, and staff education to improve the culture of safety.



Handwashing

Hospitals should regularly monitor hand hygiene practices for everyone interacting with patients, and give feedback to ensure compliance. Hospitals should foster a culture of good hand hygiene, offer training and education, and provide equipment, such as paper towels, soap dispensers, and hand sanitizer.



Medication Safety

Measure name**Leapfrog's Standard****Hospital's Progress**
**Safe
Medication
Ordering**

Hospitals should enter at least 85% of inpatient medication orders through the CPOE system, and should fully demonstrate their CPOE system meets the national safety standard for decision support.

**Medication**

Hospitals should have a rate of unintentional

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Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

**Medication
Documentation
for Elective
Outpatient
Surgery
Patients**

Hospitals should document 90% or more of home medications, visit medications, and allergies/adverse reaction(s) in the patients' clinical record.



Healthcare-Associated Infections

Measure name**Leapfrog's Standard****Hospital's Progress**
**C. difficile
Infection**

Hospitals should have fewer than expected colon infections from C. diff bacteria.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital,



given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Blood

Hospitals should have fewer than expected central-line associated blood stream infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



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MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

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**Surgical Site
Infection After
Colon Surgery**

Hospitals should have fewer than expected surgical site infections after major colon surgery.

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SPECIALTY CARE

Critical Care

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Measure name	Leapfrog's Standard	Hospital's Progress
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Experience of Children and Their Parents	Hospitals should perform better than most hospitals in five (5) areas: 1. Communication with Parent – Communication about your child's medicines 2. Communication with Parent – Keeping you informed about your child's care 3. Communication with Child – How well nurses communicate with your child 4. Communication with Child – How well doctors communicate with your child 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns	DECLINED TO RESPOND
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**Radiation Dose
for Pediatric
Abdomen/Pelvis
Scans**

Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.



**Radiation Dose
for Pediatric
Head Scans**

Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.



**Congenital
Heart Surgery
for Infants
(Norwood
Procedure)**

Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.



Maternity Care

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Episiotomies

This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.



**Screening
Newborns for
Jaundice
Before
Discharge**

Hospitals should screen at least 90% of babies for jaundice.



**Preventing
Blood Clots in
Women
Undergoing
Cesarean
Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



SURGERY

Complex Adult Surgery

Measure name

Leapfrog's Standard

Hospital's Progress

**Carotid
Endarterectomy**

Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



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**Bariatric
Surgery for
Weight Loss**

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



**Esophageal
Resection for
Cancer**

Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**Lung Resection
for Cancer**

Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



Pancreatic Resection for Cancer

The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.



DECLINED TO RESPOND

Rectal Cancer Surgery

Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.



DECLINED TO RESPOND

Total Knee Replacement Surgery

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Total Hip Replacement

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging



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Elective Outpatient Surgery Recovery Staffing - Adult

Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.



DECLINED TO RESPOND

Elective Outpatient Surgery Recovery Staffing - Pediatric

Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.



DECLINED TO RESPOND

Safe Surgery Checklist - Elective Outpatient Surgery

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



DECLINED TO RESPOND

Experience of Patients Undergoing Elective Outpatient Surgery

Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



Unplanned Hospital Visits after Colonoscopy

Unplanned hospital visits can occur when patients experience complications after a colonoscopy procedure. Facilities should have a rate of unplanned hospital visits that is lower than most hospitals and surgery centers.



Palm Beach Gardens Medical Center

3360 Burns Road

Palm Beach Gardens, Florida 33418-4884

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About The Leapfrog Group

The Leapfrog Group is a nonprofit watchdog organization that serves as a voice for health care consumers and purchasers, using their collective influence to foster positive change in U.S. health care. Leapfrog is the nation's premier advocate of transparency in health care—collecting, analyzing and disseminating data to inform value-based purchasing and improved decision-making.

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The Leapfrog Group is a registered 501(c)(3). EIN: 52-2359517.

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EXHIBIT 22

LEAPFROG RATINGS

West Boca Medical Center

21644 State Road 7
Boca Raton, Florida 33428-1899
[Facility info, location, and more](#)

Find a procedure or measure

West Boca Medical Center has **DECLINED TO RESPOND**

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Preventing Patient Harm

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**Nursing Care**

Hospitals should have nurse staffing plans in place



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**Staff Work
Together to
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Hospitals should assess their culture of safety and hold leadership accountable for implementing policies, procedures, and staff education to improve the culture of safety.



Handwashing

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Medication Safety

Measure name**Leapfrog's Standard****Hospital's Progress**
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Medication
Ordering**

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**Medication**

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Healthcare-Associated Infections

Measure name**Leapfrog's Standard****Hospital's Progress**
**C. difficile
Infection**

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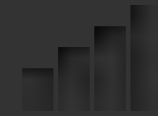
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▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Blood

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**Surgical Site
Infection After
Colon Surgery**

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▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

SPECIALTY CARE

Critical Care

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Measure name Leapfrog's Standard Hospital's Progress

**Experience of
Children and
Their Parents**

- Hospitals should perform better than most hospitals in five (5) areas:
- 1. Communication with Parent – Communication about your child's medicines
 - 2. Communication with Parent – Keeping you informed about your child's care
 - 3. Communication with Child – How well nurses communicate with your child
 - 4. Communication with Child – How well doctors communicate with your child
 - 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns



**Radiation Dose
for Pediatric
Abdomen/Pelvis
Scans**

Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.



**DECLINED TO
RESPOND**

**Radiation Dose
for Pediatric
Head Scans**

Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.



**DECLINED TO
RESPOND**

**Congenital
Heart Surgery
for Infants
(Norwood
Procedure)**

Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.



**DECLINED TO
RESPOND**

Maternity Care

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Episiotomies

This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.



**DECLINED TO
RESPOND**

**Screening
Newborns for
Jaundice
Before
Discharge**

Hospitals should screen at least 90% of babies for jaundice.



**DECLINED TO
RESPOND**

**Preventing
Blood Clots in
Women
Undergoing
Cesarean
Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



SURGERY

Complex Adult Surgery

Measure name

Leapfrog's Standard

Hospital's Progress

**Carotid
Endarterectomy**

Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



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**Bariatric
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Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



**Esophageal
Resection for
Cancer**

Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**Lung Resection
for Cancer**

Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



Pancreatic Resection for Cancer

The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.



DECLINED TO RESPOND

Rectal Cancer Surgery

Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.



DECLINED TO RESPOND

Total Knee Replacement Surgery

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Total Hip Replacement

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging



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Elective Outpatient Surgery Recovery Staffing - Adult

Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.



DECLINED TO RESPOND

Elective Outpatient Surgery Recovery Staffing - Pediatric

Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.



DECLINED TO RESPOND

Safe Surgery Checklist - Elective Outpatient Surgery

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



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Experience of Patients Undergoing Elective Outpatient Surgery

Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



Unplanned Hospital Visits after Colonoscopy

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West Boca Medical Center

21644 State Road 7

West Boca, Florida 33413-1300

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EXHIBIT 23

LEAPFROG RATINGS

Delray Medical Center

5352 Linton Boulevard
Delray Beach, Florida 33484-6580
Facility info, location, and more

Find a procedure or measure

▼

Delray Medical Center has **DECLINED TO RESPOND**

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**Nursing Care**

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Handwashing

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Healthcare-Associated Infections

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**C. difficile
Infection**

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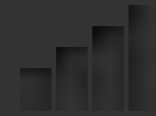
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▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

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Delray Medical Center has **DECLINED TO RESPOND**

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

**Surgical Site
Infection After
Colon Surgery**

Hospitals should have fewer than expected surgical site infections after major colon surgery.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

SPECIALTY CARE

Critical Care

Delray Medical Center has DECLINED TO RESPOND

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

Measure name	Leapfrog's Standard	Hospital's Progress
--------------	---------------------	---------------------

**Experience of
Children and
Their Parents**

- Hospitals should perform better than most hospitals in five (5) areas:
1. Communication with Parent – Communication about your child's medicines
 2. Communication with Parent – Keeping you informed about your child's care
 3. Communication with Child – How well nurses communicate with your child
 4. Communication with Child – How well doctors communicate with your child
 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns



**Radiation Dose
for Pediatric
Abdomen/Pelvis
Scans**

Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.



**Radiation Dose
for Pediatric
Head Scans**

Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.



**Congenital
Heart Surgery
for Infants
(Norwood
Procedure)**

Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.



Maternity Care

Delray Medical Center has DECLINED TO RESPOND

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

Episiotomies

This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.



**Screening
Newborns for
Jaundice
Before
Discharge**

Hospitals should screen at least 90% of babies for jaundice.



**Preventing
Blood Clots in
Women
Undergoing
Cesarean
Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



SURGERY

Complex Adult Surgery

Measure name

Leapfrog's Standard

Hospital's Progress

**Carotid
Endarterectomy**

Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



Delray Medical Center has DECLINED TO RESPOND

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

**Bariatric
Surgery for
Weight Loss**

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



**Esophageal
Resection for
Cancer**

Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**Lung Resection
for Cancer**

Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



Pancreatic Resection for Cancer

The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.

**Rectal Cancer Surgery**

Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.

**Total Knee Replacement Surgery**

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.

**Total Hip Replacement**

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging



Delray Medical Center has DECLINED TO RESPOND

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

Elective Outpatient Surgery Recovery Staffing - Adult

Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.

**Elective Outpatient Surgery Recovery Staffing - Pediatric**

Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.

**Safe Surgery Checklist - Elective Outpatient Surgery**

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



Experience of Patients Undergoing Elective Outpatient Surgery

Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



Unplanned Hospital Visits after Colonoscopy

Unplanned hospital visits can occur when patients experience complications after a colonoscopy procedure. Facilities should have a rate of unplanned hospital visits that is lower than most hospitals and surgery centers.



Delray Medical Center

5352 Linton Boulevard

Delray Beach, Florida 33484-6500

Delray Medical Center has DECLINED TO RESPOND

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

About The Leapfrog Group

The Leapfrog Group is a nonprofit watchdog organization that serves as a voice for health care consumers and purchasers, using their collective influence to foster positive change in U.S. health care. Leapfrog is the nation's premier advocate of transparency in health care—collecting, analyzing and disseminating data to inform value-based purchasing and improved decision-making.

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The Leapfrog Group is a registered 501(c)(3). EIN: 52-2359517.

Delray Medical Center has DECLINED TO RESPOND

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

EXHIBIT 24



Mary Beth Maloney
Partner
T: +1 212.351.2315
M: +1 310.806.3737
mmaloney@gibsondunn.com

April 17, 2025

VIA E-MAIL

Leah Binder
President and CEO
The Leapfrog Group
1775 K Street, NW, Suite 400
Washington, DC 20006
lbinder@leapfrog-group.org

Kimberly Blair
Legal Counsel
The Leapfrog Group
1775 K Street, NW, Suite 400
Washington, DC 20006
kimberly.blair@wilsonelser.com

Re: Leapfrog Spring 2025 Hospital Safety Grades

Dear Ms. Binder and Ms. Blair:

We represent five hospitals in the greater Palm Beach, Florida area: Delray Medical Center, Inc., Good Samaritan Medical Center, Palm Beach Gardens Medical Center, Inc., West Boca Medical Center, Inc., and St. Mary's Medical Center (collectively, the "Hospitals").

It has come to the Hospitals' attention that The Leapfrog Group ("TLG") plans to publicly release its Spring 2025 Safety Grades for the Hospitals on May 1, 2025. We write to demand that TLG refrain from including the Hospitals in its Spring 2025 ranking at all. To be clear: Contrary to TLG's contentions, it is not sufficient for TLG to both misleadingly rank the Hospitals and concurrently disclose that none of them participated in TLG's survey. TLG should not be ranking the Hospitals at all.

If TLG does not agree in writing to not publicly release the Hospitals' rankings, the Hospitals intend to seek judicial relief—including emergency relief if necessary. As we have explained in our prior correspondence to you, TLG's ranking system is misleading and frankly dangerous to our clients' communities and their patients. We are prepared to prove that TLG's ranking systems puts patients' lives and care at risk—and does absolutely nothing at all to improve hospital quality. Instead, TLG's purported rankings system serves only to enrich its own executives with multi-million dollar compensation even though TLG claims to be a "nonprofit." Encouraging patients to make literal life-and-death decisions based on the false and misleading rankings TLG peddles is irresponsible and dangerous. For the sake of our clients' communities, their reputations, and their goodwill, the Hospitals will no longer tolerate it.

Please confirm by April 21, 2025, that TLG will not include the Hospitals in its Spring 2025 rankings this year.

If you decline, please confirm promptly that TLG will agree to at least delay the public release of the Hospitals' purported grades so as to allow the Hospitals and TLG to brief an impending motion for a preliminary injunction on an orderly schedule, consistent with party and judicial economy. Absent prompt confirmation that the parties can proceed on such an orderly schedule without disrupting the status quo, my clients will be forced to seek emergency relief to protect their rights.



Leah Binder
Kimberly Blair
The Leapfrog Group

April 17, 2025
Page 2

Sincerely,

Mary Beth Maloney

cc: Lee R. Crain, Gibson, Dunn & Crutcher LLP

EXHIBIT 25



April 24, 2025

Kimberly E. Blair
312.821.6139 (direct)
312.259.6414 (mobile)
Kimberly.Blair@wilsonelser.com

Thomas K. Duff
312.821.6446 (direct)
708.446.8889 (mobile)
Thomas.Duff@wilsonelser.com

VIA ELECTRONIC MAIL

Mary Beth Maloney
Gibson, Dunn & Crutcher LLP
200 Park Avenue
New York, NY 10166
mmaloney@gibsondunn.com

Re: Leapfrog Spring 2025 Hospital Safety Grades

Dear Ms. Maloney:

We are in receipt of your letter dated April 17, 2025. Additionally, we appreciated the opportunity to connect with you by phone yesterday regarding this matter.

Leapfrog will not delay or refrain from publishing its forthcoming Spring 2025 Hospital Safety Grades for the five Palm Beach, Florida hospitals you have identified (the "Hospitals"),¹ which is scheduled for May 1. As a matter of policy, Leapfrog does not make exceptions to its biannual publication of Safety Grades or delay such publication, in part because of its commitment to fairness to all of the nearly 2,800 graded hospitals.

As a preliminary note, I can advise you that my clients are puzzled by the Hospitals' apparent decision to resort directly to legal action without attempting to communicate directly with Leapfrog at any previous time regarding their Safety Grades. Leapfrog offers multiple opportunities for individual meetings and dialogue, and requests hospital feedback on

¹ These hospitals are Delray Medical Center, Inc., Good Samaritan Medical Center, Palm Beach Gardens Medical Center, Inc., West Boca Medical Center, Inc., and St. Mary's Medical Center.



methodological issues and changes. Hospitals are given a password-protected web page during a three-week review period prior to grade publication when they can view the data for their hospital and directly connect with Leapfrog if they have concerns. Leapfrog experts routinely meet with hospital leaders to discuss their data. Virtually every graded hospital has interacted with Leapfrog and many of the methodology changes Leapfrog has made over the years were first suggested through these interactions. Throughout the year, Leapfrog's dedicated Help Desk fields hundreds of hospital inquiries per month – many related to the Hospital Safety Grade program – and has a reputation for exceptional responsiveness.

Yet the five hospitals you represent appear to have taken advantage of none of these opportunities.

This is particularly notable because all five of the Hospitals you represent earned either a “D” or an “F” Grade in Fall 2024 and yet made no effort to communicate with Leapfrog regarding these troubling Grades any earlier than now.

On our phone call yesterday, you seemed to indicate that you and/or your clients are in possession of CMS data showing that the Hospitals' performance on CMS measures have improved while the Hospitals' Leapfrog Hospital Safety Grades have worsened. Conveying such concerns is the reason Leapfrog provides its data to your hospitals well in advance of grade announcements, but as stated above your clients chose not to communicate with Leapfrog. To be clear, Leapfrog's analysis of publicly available CMS data, such as the Star Ratings published on CMS' website Medicare.gov, demonstrates that the Hospitals' performance on CMS patient safety measures have, depending on the hospital, either remained poor or worsened.

It is possible your clients have data published by CMS after January 31 (the long-announced Snapshot Date when Leapfrog pulls down the CMS data to calculate Spring 2025 Hospital Safety Grades). In that case the data will likely appear in the Fall 2025 Hospital Safety Grades. As Leapfrog does routinely for hospitals across the country, Leapfrog is willing to meet with your clients and can provide guidance on the potential impact of updated data on future Safety Grades.

Leapfrog's methodology continues to be based on recommendations from a national expert panel, and uses transparent practices and well-vetted data. Moreover, and as your April 17, 2025 letter correctly acknowledges, Leapfrog's website clearly discloses the fact that the Hospitals have declined to participate in Leapfrog's Annual Survey.

In any event, and as similarly addressed at length in our previous correspondence, Leapfrog is well within its rights to publish its Safety Grades. Leapfrog's patient safety rating system is based on a gathered collection of objective data involving Leapfrog's subjective weighting of that data to formulate its opinions on patient safety. As we have previously emphasized, beyond fundamental First Amendment rights, there is a wealth of case law in this area, all of which supports Leapfrog's constitutional right to voice its opinion on patient safety and none of which supports the Hospitals' ability to suppress that opinion. See, e.g., *Saint Anthony Hospital v. The Leapfrog Group*, Case No. 2017CH14420 (Ill. Cir. Ct. June 25, 2018); *Perfect Choice Exteriors v. Better Business Bureau of Central Illinois*, 2018 IL App (3d) 150864; *Castle Rock Remodeling, LLC v. Better Business Bureau of Greater St. Louis*, 354 S.W.3d 234, 242 (Mo. Ct. App. 2011); *Browne v. Avvo, Inc.*, 525 F. Supp. 2d 1249, 1252 (W.D. Wash. 2007); *Aviation Charter, Inc. v. Aviation Research Group*, 416 F.3d 864, 870-71 (8th Cir. 2005).



In light of our recent written and oral communications, it seems we are at an impasse regarding this matter. Please be advised that Leapfrog will respond swiftly and aggressively to any formal legal action, including but not limited to a petition for a Temporary Restraining Order ("TRO"). Allow this to serve as our formal request for advance notice of any TRO filing and/or hearing.

Furthermore, in the event you initiate formal legal action, Leapfrog will have no choice but to share information with the media regarding your clients' attempt to suppress the publication of their Safety Grades. For your information, as per its standard practice, Leapfrog shares forthcoming Safety Grades with the press in advance of the Grades' external publication date and as a result, the national press embargo opened on April 21, 2025 at which time Spring 2025 Hospital Safety Grades were shared (under strict embargo until May 1, 2025) with national, state, and regional media. In the extremely unlikely event a TRO is granted, to the extent permitted by any court order, Leapfrog will advise media of the suppression of the grades of your clients.

As we have indicated to you in previous correspondence and as we will continue to reiterate, Leapfrog's steadfast recommendation is that the Hospitals focus their resources on improving patient safety rather than on a meritless quest to silence Leapfrog.

Leapfrog sincerely wishes for rapid and dramatic improvement in the grades of your clients, because the communities they serve deserve excellence in patient safety. Leapfrog's door remains open to meeting with your clients and reviewing new CMS data they have access to, in order to advise on how that data might impact future grades. While it will not be feasible for such a meeting to take place prior to May 1, please advise whether the Hospitals wish to engage with Leapfrog and we will work to schedule it.

Best regards,

Wilson Elser Moskowitz Edelman & Dicker LLP

By:

A handwritten signature in cursive script, appearing to read 'Kimberly E. Blair'.

Kimberly E. Blair
Thomas K. Duff

EXHIBIT 26

efile Public Visual Render		ObjectID: 202041959349304079 - Submission: 2020-07-13	TIN: 52-2359517
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 2018 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019			
B Check if applicable: ☒ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending		C Name of organization THE LEAPFROG GROUP Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1775 K ST NW NO 400 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006	
D Employer identification number 52-2359517		E Telephone number (202) 292-6713	
F Name and address of principal officer: LEAH BINDER 1775 K ST NW NO 400 WASHINGTON, DC 20006		G Gross receipts \$ 5,800,282	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number	
J Website: WWW.LEAPFROGGROUP.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 2001 M State of legal domicile: DC	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INITIATE IMPROVEMENTS IN THE SAFETY AND OVERALL VALUE OF HEALTH CARE TO CONSUMERS.		
Revenue	2 Check this box ☐		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	47,172	55,752
	9 Program service revenue (Part VIII, line 2g)	4,379,639	5,738,194
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,014	6,336
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,427,825	5,800,282
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
Net Assets or Fund Balances	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,024,574	2,543,289
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 13,098		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,216,243	2,870,146
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,240,817	5,413,435
	19 Revenue less expenses. Subtract line 18 from line 12	187,008	386,847
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,289,520	2,461,656
	21 Total liabilities (Part X, line 26)	1,407,202	1,192,416
	22 Net assets or fund balances. Subtract line 21 from line 20	882,318	1,269,240

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

2020-07-01

Date

LEAH BINDER, PRESIDENT & CEO

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date
2020-07-01Check ☐ if
self-employedPTIN
P00238304

Firm's name ▶ DEMBO JONES PC

Firm's EIN ▶ 52-1073331

Firm's address ▶ 6116 EXECUTIVE BLVD SUITE 500

Phone no. (301) 770-5100

NORTH BETHESDA, MD 20852

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Page 2

Form 990 (2018)

Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO TRIGGER GIANT LEAPS FORWARD IN THE SAFETY, QUALITY AND AFFORDABILITY OF U.S. HEALTH CARE BY USING TRANSPARENCY TO SUPPORT INFORMED HEALTH CARE DECISIONS

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 \$ 1,735,229 including grants of \$) (Revenue \$ 4,644,608)

COMMUNICATIONS: LEAPFROG COLLECTS, ANALYZES AND DISSEMINATES HEALTHCARE DATA ON QUALITY AND SAFETY TO CONSUMERS AND PURCHASERS TO HELP THEM MAKE DECISIONS ON WHERE TO SEEK CARE. HEALTH CARE PROVIDERS ALSO FIND THE INFORMATION USEFUL FOR THEIR OWN IMPROVEMENT PROGRAMS AND THE OPPORTUNITY TO BENCHMARK AGAINST THEIR PEERS. LEAPFROG WORKS WITH PRINT, RADIO, TELEVISION, DIGITAL AND SOCIAL MEDIA PLATFORMS TO SPREAD INFORMATION ABOUT ITS HEALTH CARE RATINGS AND REPORTS.

4b (Code:) (Expenses \$ 1,998,129 including grants of \$) (Revenue \$ 574,883)

RATINGS: LEAPFROG FIELDS A VOLUNTARY SURVEY OF HOSPITALS ON QUALITY AND SAFETY PRACTICES. THE SURVEY INVOLVES MEASURE DEVELOPMENT AND IS UPDATED ANNUALLY. THE SURVEY ALSO INCLUDES A TOOL TO EVALUATE SYSTEMS FOR COMPUTERIZED PHYSICIAN ORDER ENTRY OF PHARMACEUTICALS. IN ADDITION, THE DATA FROM THE SURVEY ARE COMBINED WITH DATA FROM OTHER SOURCES TO FURTHER UNDERSTAND HOSPITAL QUALITY AND SAFETY. THE ORGANIZATION PUBLICLY RATES U.S. HOSPITALS IN AN INITIATIVE CALLED LEAPFROG HOSPITAL SAFETY GRADE.

4c (Code:) (Expenses \$ 933,186 including grants of \$) (Revenue \$ 518,703)

MEMBERSHIP: LEAPFROG WORKS WITH EMPLOYERS AND PURCHASERS OF HEALTH CARE TO ENCOURAGE TRANSPARENCY FROM THE HEALTH CARE COMMUNITY AND EDUCATE EMPLOYEES ON THE SAFEST AND HIGHEST QUALITY PROVIDERS. LEAPFROG ALSO COLLECTS DUES FROM AN ADVISORY COMMITTEE OF HEALTH CARE-FOCUSED COMPANIES WHO OFFER ADVICE AND SUGGESTIONS TO LEAPFROG BUT DO NOT HAVE A GOVERNING ROLE.

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

REGIONAL ROLL-OUTS AND BENCHMARKING AND STANDARDS: LEAPFROG SUPPORTS 38 REGIONAL IMPLEMENTATIONS OF THE LEAPFROG AGENDA. IT CONDUCTS RESEARCH INTO HOW BENCHMARKING AND STANDARDS AFFECT PATIENT SAFETY AND QUALITY. IT ALSO WORKS WITH NATIONAL HEALTH PLANS TO ENCOURAGE THEIR USE OF BENCHMARKING STRUCTURES AND OTHER MEANS TO IMPROVE HOSPITAL SAFETY AND QUALITY.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,666,544

Form 990 (2018)

Page 3

Form 990 (2018)

Page 3

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Yes No

Yes

Schedule A		1	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete <i>Schedule C, Part I</i> .	3	No
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? If "Yes," complete <i>Schedule C, Part II</i> .	4	Yes
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 Revenue Procedure 98-19? If "Yes," complete <i>Schedule C, Part III</i> .	5	No
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? If "Yes," complete <i>Schedule D, Part I</i> .	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete <i>Schedule D, Part II</i> .	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i> .	8	No
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? If "Yes," complete <i>Schedule D, Part IV</i> .	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete <i>Schedule D, Part V</i> .	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>Schedule D, Part VI</i> .	11a	Yes
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? If "Yes," complete <i>Schedule D, Part VII</i> .	11b	No
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? If "Yes," complete <i>Schedule D, Part VIII</i> .	11c	No
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? If "Yes," complete <i>Schedule D, Part IX</i> .	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i> .	11e	Yes
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)? If "Yes," complete <i>Schedule D, Part X</i> .	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i> .	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing <i>Schedule D, Parts XI and XII</i> is optional.	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i> .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete <i>Schedule F, Parts I and IV</i> .	14b	No
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? If "Yes," complete <i>Schedule F, Parts II and IV</i> .	15	No
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? If "Yes," complete <i>Schedule F, Parts III and IV</i> .	16	No
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? If "Yes," complete <i>Schedule G, Part I</i> (see instructions).	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete <i>Schedule G, Part II</i> .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i> .	19	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete <i>Schedule H</i> .	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete <i>Schedule I, Parts I and II</i> .	21	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? If "Yes," complete <i>Schedule I, Parts I and III</i> .	22	No

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Part IV Checklist of Required Schedules (continued)

		Yes	No
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 Yes	
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	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	No
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	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
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	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
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	No
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 Yes	
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	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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	
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	No
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	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 32	
b	Enter the number of Forms W-2G included in 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 Yes	

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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 14			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
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		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
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		No
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		No
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		No
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		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
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		
9a 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		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 instructions and file Form 4720, Schedule N		15		No
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		No

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Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 19		
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 19		
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		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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		No
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		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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		No
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	Yes	
b Describe in 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	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process in 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		No
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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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:
 LEAH BINDER THE LEAPFROG GROUP 1775 K ST NW NO 400 WASHINGTON, DC 20006 (202) 292-6713

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

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

[illegible]

BOARD MEMBER	3.00	X							0	0	0
(13) MAUREEN RYAN BOARD MEMBER	3.00	X							0	0	0
(14) IRENE FRASER BOARD MEMBER	3.00	X							0	0	0
(15) ARNOLD MILSTEIN BOARD MEMBER	3.00	X							0	0	0
(16) DOLORES MITCHELL BOARD MEMBER	3.00	X							0	0	0
(17) G RICHARD WAGONER JR BOARD MEMBER	3.00	X							0	0	0

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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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN G ZERN BOARD MEMBER	3.00	X						0	0	0
(19) MARLEECE BARBER BOARD MEMBER	3.00	X						0	0	0
(20) LEAH BINDER PRESIDENT & CEO	40.00			X				696,057	0	69,242
(21) MELISSA DANFORTH SENIOR DIRECTOR, HOSPITAL	40.00				X			282,703	0	48,061
(22) ERICA MOBLEY DIRECTOR OF COMMUNICATIONS	40.00				X			174,182	0	33,792
(23) STEPHEN J GAUS DIRECTOR OF BUSINESS DEVELOPMENT	40.00					X		139,199	0	15,271
(24) KATHRYN BURGGRAF DIRECTOR OF HEALTH CARE RATINGS	40.00					X		105,140	0	17,342
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,397,281	0	183,708

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 5

		YES	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
SKVARE LLC POBOX 601033 DALLAS, TX 75360	CONSULTANT	230,052
JPA HEALTH COMMUNICATIONS 1101 CONNECTICUT AVE NW STE 600 WASHINGTON, DC 20036	CONSULTANT	181,111
THE JOHN HOPKINS UNIVERSITY 733 NORTHBOARDWAY STE 117 BALTIMORE, MD 21205	CONSULTANT	153,496
KORNFERRY INTERNATIONAL NW 5854 PO BOX 1450 MINNEAPOLIS, MN 55485	CONSULTANT	110,522
NO INC 3600 CLIPPER MILL RD STE 440 BALTIMORE, MD 21211	CONSULTANT	101,736
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 5		

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Part VIII **Statement of Revenue**

Check 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	erated campaigns . . .	1a
	nbbership dues . . .	1b
	draising events . . .	1c
	ated organizations	1d
	ernment grants (contributions)	1e
	ther contributions, gifts, grants, and similar amounts not included above	1f

55,752

g

Noncash contributions included
in lines 1a - 1f: \$

h Total. Add lines 1a-1f 55,752

2a	Business Code				
COMMUNICATIONS AGREEME	900099	3,160,276	3,160,276		
TA USE AGREEMENTS	900099	1,950,956	1,950,956		

39

Program Service Revenue	MEMBER DUES	900099	330,263	330,263			
	REFERENCE REVENUE	623990	188,440	188,440			
	EDUCATION PLATFORM	900099	68,987	68,987			
			39,272	39,272			
f All other program service revenue.							
9 Total. Add lines 2a–2f			5,738,194				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,336			6,336	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a–11d							
12 Total revenue. See Instructions.			5,800,282	5,738,194	0	6,336	

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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,222,777	1,097,362	116,668	8,747
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	1,009,110	809,972	198,606	532
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,425	58,363	7,809	253
9 Other employee benefits	124,334	112,978	10,934	422
10 Payroll taxes	120,643	102,262	17,868	513
11 Fees for services (non-employees):				
a Management				
b Legal	105,850	23,417	82,433	
c Accounting	99,051		99,051	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	600		600	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	645,166	640,786	4,380	
12 Advertising and promotion	267,309	266,909	400	
13 Office expenses	224,599	190,576	33,534	489
14 Information technology	458,366	457,137	1,160	69
15 Royalties				
16 Occupancy	130,571	119,874	10,095	602
17 Travel	200,085	199,327	758	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	187,481	184,807	2,674	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	269,940	247,824	20,871	1,245
23 Insurance	40,655	37,325	3,143	187
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RECRUITING AND TRAINING	138,984	25,627	113,357	
b DUES AND SUBSCRIPTIONS	56,021	50,573	5,409	39
c DATA ACQUISITIONS	41,425	41,425		
d MISC. EXPENSE	4,043		4,043	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,413,435	4,666,544	733,793	13,098
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 ☐ if following SOP 98-2 (ASC 958-720).

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	567,290	1	702,324
	2 Savings and temporary cash investments	809,819	2	565,333
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	475,205	4	630,212
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	84,885	9	111,453
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,452,386		
	b Less: accumulated depreciation	1,022,068	330,305	430,318
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,016	15	22,016
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,289,520	16	2,461,656	
Liabilities	17 Accounts payable and accrued expenses	529,599	17	393,490
	18 Grants payable		18	
	19 Deferred revenue	812,614	19	759,635
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	64,989	25	39,291
	26 Total liabilities. Add lines 17 through 25	1,407,202	26	1,192,416
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	882,318	27	1,269,240
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	882,318	33	1,269,240	
34 Total liabilities and net assets/fund balances	2,289,520	34	2,461,656	

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Part XI Reconciliation of Net Assets

Check 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	5,800,282
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,413,435
3	Revenue less expenses. Subtract line 2 from line 1	3	386,847
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	882,318
5	Net unrealized gains (losses) on investments	5	74
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 in Schedule O)	9	1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,269,240

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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 in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render	ObjectID: 202041959349304079 - Submission: 2020-07-13	TIN: 52-2359517
SCHEDULE A (Form 990 or 990-EZ) 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 the latest information.	OMB No. 1545-0047 2018 Open to Public Inspection
	Name of the organization THE LEAPFROG GROUP	Employer identification number 52-2359517

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 or 990-EZ).)

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 in 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						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
 Complete only if you checked the box on line 5, 7, 8, or 9 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

39

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . .	141,225	211,770	122,000	47,172	55,752	577,919
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	2,853,897	3,643,609	3,822,833	4,321,132	5,738,194	20,379,665
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	2,995,122	3,855,379	3,944,833	4,368,304	5,793,946
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					0
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.					0
c	Add lines 7a and 7b.					0
8	Public support. (Subtract line 7c from line 6.)					20,957,584

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	2,995,122	3,855,379	3,944,833	4,368,304	5,793,946	20,957,584
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		56	48	1,014	6,336	7,454
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.		56	48	1,014	6,336	7,454
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,995,122	3,855,435	3,944,881	4,369,318	5,800,282	20,965,038
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.	☐					

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	99.960 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.960 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.040 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.010 %

- 19a **33 1/3% support tests—2018.** 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—2017.** 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. ☐

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the		

determination.		3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
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)? 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

Section B. Type I Supporting Organizations

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

- 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?
- 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).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer (a) and (b) 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.

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in **Part VI**.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990 or 990-EZ) 2018

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):	1	
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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 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 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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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Schedule A (Form 990 or 990-EZ) 2018

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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			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			

4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014.			
b	Excess from 2015.			
c	Excess from 2016.			
d	Excess from 2017.			
e	Excess from 2018.			

Schedule A (Form 990 or 990-EZ) (2018)

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).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990 or 990-EZ) 2018

Software ID:

Software Version:

efile Public Visual Render	ObjectID: 202041959349304079 - Submission: 2020-07-13	TIN: 52-2359517
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2018
Name of the organization THE LEAPFROG GROUP		Employer identification number 52-2359517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
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Name of organization THE LEAPFROG GROUP	Employer identification number 52-2359517
---	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person ☐
			Payroll ☐
			Noncash ☐
			(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 3

Name of organization THE LEAPFROG GROUP	Employer identification number 52-2359517
---	---

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

39

		(See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 4

Name of organization THE LEAPFROG GROUP	Employer identification number 52-2359517
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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 information once. See instructions.) \$ _____

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202041959349304079 - Submission: 2020-07-13	TIN: 52-2359517
SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2018 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 the organization THE LEAPFROG GROUP	Employer identification number 52-2359517
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2018

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 (grass roots 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	5,413,435													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,413,435													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	420,672													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	105,168													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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? ☐ Yes ☐ No														

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	327,288	349,821	362,041	420,672	1,459,822
b Lobbying ceiling amount (150% of line 2a, column(e))					2,189,733
c Total lobbying expenditures					
d Grassroots nontaxable amount	81,822	87,455	90,510	105,168	364,955
e Grassroots ceiling amount (150% of line 2d, column (e))					547,433
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018

Page **3**

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

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

	(a)		(b)
	Yes	No	Amount
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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			

f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 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 expenditure 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.

Return Reference	Explanation
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Schedule C (Form 990 or 990EZ) 2018

Additional Data[Return to Form](#)

Software ID:
Software Version:

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 the latest information.**

OMB No. 1545-0047

2018Open to Public
Inspection**Name of the organization**
THE LEAPFROG GROUP**Employer identification number**
52-2359517**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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education) ☐ Preservation of an 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 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 7/25/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ► \$ _____

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 are a significant use of its collection items (check all that apply):**a** ☐ Public exhibition**d** ☐ Loan or exchange programs**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:**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
1c	
1d	
1e	
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 in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:**a** Board designated or quasi-endowment ▶**b** Permanent endowment ▶**c** Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:**(i)** unrelated organizations**(ii)** related organizations**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

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				
b Buildings				
c Leasehold improvements		143,638	117,331	26,307
d Equipment		246,022	170,229	75,793
e Other		1,062,726	734,508	328,218
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				430,318

Schedule D (Form 990) 2018

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.

39

(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. (Column (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. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	31,015
CAPITAL LEASE	8,276
(3)	

(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	39,291

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2018

Page 4

Schedule D (Form 990) 2018

Page 4

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

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

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.

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, LEAPFROG HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAINTY TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2018

Additional Data

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Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202041959349304079 - Submission: 2020-07-13	TIN: 52-2359517
Schedule J (Form 990)	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.	
Department of the Treasury Internal Revenue Service	2018 Open to Public Inspection	
Name of the organization THE LEAPFROG GROUP		Employer identification number 52-2359517

Part I Questions Regarding Compensation			Yes	No
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.			
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account	☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in 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.	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing 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.			
	☐ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations	☒ Written employment contract ☒ Compensation survey or study ☒ 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?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only 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?	5a		No
b	Any related organization?	5b		No
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?	6a		No
b	Any related organization?	6b		No
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 in lines 5 and 6? If "Yes," describe in Part III.	7		No
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.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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Schedule J (Form 990) 2018

Page 2

Schedule J (Form 990) 2018

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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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LEAH BINDER PRESIDENT & CEO	(i)	550,452	145,605	0	27,500	41,742	765,299	0
	(ii)	0	0	0	0	0	0	0
2MELISSA DANFORTH SENIOR DIRECTOR, HOSPITAL	(i)	261,703	21,000	0	27,500	20,561	330,764	0
	(ii)	0	0	0	0	0	0	0
3ERICA MOBLEY DIRECTOR OF COMMUNICATIONS	(i)	169,182	5,000	0	18,500	15,292	207,974	0
	(ii)	0	0	0	0	0	0	0
4STEPHEN J GAUS DIRECTOR OF BUSINESS DEVELOPMENT	(i)	103,448	35,751	0	1,700	13,571	154,470	0
	(ii)	0	0	0	0	0	0	0

[illegible]

Schedule J (Form 990) 2018

Page 3

Schedule J (Form 990) 2018

Page 3

Part III Supplemental Information

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

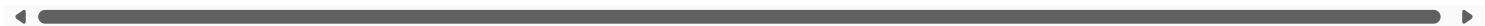
Return Reference	Explanation
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Schedule J (Form 990) 2018

Additional Data

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Software ID:

Software Version:

efile Public Visual Render	ObjectID: 202041959349304079 - Submission: 2020-07-13	TIN: 52-2359517
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2018 Open to Public Inspection

Name of the organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY MANAGEMENT, AND THEN REVIEWED BY THE BOARD TREASURER. THE TREASURER, ONCE COMFORTABLE WITH THE RETURN, FORWARDS IT TO THE BOARD FOR REVIEW. THE BOARD REVIEWS THE 990 PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	THE AUDIT COMMITTEE ADVISES BOARD MEMBERS THAT THE BYLAWS REQUIRE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES SHOULD THEY HAVE ANY POSSIBLE CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE UTILIZED A COMPENSATION STUDY TO ESTABLISH THE COMPENSATION OF THE CEO.
FORM 990, PART VI, SECTION C, LINE 19	THE LEAPFROG GROUP WILL PROVIDE A COPY OF THEIR FORM 1023 AND FORM 990 UPON REQUEST. THE FORMS ARE ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 409,865. MANAGEMENT AND GENERAL EXPENSES 4,343. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 414,208. COMMUNICATION: PROGRAM SERVICE EXPENSES 230,921. MANAGEMENT AND GENERAL EXPENSES 37. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 230,958.
FORM 990, PART XI, LINE 9:	ROUNDING 1.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
THE LEAPFROG GROUP

▶ 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.

Employer identification number

52-2359517

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1) THE LEAPFROG GROUP DUE DILLIGENCE COOPERATIVE LLC 1660 L STREET NW SUITE 308 WASHINGTON, DC 20036 45-2397143	TO COLLECT, EVALUATE, AND SUMMARIZE INFORMATION ABOUT COMPANIES	DC		4,804	THE LEAPFROG GROUP
--	---	----	--	-------	--------------------

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.

						Group 1	
						Yes	No

Cat. No. 50135Y

Schedule R (Form 990) 2018

Page 2

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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.

[illegible]

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.

[illegible]

Schedule R (Form 990) 2018

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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.

Schedule R (Form 990) 2018

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) 2018

Page 5

Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation
PART I (B)	PROVIDING HEALTHCARE - RELATED SERVICES TO EMPLOYERS.

Schedule R (Form 990) 2018

Additional Data

Return to Form

Software ID:
Software Version:

EXHIBIT 27

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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE LEAPFROG GROUP

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1775 K STREET NW NO 400

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20006

F Name and address of principal officer:
LEAH BINDER
1775 K STREET NW NO 400
WASHINGTON, DC 20006

D Employer identification number

52-2359517

E Telephone number

(202) 292-6713

G Gross receipts \$ 5,883,646

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.LEAPFROGGROUP.ORG

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001

M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INITIATE IMPROVEMENTS IN THE SAFETY AND OVERALL VALUE OF HEALTH CARE TO CONSUMERS.		
Revenue	2 Check this box ☐		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	55,752	435,427
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,738,194	5,446,926
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,336	1,293
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,800,282	5,883,646
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,543,289	3,340,287
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 346,232	0	0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,870,146	2,540,565
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,413,435	5,880,852
	19 Revenue less expenses. Subtract line 18 from line 12	386,847	2,794
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	2,461,656	2,808,545	
22 Net assets or fund balances. Subtract line 21 from line 20	1,192,416	1,379,201	
	1,269,240	1,429,344	

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

2021-05-14

Date

LEAH BINDER, PRESIDENT & CEO

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date
2021-05-14Check ☐ if
self-employedPTIN
P00238304

Firm's name ▶ DEMBO JONES PC

Firm's EIN ▶ 52-1073331

Firm's address ▶ 6116 EXECUTIVE BLVD SUITE 500

Phone no. (301) 770-5100

NORTH BETHESDA, MD 20852

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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Form 990 (2019)

Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO TRIGGER GIANT LEAPS FORWARD IN THE SAFETY, QUALITY AND AFFORDABILITY OF U.S. HEALTH CARE BY USING TRANSPARENCY TO SUPPORT INFORMED HEALTH CARE DECISIONS.

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 \$ 1,935,592 including grants of \$) (Revenue \$ 5,141,033)

COMMUNICATIONS: LEAPFROG COLLECTS, ANALYZES AND DISSEMINATES HEALTH CARE DATA ON QUALITY AND SAFETY TO CONSUMERS AND PURCHASERS TO HELP THEM MAKE DECISIONS ON WHERE TO SEEK CARE. HEALTH CARE PROVIDERS ALSO FIND THE INFORMATION USEFUL FOR THEIR OWN IMPROVEMENT PROGRAMS AND THE OPPORTUNITY TO BENCHMARK AGAINST THEIR PEERS. LEAPFROG WORKS WITH PRINT, RADIO, TELEVISION, DIGITAL AND SOCIAL MEDIA PLATFORMS TO SPREAD INFORMATION ABOUT ITS HEALTH CARE RATINGS AND REPORTS.

4b (Code:) (Expenses \$ 2,134,053 including grants of \$) (Revenue \$ 103,228)

RATINGS: LEAPFROG FIELDS A VOLUNTARY SURVEY OF HOSPITALS AND AMBULATORY SURGERY CENTERS ON QUALITY AND SAFETY PRACTICES. THE SURVEYS INVOLVE MEASURE DEVELOPMENT AND ARE UPDATED ANNUALLY. THE HOSPITAL SURVEY ALSO INCLUDES A TOOL TO EVALUATE SYSTEMS FOR COMPUTERIZED PHYSICIAN ORDER ENTRY OF PHARMACEUTICALS. IN ADDITION, THE DATA FROM THE HOSPITAL SURVEY ARE COMBINED WITH DATA FROM OTHER SOURCES TO FURTHER UNDERSTAND HOSPITAL QUALITY AND SAFETY. THE ORGANIZATION PUBLICLY RATES U.S. HOSPITALS ON THEIR SAFETY IN AN INITIATIVE CALLED THE LEAPFROG HOSPITAL SAFETY GRADE.

4c (Code:) (Expenses \$ 788,145 including grants of \$) (Revenue \$ 530,998)

MEMBERSHIP: LEAPFROG WORKS WITH EMPLOYERS AND PURCHASERS OF HEALTH CARE TO ENCOURAGE TRANSPARENCY FROM THE HEALTH CARE COMMUNITY AND EDUCATE EMPLOYEES ON THE SAFEST AND HIGHEST QUALITY PROVIDERS. LEAPFROG ALSO COLLECTS DUES FROM AN ADVISORY COMMITTEE OF HEALTH CARE-FOCUSED COMPANIES WHO OFFER ADVICE AND SUGGESTIONS TO LEAPFROG BUT DO NOT HAVE A GOVERNING ROLE.

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

REGIONAL ROLL-OUTS AND BENCHMARKING AND STANDARDS: LEAPFROG SUPPORTS 38 REGIONAL IMPLEMENTATIONS OF THE LEAPFROG AGENDA. IT CONDUCTS RESEARCH INTO HOW BENCHMARKING AND STANDARDS AFFECT PATIENT SAFETY AND QUALITY. IT ALSO WORKS WITH NATIONAL HEALTH PLANS TO ENCOURAGE THEIR USE OF BENCHMARKING STRUCTURES AND OTHER MEANS TO IMPROVE HOSPITAL SAFETY AND QUALITY.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,857,790

Form 990 (2019)

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Form 990 (2019)

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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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? If "Yes," complete Schedule C, Part II	4	Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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? If "Yes," complete Schedule D, Part VI	11a	Yes	
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? If "Yes," complete Schedule D, Part VII	11b		No
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? If "Yes," complete Schedule D, Part VIII	11c		No
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? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
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? If "Yes," complete Schedule F, Parts III and IV	16		No
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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		No

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	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>		No
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>	Yes	
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		No
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>		No
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>		No
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>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
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>		No
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>	Yes	
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>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
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>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	19	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
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		No
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		No
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		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 instructions and file Form 4720, Schedule N.	15		No
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		No

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
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 in Schedule O.	17	
b Enter the number of voting members included in line 1a, above, who are independent	17	
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	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
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	No
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	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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	No
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	Yes
b Describe in 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	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	Yes
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	No
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	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)
- 19** Describe in 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:
 LEAH BINDER THE LEAPFROG GROUP 1775 K STREET NW NO 400 WASHINGTON, DC 20006 (202) 292-6713

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Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

■ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID GOLDHILL CHAIR	6.00	X		X				0	0	0
(2) MARLEECE BARBER BOARD MEMBER	3.00	X						0	0	0
(3) IRENE FRASER BOARD MEMBER	3.00	X						0	0	0
(4) BILL BONK BOARD MEMBER	3.00	X						0	0	0
(5) LAUREL PICKERING BOARD MEMBER	3.00	X						0	0	0
(6) CRISTIE TRAVIS VICE CHAIR	6.00	X		X				0	0	0
(7) LINDA J SCHWIMMER BOARD MEMBER	3.00	X						0	0	0
(8) MARTIN J HATLIE BOARD MEMBER	3.00	X						0	0	0
(9) SALLY WELBORN SECRETARY	6.00	X		X				0	0	0
(10) DAVID HOPKINS TREASURER	6.00	X		X				0	0	0
(11) SUSAN C REINHARD BOARD MEMBER	3.00	X						0	0	0

(12) ARNOLD MILSTEIN BOARD MEMBER	3.00	X							0	0	0
(13) MICHELLE MARTIN BOARD MEMBER	3.00	X							0	0	0
(14) MARSHA MANNING BOARD MEMBER	3.00	X							0	0	0
(15) MAUREEN RYAN BOARD MEMBER	3.00	X							0	0	0
(16) DOLORES MITCHELL BOARD MEMBER	3.00	X							0	0	0
(17) JOHN G ZERN BOARD MEMBER	3.00	X							0	0	0

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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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEAH BINDER PRESIDENT & CEO	40.00			X				550,158	0	74,476
(19) MELISSA DANFORTH VICE PRESIDENT, HEALTH CARE RATING	40.00				X			321,535	0	53,107
(20) ERICA MOBLEY VICE PRESIDENT OF ADMINISTRATION	40.00				X			206,275	0	41,492
(21) KATHRYN BURGGRAF DIRECTOR OF HEALTH CARE RATINGS	40.00					X		124,288	0	24,808
(22) STEPHEN GAUS DIRECTOR OF BUSINESS DEVELOPMENT	40.00					X		163,552	0	33,915
(23) ERIKA STEINMETZ SENIOR PROGRAM ANALYST, DATA TEAM LEAD	40.00					X		108,287	0	9,145
(24) ANGELA RIDLEY OFFICE ADMINISTRATOR	40.00					X		104,430	0	24,340
(25) RALPH JOHNSON VICE PRESIDENT OF TECHNOLOGY INFORMATICS	40.00					X		108,718	0	11,152
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,687,243	0	272,435

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000

of reportable compensation from the organization 8

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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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
SKVARE LLC POBOX 601033 DALLAS, TX 75360	CONSULTANT	411,100
TELAFFECTS 300 INTERNATIONAL PARKWAY SUITE 25 LAKE MARY, FL 32746	CONSULTANT	186,691
JPA HEALTH COMMUNICATION 1101 CONNECTICUT AVE NW STE 600 WASHINGTON, DC 20036	CONSULTANT	166,618
NO INC 3600 CLIPPER MILL RD SUITE 440 BALTIMORE, MD 21211	CONSULTANT	160,444
DIXON HUGHES GOODMAN-HEALTHCARE 1410 SPRING HILL ROAD SUITE 500 TYSON, VA 22102	CONSULTANT	114,750

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 6

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Part VIII **Statement of Revenue**

Check 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	erated campaigns	1a
	nbbership dues	1b
	328,333	
	draising events	1c
	ated organizations	1d
	ernment grants (contributions)	1e
	ther contributions, gifts, grants, and similar amounts not included above	1f
	107,094	
g	Noncash contributions included in lines 1a - 1f:\$	1g

h Total. Add lines 1a-1f 435,427

2a	COMMUNICATIONS AGREEME	Business Code			
		900099	3,046,567	3,046,567	

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Program Service Revenue	DATA USE AGREEMENTS		900099	2,122,335	2,122,335		
	CONFERENCE REVENUE		623990	176,534	176,534		
	EDUCATION PLATFORM		900099	53,156	53,156		
	REIMBURSED EXPENSES		900099	20,679	20,679		
	All other program service revenue.			27,655	27,655		
	9 Total. Add lines 2a–2f.			5,446,926			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,293			1,293
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
		9b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
10b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a–11d							
12 Total revenue. See instructions			5,883,646	5,446,926	0	1,293	

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Page **10****Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1,306,521	1,165,249	105,099	36,173
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	1,545,289	1,126,856	234,022	184,411
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	95,270	77,588	10,585	7,097
9 Other employee benefits	218,385	180,170	22,567	15,648
10 Payroll taxes	174,822	140,061	21,118	13,643
11 Fees for services (non-employees):				
a Management				
b Legal	91,440	285	91,150	5
c Accounting	123,713		123,713	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	600		600	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	614,060	585,007	275	28,778
12 Advertising and promotion	282,706	282,041		665
13 Office expenses	176,873	149,200	17,676	9,997
14 Information technology	324,018	317,628	3,004	3,386
15 Royalties				
16 Occupancy	128,780	108,783	9,401	10,596
17 Travel	149,081	137,522	1,750	9,809
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	202,999	199,055	3,944	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	189,426	160,013	13,827	15,586
23 Insurance	46,978	39,683	3,429	3,866
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	99,005	90,486	3,344	5,175
b RECRUITING AND TRAINING	54,106	44,009	10,092	5
c DATA AQUISITIONS	39,861	39,861		
d LOSS ON DISPOSAL OF FIX	16,919	14,293	1,234	1,392
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,880,852	4,857,790	676,830	346,232

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 ☐ if following SOP 98-2 (ASC 958-720).

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	702,324	1	871,379
	2 Savings and temporary cash investments	565,333	2	866,321
	3 Pledges and grants receivable, net		3	12,301
	4 Accounts receivable, net	630,212	4	544,908
	5 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		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		8	
	9 Prepaid expenses and deferred charges	111,453	9	156,237
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,224,500		
	b Less: accumulated depreciation	920,782	10c	303,718
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	22,016	15	53,681
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,461,656	16	2,808,545	
Liabilities	17 Accounts payable and accrued expenses	393,490	17	329,766
	18 Grants payable		18	
	19 Deferred revenue	759,635	19	700,324
	20 Tax-exempt bond liabilities		20	
	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		23	
	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	39,291	25	349,111
	26 Total liabilities. Add lines 17 through 25	1,192,416	26	1,379,201
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,269,240	27	1,429,344
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ 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	1,269,240	32	1,429,344
33 Total liabilities and net assets/fund balances	2,461,656	33	2,808,545	

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Page **12****Part XI Reconciliation of Net Assets**Check 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	5,883,646
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,880,852
3	Revenue less expenses. Subtract line 2 from line 1	3	2,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,269,240
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	157,313
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,429,344

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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 in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2019)

Form 990 (2019)

Additional Data[Return to Form](#)**Software ID:****Software Version:****Form 990, Special Condition Description:****Special Condition Description**

efile Public Visual Render	ObjectID: 202121379349300847 - Submission: 2021-05-17	TIN: 52-2359517	
SCHEDULE A (Form 990 or 990-EZ) 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 2019 Open to Public Inspection	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;"> Name of the organization THE LEAPFROG GROUP </td> <td style="width: 35%;"> Employer identification number 52-2359517 </td> </tr> </table>		Name of the organization THE LEAPFROG GROUP
Name of the organization THE LEAPFROG GROUP	Employer identification number 52-2359517		

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 or 990-EZ).)
- 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 in 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						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total

39

(or fiscal year beginning in) ▶

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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						0
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						0
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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019

Page 3

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . .	211,770	122,000	47,172	55,752	435,427	872,121
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	3,643,609	3,822,833	4,321,132	5,738,194	5,775,259	23,301,027
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the						

39

7	Amounts included on lines 1, 2, and 3 received from disqualified persons					
8	Public support. (Subtract line 7c from line 6.)					23,943,648
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5	3,855,379	3,944,833	4,368,304	5,793,946	24,173,148
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	30,000	42,500	25,000	52,000	229,500
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.					0
c	Add lines 7a and 7b.	30,000	42,500	25,000	52,000	229,500

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	3,855,379	3,944,833	4,368,304	5,793,946	6,210,686	24,173,148
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	56	48	1,014	6,336	1,293	8,747
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	56	48	1,014	6,336	1,293	8,747
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,855,435	3,944,881	4,369,318	5,800,282	6,211,979	24,181,895
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.	☐					

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.010 %
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	99.960 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.040 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.040 %

- 19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒
- b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		

c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.			
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)? 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.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
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? If "Yes," provide detail in Part VI .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
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))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .			
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)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

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		
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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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) 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.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3** Parent of Supported Organizations. **Answer (a) and (b) 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? Provide details in **Part VI**.
- 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.

	Yes	No
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2a		
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2b		
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3a		
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3b		
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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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):	1		
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			

(explain in detail in Part VI):

39

2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	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 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	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Page 7

Schedule A (Form 990 or 990-EZ) 2019

Page 7

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			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019:			
a	From 2014.			
b	From 2015.			
c	From 2016.			
d	From 2017.			
e	From 2018.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			

c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . .			
b Excess from 2016. . . .			
c Excess from 2017. . . .			
d Excess from 2018. . . .			
e Excess from 2019. . . .			

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

Page 8

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990 or 990-EZ) 2019

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202121379349300847 - Submission: 2021-05-17	TIN: 52-2359517
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2019
Name of the organization THE LEAPFROG GROUP		Employer identification number 52-2359517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

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

Cat. No. 30613X

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

THE LEAPFROG GROUP

52-2359517

Part I**Contributors****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
RESTRICTED		\$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

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

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

Page 3

Name of organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

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
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-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	

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

Page 4

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

Page 4

Name of organization THE LEAPFROG GROUP	Employer identification number 52-2359517
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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 information once. See instructions.) \$ _____

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

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

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

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

Additional Data**Return to Form**

Software ID:

Software Version:

efile Public Visual Render	ObjectID: 202121379349300847 - Submission: 2021-05-17	TIN: 52-2359517
SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2019 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 the organization THE LEAPFROG GROUP	Employer identification number 52-2359517
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2019

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 (grass roots 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	5,880,850													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,880,850													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	444,043													
<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)	111,011													
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	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?		☐ Yes ☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	349,821	632,041	420,672	444,043	1,846,577
b Lobbying ceiling amount (150% of line 2a, column(e))					2,769,866
c Total lobbying expenditures					
d Grassroots nontaxable amount	87,455	90,510	105,168	111,011	394,144
e Grassroots ceiling amount (150% of line 2d, column (e))					591,216
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

Page **3**

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

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

	(a)		(b)
	Yes	No	Amount
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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			

r	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 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 expenditure 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.

Return Reference	Explanation
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Schedule C (Form 990 or 990EZ) 2019

Additional Data

Return to Form

Software ID:
Software Version:

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

2019**Open to Public Inspection****Name of the organization**
THE LEAPFROG GROUP**Employer identification number**
52-2359517**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?		
☐ Yes ☐ 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?		
☐ Yes ☐ 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 (e.g., recreation or education) ☐ Preservation of an 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 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 7/25/06, 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 ► \$ _____

Schedule D (Form 990) 2019

Page 2

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- 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 in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,472		11,472
d Equipment		100,663	48,811	51,852
e Other		1,112,365	871,971	240,394
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				303,718

Schedule D (Form 990) 2019

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	349,111

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

Page 4

Schedule D (Form 990) 2019

Page 4

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

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

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.

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, LEAPFROG HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2019

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202121379349300847 - Submission: 2021-05-17	TIN: 52-2359517
Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
	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.	2019 Open to Public Inspection
Name of the organization THE LEAFROG GROUP		Employer identification number 52-2359517

Part I Questions Regarding Compensation		Yes	No
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.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., 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		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing 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.			
☐ Compensation committee	☒ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ 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?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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?	5a		No
b Any related organization?	5b		No
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?	6a		No
b Any related organization?	6b		No
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 in lines 5 and 6? If "Yes," describe in Part III.		7	No
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LEAH BINDER PRESIDENT & CEO	(i)	550,158	0	0	28,000	46,476	624,634	0
	(ii)	0	0	0	0	0	0	0
2MELISSA DANFORTH VICE PRESIDENT, HEALTH CARE RATING	(i)	273,445	48,090	0	28,000	25,107	374,642	0
	(ii)	0	0	0	0	0	0	0
3ERICA MOBLEY VICE PRESIDENT OF ADMINISTRATION	(i)	181,875	24,400	0	21,228	20,264	247,767	0
	(ii)	0	0	0	0	0	0	0
4STEPHEN GAUS DIRECTOR OF BUSINESS DEVELOPMENT	(i)	129,840	33,712	0	16,631	17,284	197,467	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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.

Return Reference	Explanation
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Schedule J (Form 990) 2019

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202121379349300847 - Submission: 2021-05-17	TIN: 52-2359517
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2019 Open to Public Inspection

Name of the organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY MANAGEMENT, AND THEN REVIEWED BY THE BOARD TREASURER. THE TREASURER, ONCE COMFORTABLE WITH THE RETURN, FORWARDS IT TO THE BOARD FOR REVIEW. THE BOARD REVIEWS THE 990 PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	THE AUDIT COMMITTEE ADVISES BOARD MEMBERS THAT THE BYLAWS REQUIRE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES SHOULD THEY HAVE ANY POSSIBLE CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE UTILIZED A COMPENSATION STUDY TO ESTABLISH THE COMPENSATION OF THE CEO.
FORM 990, PART VI, SECTION C, LINE 19	THE LEAPFROG GROUP WILL PROVIDE A COPY OF THEIR FORM 1023 AND FORM 990 UPON REQUEST. THE FORMS ARE ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 383,958. MANAGEMENT AND GENERAL EXPENSES 275. FUNDRAISING EXPENSES 28,778. TOTAL EXPENSES 413,011. COMMUNICATION: PROGRAM SERVICE EXPENSES 201,049. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 201,049.
FORM 990, PART XI, LINE 9:	ROUNDING -3.
PART XI, LINE 8	AS A RESULT OF THE IMPLEMENTATION OF A NEW ACCOUNTING STANDARD, NET ASSETS AT 6/30/19 WERE ADJUSTED BY \$157,313.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LEAPFROG GROUP

▶ 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.

Employer identification number

52-2359517

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

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

Cat. No. 50135Y

Schedule R (Form 990) 2019

Page 2

Schedule R (Form 990) 2019

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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.

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.

[illegible]

Schedule R (Form 990) 2019

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

Schedule R (Form 990) 2019

[illegible]

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
PART I (B)	PROVIDING HEALTHCARE-RELATED SERVICES TO EMPLOYERS.

Schedule R (Form 990) 2019

Additional Data

Return to Form

Software ID:
Software Version:

EXHIBIT 28

efile Public Visual Render	ObjectID: 202201339349300910 - Submission: 2022-05-13	TIN: 52-2359517
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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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THE LEAPFROG GROUP</td> <td rowspan="3">D Employer identification number 52-2359517</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) 1775 K STREET NW NO 400</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006</td> <td>E Telephone number (202) 292-6713</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: LEAH BINDER 1775 K STREET NW NO 400 WASHINGTON, DC 20006</td> <td>G Gross receipts \$ 6,979,738</td> </tr> </table>	C Name of organization THE LEAPFROG GROUP		D Employer identification number 52-2359517	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) 1775 K STREET NW NO 400	Room/suite	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		E Telephone number (202) 292-6713	F Name and address of principal officer: LEAH BINDER 1775 K STREET NW NO 400 WASHINGTON, DC 20006		G Gross receipts \$ 6,979,738
C Name of organization THE LEAPFROG GROUP		D Employer identification number 52-2359517												
Doing business as														
Number and street (or P.O. box if mail is not delivered to street address) 1775 K STREET NW NO 400	Room/suite													
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		E Telephone number (202) 292-6713												
F Name and address of principal officer: LEAH BINDER 1775 K STREET NW NO 400 WASHINGTON, DC 20006		G Gross receipts \$ 6,979,738												
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶												
J Website: ▶ WWW.LEAPFROGGROUP.ORG														
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 2001 M State of legal domicile: DC												

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INITIATE IMPROVEMENTS IN THE SAFETY AND OVERALL VALUE OF HEALTH CARE TO CONSUMERS.																					
Revenue	2 Check this box ☐																					
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17																			
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17																			
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	20																			
	6 Total number of volunteers (estimate if necessary)	6	90																			
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0																			
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0																			
	Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"> </th> <th style="width:20%; text-align: center;">Prior Year</th> <th style="width:20%; text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">435,427</td> <td style="text-align: right;">1,419,432</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">5,446,926</td> <td style="text-align: right;">5,560,125</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,293</td> <td style="text-align: right;">181</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">5,883,646</td> <td style="text-align: right;">6,979,738</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	435,427	1,419,432	9 Program service revenue (Part VIII, line 2g)	5,446,926	5,560,125	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,293	181	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,883,646	6,979,738		
			Prior Year	Current Year																		
8 Contributions and grants (Part VIII, line 1h)		435,427	1,419,432																			
9 Program service revenue (Part VIII, line 2g)		5,446,926	5,560,125																			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,293	181																			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0																			
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,883,646	6,979,738																			
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0																			
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0																			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,340,287	3,400,646																			
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0																				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 154,797																						
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,540,565	2,848,421																				
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,880,852	6,249,067																				
19 Revenue less expenses. Subtract line 18 from line 12	2,794	730,671																				
Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"> </th> <th style="width:20%; text-align: center;">Beginning of Current Year</th> <th style="width:20%; text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">2,808,545</td> <td style="text-align: right;">7,897,278</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">1,379,201</td> <td style="text-align: right;">5,737,263</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">1,429,344</td> <td style="text-align: right;">2,160,015</td> </tr> </tbody> </table>			Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	2,808,545	7,897,278	21 Total liabilities (Part X, line 26)	1,379,201	5,737,263	22 Net assets or fund balances. Subtract line 21 from line 20	1,429,344	2,160,015								
		Beginning of Current Year	End of Year																			
	20 Total assets (Part X, line 16)	2,808,545	7,897,278																			
	21 Total liabilities (Part X, line 26)	1,379,201	5,737,263																			
22 Net assets or fund balances. Subtract line 21 from line 20	1,429,344	2,160,015																				

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
LEAH BINDER, PRESIDENT & CEO
Type or print name and title

2022-05-12
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date
2022-05-12

Check ☐ if self-employed

PTIN
P00238304

Firm's name

DEMBO JONES PC

Firm's EIN

52-1073331

Firm's address

6116 EXECUTIVE BLVD SUITE 500
NORTH BETHESDA, MD 20852

Phone no.

(301) 770-5100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission:
TO TRIGGER GIANT LEAPS FORWARD IN THE SAFETY, QUALITY, AND AFFORDABILITY OF U.S. HEALTH CARE BY USING TRANSPARENCY TO SUPPORT INFORMED HEALTH CARE DECISIONS AND PROMOTE HIGH-VALUE CARE.

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 \$ 2,750,701 including grants of \$) (Revenue \$ 133,772)
RATINGS: LEAPFROG FIELDS A VOLUNTARY SURVEY OF HOSPITALS AND AMBULATORY SURGERY CENTERS ON QUALITY AND SAFETY PRACTICES. THE SURVEYS INVOLVE MEASURE DEVELOPMENT AND ARE UPDATED ANNUALLY. THE HOSPITAL SURVEY ALSO INCLUDES A TOOL TO EVALUATE SYSTEMS FOR COMPUTERIZED PHYSICIAN ORDER ENTRY OF PHARMACEUTICALS. IN ADDITION, THE DATA FROM THE HOSPITAL SURVEY ARE COMBINED WITH DATA FROM OTHER SOURCES TO FURTHER UNDERSTAND HOSPITAL QUALITY AND SAFETY. THE ORGANIZATION PUBLICLY RATES U.S. HOSPITALS ON THEIR SAFETY IN AN INITIATIVE CALLED THE LEAPFROG HOSPITAL SAFETY GRADE.

4b

(Code:) (Expenses \$ 1,869,636 including grants of \$) (Revenue \$ 5,388,313)
COMMUNICATIONS: LEAPFROG COLLECTS, ANALYZES AND DISSEMINATES HEALTH CARE DATA ON QUALITY AND SAFETY TO CONSUMERS AND PURCHASERS TO HELP THEM MAKE DECISIONS ON WHERE TO SEEK CARE. HEALTH CARE PROVIDERS ALSO FIND THE INFORMATION USEFUL FOR THEIR OWN IMPROVEMENT PROGRAMS AND THE OPPORTUNITY TO BENCHMARK AGAINST THEIR PEERS. LEAPFROG WORKS WITH PRINT, RADIO, TELEVISION, DIGITAL AND SOCIAL MEDIA PLATFORMS TO SPREAD INFORMATION ABOUT ITS HEALTH CARE RATINGS AND REPORTS.

4c

(Code:) (Expenses \$ 791,690 including grants of \$) (Revenue \$ 38,040)
MEMBERSHIP: LEAPFROG WORKS WITH EMPLOYERS AND PURCHASERS OF HEALTH CARE TO ENCOURAGE TRANSPARENCY FROM THE HEALTH CARE COMMUNITY AND EDUCATE EMPLOYEES ON THE SAFEST AND HIGHEST QUALITY PROVIDERS. LEAPFROG ALSO COLLECTS DUES FROM AN ADVISORY COMMITTEE OF HEALTH CARE-FOCUSED COMPANIES WHO OFFER ADVICE AND SUGGESTIONS TO LEAPFROG BUT DO NOT HAVE A GOVERNING ROLE.

4d

Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 5,412,027

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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)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No

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	Yes	
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
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		No
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		No
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		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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	Yes	
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		No
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		No
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	Yes	
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	Yes	
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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No

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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	No
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</i>	23	Yes

Schedule J				
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26	
b	Enter the number of Forms W-2G included in 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	Yes	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
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	20	

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Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

	Yes	No
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 in Schedule O.	17	
1b Enter the number of voting members included in line 1a, above, who are independent	17	
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	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
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	No
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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	No
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	Yes
b Describe in 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	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in 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	No
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	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)
- 19** Describe in 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:
 LEAH BINDER THE LEAPFROG GROUP 1775 K STREET NW NO 400 WASHINGTON, DC 20006 (202) 292-6713

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Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

■ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEAH BINDER PRESIDENT & CEO	40.00			X				596,648	0	79,766
(2) MELISSA DANFORTH VP, HEALTH CARE RATINGS	40.00				X			278,238	0	56,211
(3) ERICA MOBLEY VP FOR ADMINISTRATION	40.00				X			224,386	0	43,460
(4) RALPH JOHNSON VP OF INFORMATICS AND TECHNOLOGY	40.00					X		221,981	0	38,669
(5) STEPHEN GAUS DIRECTOR OF BUSINESS DEVELOPMENT	40.00					X		208,548	0	46,212
(6) ANTHONY SUDLER VP OF DEVELOPMENT	40.00					X		168,505	0	20,379
(7) KATHRYN BURGGRAFSTEWART DIRECTOR, HEALTH CARE RATINGS	40.00					X		118,477	0	24,585
(8) ANGELA HOPKINS OFFICE ADMINISTRATOR	40.00					X		110,206	0	25,162
(9) DAVID GOLDBILL CHAIR	6.00	X		X				0	0	0
(10) CRISTIE TRAVIS VICE CHAIR	6.00	X		X				0	0	0
(11) DAVID HOPKINS TREASURER	6.00	X		X				0	0	0
(12) SALLY WELBORN SECRETARY	6.00	X		X				0	0	0
(13) MARLEECE BARBER	3.00	X						0	0	0

BOARD MEMBER											
(14) IRENE FRASER BOARD MEMBER	3.00	X							0	0	0
(15) BILL BONK BOARD MEMBER	3.00	X							0	0	0
(16) RAQUEL C BONO BOARD MEMBER	3.00	X							0	0	0
(17) ARNOLD MILSTEIN BOARD MEMBER	3.00	X							0	0	0

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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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTIN J HATLIE BOARD MEMBER	3.00	X						0	0	0
(19) DOLORES MITCHELL BOARD MEMBER	3.00	X						0	0	0
(20) LINDA SCHWIMMER BOARD MEMBER	3.00	X						0	0	0
(21) SUSAN C REINHARD BOARD MEMBER	3.00	X						0	0	0
(22) MICHELLE MARTIN BOARD MEMBER	3.00	X						0	0	0
(23) MARSHA MANNING BOARD MEMBER	3.00	X						0	0	0
(24) MAUREEN RYAN BOARD MEMBER	3.00	X						0	0	0
(25) JOHN G ZERN BOARD MEMBER	3.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,926,989	0	334,444

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

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

	Yes	No
3		No

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	4	Yes	
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	5		No

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
	TELAFFECTS 300 INTERNATIONAL PKWY SUITE 250 LAKE MARY, FL 32746	CONSULTANTS	208,186
	BOGNET CONSTRUCTION ASSOC INC 8224 OLD COURTHOUSE ROAD VIENNA, VA 22182	CONSULTANTS	207,076
	PRICE MODERN 799 9TH STREET NW SUITE 250 WASHINGTON, DC 20001	CONSULTANTS	198,098
	SKVARE LLC PO BOX 601033 DALLAS, TX 75360	CONSULTANTS	160,526
	THE JOHNS HOPKINS UNIVERSITY 733 NORTH BOARDWAY SUITE 117 BALTIMORE, MD 21205	CONSULTANTS	138,343
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 ▶ 6		

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Part VIII Statement of Revenue

Check 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
1a Moderated campaigns	1a			
1b Membership dues 350,000	1b			
1c Fundraising events	1c			
1d Related organizations	1d			
1e Government grants (contributions) 342,798	1e			
1f All other contributions, gifts, grants, and similar amounts not included above 726,634	1f			
1g Noncash contributions included in lines 1a - 1f: \$	1g			
h Total. Add lines 1a-1f	1,419,432			

2a	COMMUNICATIONS AGREEMENT	Business Code				
		900099	2,954,226	2,954,226		
	DATA USE AGREEMENTS	900099	2,139,080	2,139,080		
	MEDIA PARTNERSHIP	900099	353,803	353,803		

Program Service Revenue	1 EDUCATION PLATFORM	900099	70,193	70,193	
	3 CONFERENCE REVENUE	623990	38,039	38,039	
	f All other program service revenue.		4,784	4,784	
	9 Total. Add lines 2a–2f.		5,560,125		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	181			181
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a			
	b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c			
	d Net gain or (loss)				
	8a 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					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a 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					
11a Miscellaneous Revenue		Business Code			
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a–11d					
12 Total revenue. See instructions			6,979,738	5,560,125	181

Part IX Statement of functional expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1,285,938	1,222,788	40,707	22,443
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	1,595,387	1,231,651	309,729	54,007
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,242	105,264	11,769	3,209
9 Other employee benefits	226,246	202,988	17,186	6,072
10 Payroll taxes	172,833	146,377	21,876	4,580
11 Fees for services (non-employees):				
a Management				
b Legal	80,926	1,670	79,256	
c Accounting	117,158		117,158	
d Lobbying				
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 Schedule O)	733,270	719,420		13,850
12 Advertising and promotion	234,197	234,197		
13 Office expenses	62,872	38,813	23,458	601
14 Information technology	471,412	444,259	14,176	12,977
15 Royalties				
16 Occupancy	367,687	343,942	12,883	10,862
17 Travel	2,407	1,080	1,327	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,798	45,656	142	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	230,300	201,420	22,519	6,361
23 Insurance	56,459	52,814	1,977	1,668
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	217,482	217,302	180	
b RECRUITING AND TRAINING	93,762	93,274	488	
c DUES AND SUBSCRIPTIONS	60,248	58,332	1,916	
d DATA ACQUISITIONS	50,780	50,780		
e All other expenses	23,663		5,496	18,167
25 Total functional expenses. Add lines 1 through 24e	6,249,067	5,412,027	682,243	154,797
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 ☐ if following SOP 98-2 (ASC 958-720).				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	871,379	1	1,180,297
	2	Savings and temporary cash investments	866,321	2	1,665,903
	3	Pledges and grants receivable, net	12,301	3	9,801
	4	Accounts receivable, net	544,908	4	230,690
	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		8	
	9	Prepaid expenses and deferred charges	156,237	9	94,926
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,195,154		
	10b	Less: accumulated depreciation	389,746		
	10c		303,718	10c	805,408
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	53,681	15	3,910,253	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,808,545	16	7,897,278	
Liabilities	17	Accounts payable and accrued expenses	329,766	17	580,600
	18	Grants payable		18	
	19	Deferred revenue	700,324	19	959,788
	20	Tax-exempt bond liabilities		20	
	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		23	
	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	349,111	25	4,196,875
	26	Total liabilities. Add lines 17 through 25	1,379,201	26	5,737,263
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,429,344	27	2,160,015
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ 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	1,429,344	32	2,160,015
33	Total liabilities and net assets/fund balances	2,808,545	33	7,897,278	

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Form 990 (2020)

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Part XI Reconciliation of Net Assets

Check 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	6,979,738
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,249,067
3	Revenue less expenses. Subtract line 2 from line 1	3	730,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,429,344
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,160,015

Part XII

Financial Statements and Reporting

Check 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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 in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2020)

Form 990 (2020)

Additional Data**Return to Form****Software ID:****Software Version:****Form 990, Special Condition Description:****Special Condition Description**

efile Public Visual Render	ObjectID: 202201339349300910 - Submission: 2022-05-13	TIN: 52-2359517
SCHEDULE A (Form 990 or 990-EZ) 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 2020 Open to Public Inspection
	Name of the organization THE LEAPFROG GROUP	Employer identification number 52-2359517

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 or 990-EZ).)

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 **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 in 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						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	122,000	47,172	55,752	435,427	1,419,432	2,079,783
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	3,822,833	4,321,132	5,738,194	5,446,926	5,560,125	24,889,210
3 Gross receipts from activities that are not an unrelated trade or business under section 513						

39

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	3,944,833	4,368,304	5,793,946	5,882,353	26,968,993
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	42,500	25,000	52,000	77,500	247,000
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.					0
c	Add lines 7a and 7b.	42,500	25,000	52,000	77,500	247,000
8	Public support. (Subtract line 7c from line 6.)					26,721,993

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	3,944,833	4,368,304	5,793,946	5,882,353	6,979,557	26,968,993
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	48	1,014	6,336	1,293	181	8,872
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	48	1,014	6,336	1,293	181	8,872
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,944,881	4,369,318	5,800,282	5,883,646	6,979,738	26,977,865
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	99.050 %
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	99.010 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	0.030 %
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.040 %

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the		

determination.

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2020

Page 5

Schedule A (Form 990 or 990-EZ) 2020

Page 5

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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 in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government 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.		Yes	No
2a			
b Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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			

Schedule A (Form 990 or 990-EZ) 2020

Page 6

Schedule A (Form 990 or 990-EZ) 2020

Page 6

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.		
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 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):	1	
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 (explain in detail in Part VI):			
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 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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

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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 - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions	8		
9 Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			

a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016. . . .		
b	Excess from 2017. . . .		
c	Excess from 2018. . . .		
d	Excess from 2019. . . .		
e	Excess from 2020. . . .		

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

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Schedule A (Form 990 or 990-EZ) 2020

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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).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202201339349300910 - Submission: 2022-05-13	TIN: 52-2359517
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2020
Name of the organization THE LEAPFROG GROUP		Employer identification number 52-2359517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

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

Cat. No. 30613X

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

THE LEAPFROG GROUP

52-2359517

Part I**Contributors****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
RESTRICTED		\$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

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

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

Page 3

Name of organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

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

-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			

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

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

Page 4

Name of organization THE LEAPFROG GROUP	Employer identification number 52-2359517
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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 information once. See instructions.) \$ _____

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

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

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

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

Additional Data

[Return to Form](#)Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202201339349300910 - Submission: 2022-05-13	TIN: 52-2359517
SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2020 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 the organization THE LEAPFROG GROUP	Employer identification number 52-2359517
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2020

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 (grass roots 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	6,249,370													
e Total exempt purpose expenditures (add lines 1c and 1d)	6,249,370													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	462,469													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	115,617													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	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?		☐ Yes ☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	632,041	420,672	444,043	462,469	1,959,225
b Lobbying ceiling amount (150% of line 2a, column(e))					2,938,838
c Total lobbying expenditures					
d Grassroots nontaxable amount	90,510	105,168	111,011	115,617	422,306
e Grassroots ceiling amount (150% of line 2d, column (e))					633,459
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			

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f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 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 expenditure 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.

Return Reference	Explanation
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Schedule C (Form 990 or 990EZ) 2020

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202201339349300910 - Submission: 2022-05-13

TIN: 52-2359517

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2020Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► **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.**

Name of the organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education) ☐ Preservation of an 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 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 7/25/06, 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 ► \$ _____

Schedule D (Form 990) 2020

Page 2

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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				
b Buildings				
c Leasehold improvements		446,279	31,379	414,900
d Equipment		250,815	48,568	202,247
e Other		498,060	309,799	188,261
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				805,408

Schedule D (Form 990) 2020

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (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) DEPOSITS	53,681
(2) RIGHT OF USE ASSET	3,856,572
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	3,910,253

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,196,875

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2020

Page 4

Schedule D (Form 990) 2020

Page 4

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

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

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.

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, LEAPFROG HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Compensation Information

OMB No. 1545-0047

▶ **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.

2020

Open to Public Inspection

Employer identification number

52-2359517

Yes	No
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- ☐ First-class or charter travel
- ☐ Travel for companions
- ☐ Tax indemnification and gross-up payments
- ☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
- ☐ Payments for business use of personal residence
- ☐ Health or social club dues or initiation fees
- ☐ Personal services (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing 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.

☐ Compensation committee

☒ Independent compensation consultant

☒ Form 990 of other organizations

- ☒ Written employment contract
- ☒ Compensation survey or study
- ☒ 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 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 in 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)?

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

Cat. No. 50053T

Schedule J (Form 990) 2020

Page 2

Schedule J (Form 990) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LEAH BINDER PRESIDENT & CEO	(i)	596,648	0	0	28,500	51,266	676,414	0
	(ii)	0	0	0	0	0	0	0
2 MELISSA DANFORTH VP, HEALTH CARE RATINGS	(i)	277,738	500	0	28,467	27,744	334,449	0
	(ii)	0	0	0	0	0	0	0
3 ERICA MOBLEY VP FOR ADMINISTRATION	(i)	223,886	500	0	23,050	20,410	267,846	0
	(ii)	0	0	0	0	0	0	0
4 RALPH JOHNSON VP OF INFORMATICS AND TECHNOLOGY	(i)	221,481	500	0	10,262	28,407	260,650	0
	(ii)	0	0	0	0	0	0	0

5 STEPHEN GAUS DIRECTOR OF BUSINESS DEVELOPMENT	(i)	169,170	39,378	0	21,237	24,975	254,760	0
	(ii)	0	0	0	0	0	0	0
6 ANTHONY SUDLER VP OF DEVELOPMENT	(i)	168,505	0	0	3,172	17,207	188,884	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 3

Part IIISupplemental 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.

Return Reference	Explanation
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Schedule J (Form 990) 2020

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202201339349300910 - Submission: 2022-05-13	TIN: 52-2359517
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020Open to Public
InspectionName of the organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY MANAGEMENT, AND THEN REVIEWED BY THE AUDIT COMMITTEE CHAIR. THE AUDIT COMMITTEE CHAIR, ONCE COMFORTABLE WITH THE RETURN, FORWARDS IT TO THE BOARD FOR REVIEW. THE BOARD REVIEWS THE 990 PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	THE GOVERNANCE COMMITTEE ADVISES BOARD MEMBERS THAT THE BYLAWS REQUIRE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES SHOULD THEY HAVE ANY POSSIBLE CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE UTILIZED A COMPENSATION STUDY TO ESTABLISH THE COMPENSATION OF THE CEO.
FORM 990, PART VI, SECTION C, LINE 19	THE LEAPFROG GROUP WILL PROVIDE A COPY OF THEIR FORM 1023 AND FORM 990 UPON REQUEST. THE FORMS ARE ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 719,420. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 13,850. TOTAL EXPENSES 733,270.
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Additional Data**Return to Form****Software ID:****Software Version:**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

[illegible]

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.

[illegible]

Schedule R (Form 990) 2020

Page 2

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

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.

[illegible]

Schedule R (Form 990) 2020

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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.

Schedule R (Form 990) 2020

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]

[illegible]

Schedule R (Form 990) 2020

Page 5

Schedule R (Form 990) 2020

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PART I (B)	PROVIDING HEALTHCARE-RELATED SERVICES TO EMPLOYERS.

Schedule R (Form 990) 2020

Additional Data

Return to Form

Software ID:

Software Version:

EXHIBIT 29

efile Public Visual Render		ObjectID: 202341359349309369 - Submission: 2023-05-15	TIN: 52-2359517
Form 990	Return of Organization Exempt From Income Tax		OMB No. 1545-0047
	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.		2021 Open to Public Inspection
Department of the Treasury Internal Revenue Service			

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization THE LEAPFROG GROUP		D Employer identification number 52-2359517
	Doing business as		E Telephone number (202) 292-6713
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1775 K STREET NW 400		
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		G Gross receipts \$ 7,249,399
F Name and address of principal officer: LEAH BINDER 1775 K STREET NW 400 WASHINGTON, DC 20006		H(a) Is this a group return for 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.LEAPFROGGROUP.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 2001	M State of legal domicile: DC

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INITIATE IMPROVEMENTS IN THE SAFETY AND OVERALL VALUE OF HEALTH CARE TO CONSUMERS.		
Revenue	2 Check this box ☐		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,419,432	1,365,819
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,560,125	5,883,131
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	181	449
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,979,738	7,249,399
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
Net Assets or Fund Balances	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)	3,400,646	4,085,980
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 346,877	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,848,421	3,159,679
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,249,067	7,245,659
	19 Revenue less expenses. Subtract line 18 from line 12	730,671	3,740
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	7,897,278	8,852,512	
22 Net assets or fund balances. Subtract line 21 from line 20	5,737,263	6,684,552	
	2,160,015	2,167,960	

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

2023-05-15

Date

LEAH BINDER, PRESIDENT & CEO

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN
P00238304

Firm's name ▶ DEMBO JONES PC

Firm's EIN ▶ 52-1073331

Firm's address ▶ 6116 EXECUTIVE BLVD SUITE 500

Phone no. (301) 770-5100

NORTH BETHESDA, MD 20852

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

TO TRIGGER GIANT LEAPS FORWARD IN THE SAFETY, QUALITY, AND AFFORDABILITY OF U.S. HEALTH CARE BY USING TRANSPARENCY TO SUPPORT INFORMED HEALTH CARE DECISIONS AND PROMOTE HIGH-VALUE CARE.

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 \$ 2,959,937 including grants of \$) (Revenue \$ 255,932)

RATINGS: LEAPFROG FIELDS A VOLUNTARY SURVEY OF HOSPITALS AND AMBULATORY SURGERY CENTERS ON QUALITY AND SAFETY PRACTICES. THE SURVEYS INVOLVE MEASURE DEVELOPMENT AND ARE UPDATED ANNUALLY. THE HOSPITAL SURVEY ALSO INCLUDES A TOOL TO EVALUATE SYSTEMS FOR COMPUTERIZED PHYSICIAN ORDER ENTRY OF PHARMACEUTICALS. IN ADDITION, THE DATA FROM THE HOSPITAL SURVEY ARE COMBINED WITH DATA FROM OTHER SOURCES TO FURTHER UNDERSTAND HOSPITAL QUALITY AND SAFETY. THE ORGANIZATION PUBLICLY RATES U.S. HOSPITALS ON THEIR SAFETY IN AN INITIATIVE CALLED THE LEAPFROG HOSPITAL SAFETY GRADE.

4b (Code:) (Expenses \$ 1,801,211 including grants of \$) (Revenue \$ 5,496,481)

COMMUNICATIONS: LEAPFROG COLLECTS, ANALYZES AND DISSEMINATES HEALTH CARE DATA ON QUALITY AND SAFETY TO CONSUMERS AND PURCHASERS TO HELP THEM MAKE DECISIONS ON WHERE TO SEEK CARE. HEALTH CARE PROVIDERS ALSO FIND THE INFORMATION USEFUL FOR THEIR OWN IMPROVEMENT PROGRAMS AND THE OPPORTUNITY TO BENCHMARK AGAINST THEIR PEERS. LEAPFROG WORKS WITH PRINT, RADIO, TELEVISION, DIGITAL AND SOCIAL MEDIA PLATFORMS TO SPREAD INFORMATION ABOUT ITS HEALTH CARE RATINGS AND REPORTS.

4c (Code:) (Expenses \$ 1,233,389 including grants of \$) (Revenue \$ 130,718)

MEMBERSHIP: LEAPFROG WORKS WITH EMPLOYERS AND PURCHASERS OF HEALTH CARE TO ENCOURAGE TRANSPARENCY FROM THE HEALTH CARE COMMUNITY AND EDUCATE EMPLOYEES ON THE SAFEST AND HIGHEST QUALITY PROVIDERS. LEAPFROG ALSO COLLECTS DUES FROM AN ADVISORY COMMITTEE OF HEALTH CARE-FOCUSED COMPANIES WHO OFFER ADVICE AND SUGGESTIONS TO LEAPFROG BUT DO NOT HAVE A GOVERNING ROLE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,994,537

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Part IV **Checklist of Required Schedules**

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 
- 2** Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 

	Yes	No
1	Yes	
2	Yes	
3		No

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	Yes	
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		No
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		No
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		No
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		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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	Yes	
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		No
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		No
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	Yes	
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	Yes	
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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No

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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	No
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,"</i>	23	Yes

complete Schedule J				
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
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		No
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		No
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		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	24	
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	Yes	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
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	21	

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
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		No
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		No
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		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? Note. If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Note. If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? Note. If "Yes," complete Form 6069.	17		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
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 in Schedule O.	20	
1b	Enter the number of voting members included in line 1a, above, who are independent	20	
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

19 Describe in 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:
LEAH BINDER THE LEAPFROG GROUP 1775 K STREET NW 400 WASHINGTON, DC 20006 (202) 292-6713

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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, 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, or 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 dotted 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) DAVID GOLDHILL IMMEDIATE PAST CHAIR	6.00	X		X				0	0	0
(2) CRISTIE TRAVIS CHAIR, NOMINATIONS COMMITTEE	6.00	X		X				0	0	0
(3) DAVID HOPKINS CHAIR, AUDIT COMMITTEE	6.00	X		X				0	0	0
(4) SALLY WELBORN SECRETARY	6.00	X		X				0	0	0
(5) IRENE FRASER BOARD MEMBER	3.00	X						0	0	0
(6) BILL BONK BOARD MEMBER	3.00	X						0	0	0
(7) RAQUEL C BONO BOARD MEMBER	3.00	X						0	0	0
(8) ARNOLD MILSTEIN BOARD MEMBER	3.00	X						0	0	0
(9) DOLORES MITCHELL BOARD MEMBER	3.00	X						0	0	0
(10) LINDA SCHWIMMER VICE CHAIR	3.00	X						0	0	0
(11) MICHELLE MARTIN CHAIR	3.00	X		X				0	0	0
(12) MARSHA MANNING	3.00	X						0	0	0

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[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE JOHNS HOPKINS UNIVERSITY 733 NORTH BOARDWAY SUITE 117 BALTIMORE, MD 21205	CONSULTANTS	331,098
SKVARE LLC PO BOX 601033 DALLAS, TX 75360	CONSULTANTS	248,325
JPA HEALTH COMMUNICATIONS 1101 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20001	CONSULTANTS	217,169
TELAFFECTS 300 INTERNATIONAL PKWY SUITE 250 LAKE MARY, FL 32746	CONSULTANTS	204,352
PRICE MODERN 799 9TH STREET NW SUITE 250 WASHINGTON, DC 20001	CONSULTANTS	122,011

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 **6**

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Part VIII Statement of Revenue

Check 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
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues				
1c OtherAmt 372,915 Similar fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above				
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f	1,365,819			
2a COMMUNICATIONS AGREEMENT	900099	3,280,947	3,280,947	
DATA USE AGREEMENTS		2,203,109	2,203,109	

Program Service Revenue EDUCATION PLATFORM CONFERENCE REVENUE MEDIA PARTNERSHIP All other program service revenue.		900099		223,707	223,707	
		900099		102,426	102,426	
		900099		59,442	59,442	
		900099		13,500	13,500	
		g Total. Add lines 2a-2f.		5,883,131		

3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	449				449
--	-----	--	--	--	-----

	(i) Real	(ii) Personal			
6a Gross rents	6a				
b Less: rental expenses	6b				
c Rental income or (loss)	6c				
d Net rental income or (loss)					

	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a				
b Less: cost or other basis and sales expenses	7b				
c Gain or (loss)	7c				
d Net gain or (loss)					

8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 8b Less: direct expenses c Net income or (loss) from fundraising events	8a				
9a Gross income from gaming activities. See Part IV, line 19 9b Less: direct expenses c Net income or (loss) from gaming activities	9a				
10a Gross sales of inventory, less returns and allowances 10b Less: cost of goods sold c Net income or (loss) from sales of inventory	10a				

11a Miscellaneous Revenue b c d All other revenue e Total. Add lines 11a-11d	Business Code				
12 Total revenue. See instructions					

	7,249,399	5,883,131	0	449
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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX ☐				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1,312,020	1,209,484	72,785	29,751
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	2,166,744	1,506,757	478,433	181,554
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	135,397	108,874	18,020	8,503
9 Other employee benefits	270,928	223,711	29,686	17,531
10 Payroll taxes	200,891	155,682	33,110	12,099
11 Fees for services (non-employees):				
a Management				
b Legal	70,183	5,053	65,130	
c Accounting	135,998		135,998	
d Lobbying				
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 Schedule O)	675,539	669,539	6,000	
12 Advertising and promotion	283,130	268,765		14,365
13 Office expenses	70,994	68,793	1,980	221
14 Information technology	569,820	536,447	12,101	21,272
15 Royalties				
16 Occupancy	401,112		401,112	
17 Travel	98,791	92,250	3,775	2,766
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	196,651	190,703	5,821	127
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	238,235	202,712	19,769	15,754
23 Insurance	60,783		60,783	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	221,129	221,129		
b DATA AQUISITIONS	48,973	48,973		
c RECRUITING AND TRAINING	46,492	46,049	443	
d DUES AND SUBSCRIPTIONS	30,927	27,695	3,232	
e All other expenses	10,922	411,921	-443,933	42,934
25 Total functional expenses. Add lines 1 through 24e	7,245,659	5,994,537	904,245	346,877
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 ☐ if following SOP 98-2 (ASC 958-720).

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,180,297	1	984,762
	2 Savings and temporary cash investments	1,665,903	2	2,875,847
	3 Pledges and grants receivable, net	9,801	3	57,301
	4 Accounts receivable, net	230,690	4	570,021
	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		8	
	9 Prepaid expenses and deferred charges	94,926	9	140,710
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,335,001		
	b Less: accumulated depreciation	627,982		
		805,408	10c	707,019
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,910,253	15	3,516,852	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,897,278	16	8,852,512	
Liabilities	17 Accounts payable and accrued expenses	580,600	17	467,317
	18 Grants payable		18	
	19 Deferred revenue	959,788	19	1,056,019
	20 Tax-exempt bond liabilities		20	
	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		23	
	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	4,196,875	25	5,161,216
	26 Total liabilities. Add lines 17 through 25	5,737,263	26	6,684,552
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,160,015	27	2,167,960
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ 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	2,160,015	32	2,167,960
33 Total liabilities and net assets/fund balances	7,897,278	33	8,852,512	

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Page **12****Part XI Reconciliation of Net Assets**Check 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	7,249,399
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,245,659
3	Revenue less expenses. Subtract line 2 from line 1	3	3,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,160,015
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	4,205
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,167,960

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

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Form **990** (2021)

Form 990 (2021)

Additional Data[Return to Form](#)**Software ID:****Software Version:****Form 990, Special Condition Description:****Special Condition Description**

efile Public Visual Render	ObjectID: 202341359349309369 - Submission: 2023-05-15	TIN: 52-2359517	
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 2021 Open to Public Inspection	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Name of the organization THE LEAPFROG GROUP </td> <td style="width: 40%;"> Employer identification number 52-2359517 </td> </tr> </table>		Name of the organization THE LEAPFROG GROUP
Name of the organization THE LEAPFROG GROUP	Employer identification number 52-2359517		

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						

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

Cat. No. 11285F

Schedule A (Form 990) 2021

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 failed to qualify under the tests listed below, please complete Part III.)	Section A. Public Support Calendar year
--	---

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . .	47,172	55,752	435,427	1,419,432	1,365,819	3,323,602
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	4,321,132	5,738,194	5,446,926	5,560,125	5,883,131	26,949,508
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						

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	4,368,304	5,793,946	5,882,353	6,979,557	30,273,110
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	25,000	52,000	77,500	50,000	332,320
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.	390,205	528,045	896,002	803,522	3,408,373
c	Add lines 7a and 7b. .	415,205	580,045	973,502	853,522	3,740,693
8	Public support. (Subtract line 7c from line 6.)					26,532,417

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . . .	4,368,304	5,793,946	5,882,353	6,979,557	7,248,950	30,273,110
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	1,014	6,336	1,293	181	449	9,273
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,014	6,336	1,293	181	449	9,273
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.) . .	4,369,318	5,800,282	5,883,646	6,979,738	7,249,399	30,282,383
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 2021 (line 8, column (f) divided by line 13, column (f))	15	87.620 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	88.260 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0.030 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.030 %

- 19a 33 1/3% support tests-2021.** 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-2020.** 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 ► ☐

Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? 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.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 5

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?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
--	-----	----

- 1 Were a majority of the organization's directors or trustees during the ~~39~~ 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

- 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?
- 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).
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government 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.
- 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.
- 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**.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2021

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):	1		
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 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	☐ 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) 2021

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Schedule A (Form 990) 2021

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

b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017. . . .			
b Excess from 2018. . . .			
c Excess from 2019. . . .			
d Excess from 2020. . . .			
e Excess from 2021. . . .			

Schedule A (Form 990) (2021)

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Schedule A (Form 990) 2021

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2021

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202341359349309369 - Submission: 2023-05-15	TIN: 52-2359517
Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2021
Name of the organization THE LEAPFROG GROUP		Employer identification number 52-2359517

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

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

Cat. No. 30613X

Schedule B (Form 990) (2021)

THE LEAPFROG GROUP

52-2359517

Part I**Contributors****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
RESTRICTED		\$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

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
---------------------------	--	--	----------------------

-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 4

Name of organization THE LEAPFROG GROUP	Employer identification number 52-2359517
--	--

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 information once. See instructions.) \$

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

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

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

Schedule B (Form 990) (2021)

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202341359349309369 - Submission: 2023-05-15	TIN: 52-2359517
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 2021 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 the organization THE LEAPFROG GROUP	Employer identification number 52-2359517
--	--

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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

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-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990) 2021

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 (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c	Total lobbying expenditures (add lines 1a and 1b)	0													
d	Other exempt purpose expenditures	7,245,659													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,245,659													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	512,283													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">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)	128,071													
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	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?	☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	420,672	444,043	462,469	512,283	1,839,467
b Lobbying ceiling amount (150% of line 2a, column(e))					2,759,201
c Total lobbying expenditures					
d Grassroots nontaxable amount	105,168	111,011	115,617	128,071	459,867
e Grassroots ceiling amount (150% of line 2d, column (e))					689,801
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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.

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)		(b)
		Yes	No	Amount
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			

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f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 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 expenditure 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.

Return Reference	Explanation
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Schedule C (Form 990) 2021

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202341359349309369 - Submission: 2023-05-15

TIN: 52-2359517

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2021Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► **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.**

Name of the organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

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?		
☐ Yes ☐ 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?		
☐ Yes ☐ 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 (e.g., recreation or education) ☐ Preservation of an 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 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 7/25/06, 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 ► \$ _____

Schedule D (Form 990) 2021

Page 2

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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				
b Buildings				
c Leasehold improvements		447,431	73,327	374,104
d Equipment		296,578	99,093	197,485
e Other		590,992	455,562	135,430
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				707,019

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Page **3****Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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. (Column (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) DEPOSITS	39,253
(2) RIGHT OF USE ASSET	3,477,599
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	3,516,852

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	

CAPITAL LEASE	2,178
OPERATING LEASE	3,826,113
REFUNDABLE ADVANCE	1,332,925
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	5,161,216

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2021

Page 4

Schedule D (Form 990) 2021

Page 4

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

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

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.

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEARS ENDED JUNE 30, 2022 AND 2021, LEAPFROG HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render		ObjectID: 202341359349309369 - Submission: 2023-05-15	TIN: 52-2359517
Schedule J (Form 990)	Compensation Information		OMB No. 1545-0047
	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.		2021 Open to Public Inspection
Name of the organization THE LEAPFROG GROUP			Employer identification number 52-2359517

Part I Questions Regarding Compensation		Yes	No
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.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., 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	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3 Indicate which, if any, of the following the filing 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.			
☐ Compensation committee	☒ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ 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?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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?	5a		No
b Any related organization?	5b		No
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?	6a		No
b Any related organization?	6b		No
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 in lines 5 and 6? If "Yes," describe in Part III	7		No
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	8		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

Page 2

Schedule J (Form 990) 2021

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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, 1099-MISC compensation, and/or 1099-NEC			(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 LEAH BINDER PRESIDENT & CEO	(i)	568,717	0	0	29,000	43,895	641,612	0
	(ii)	0	0	0	0	0	0	0
2 MELISSA DANFORTH VP, HEALTH CARE RATINGS	(i)	289,363	61,096	0	29,000	29,912	409,371	0
	(ii)	0	0	0	0	0	0	0
3 ERICA MOBLEY VP FOR ADMINISTRATION	(i)	229,850	49,450	0	29,000	22,288	330,588	0
	(ii)	0	0	0	0	0	0	0
4 RALPH JOHNSON VP OF INFORMATICS AND TECH	(i)	224,662	34,875	0	26,537	30,342	316,416	0
	(ii)	0	0	0	0	0	0	0

5 JILL BERGER
DIRECTOR, EMPLOYER AND PAYOR ENGAGEM

	(i)	174,189	8,750	0	15,279	12,803	211,021	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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.

Return Reference	Explanation
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Schedule J (Form 990) 2021

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202341359349309369 - Submission: 2023-05-15	TIN: 52-2359517
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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY MANAGEMENT, AND THEN REVIEWED BY THE AUDIT COMMITTEE CHAIR. THE AUDIT COMMITTEE CHAIR, ONCE COMFORTABLE WITH THE RETURN, FORWARDS IT TO THE BOARD FOR REVIEW. THE BOARD REVIEWS THE 990 PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	THE GOVERNANCE COMMITTEE ADVISES BOARD MEMBERS THAT THE BYLAWS REQUIRE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES SHOULD THEY HAVE ANY POSSIBLE CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE UTILIZED A COMPENSATION STUDY TO ESTABLISH THE COMPENSATION OF THE CEO.
FORM 990, PART VI, SECTION C, LINE 19	THE LEAPFROG GROUP WILL PROVIDE A COPY OF THEIR FORM 1023 AND FORM 990 UPON REQUEST.
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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Software ID:

Software Version:

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2021

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

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Schedule R (Form 990) 2021

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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.

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.

[illegible]

Schedule R (Form 990) 2021

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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.

Schedule R (Form 990) 2021

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]

[illegible]

Schedule R (Form 990) 2021

Page 5

Schedule R (Form 990) 2021

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PART I (B)	PROVIDING HEALTHCARE-RELATED SERVICES TO EMPLOYERS.

Schedule R (Form 990) 2021

Additional Data

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Software ID:

Software Version:

EXHIBIT 30

efile Public Visual Render		ObjectID: 202401369349306420 - Submission: 2024-05-15	TIN: 52-2359517
Form 990	Return of Organization Exempt From Income Tax		OMB No. 1545-0047
	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.		2022 Open to Public Inspection
Department of the Treasury Internal Revenue Service			

A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization THE LEAPFROG GROUP		D Employer identification number 52-2359517	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1775 K STREET NW 400		E Telephone number (202) 292-6713	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		G Gross receipts \$ 7,556,255	
	F Name and address of principal officer: LEAH BINDER 1775 K STREET NW 400 WASHINGTON, DC 20006		H(a) Is this a group return for 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.LEAPFROGGROUP.ORG				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 2001 M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INITIATE IMPROVEMENTS IN THE SAFETY AND OVERALL VALUE OF HEALTH CARE TO CONSUMERS.		
Revenue	2 Check this box ☐		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		1,365,819	1,722,124
	9 Program service revenue (Part VIII, line 2g)	5,883,131	5,784,729
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	449	49,402
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,249,399	7,556,255
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,085,980	4,090,405
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶417,472		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,159,679	3,885,262
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,245,659	7,975,667
	19 Revenue less expenses. Subtract line 18 from line 12	3,740	-419,412
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	8,852,512	7,552,764
	21 Total liabilities (Part X, line 26)	6,684,552	5,803,995
	22 Net assets or fund balances. Subtract line 21 from line 20	2,167,960	1,748,769

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

2024-05-14

Date

LEAH BINDER, PRESIDENT & CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00238304

Firm's name

DEMBO JONES PC

Firm's EIN

52-1073331

Firm's address

6116 EXECUTIVE BLVD SUITE 500

Phone no. (301) 770-5100

NORTH BETHESDA, MD 20852

May the IRS discuss this return with the preparer shown above? See Instructions.

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2022)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission:

TO TRIGGER GIANT LEAPS FORWARD IN THE SAFETY, QUALITY, AND AFFORDABILITY OF U.S. HEALTH CARE BY USING TRANSPARENCY TO SUPPORT INFORMED HEALTH CARE DECISIONS AND PROMOTE HIGH-VALUE CARE.

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 \$ 3,649,756 including grants of \$) (Revenue \$ 141,135)

RATINGS: LEAPFROG FIELDS A VOLUNTARY SURVEY OF HOSPITALS AND AMBULATORY SURGERY CENTERS ON QUALITY AND SAFETY PRACTICES. THE SURVEYS INVOLVE MEASURE DEVELOPMENT AND ARE UPDATED ANNUALLY. THE HOSPITAL SURVEY ALSO INCLUDES A TOOL TO EVALUATE SYSTEMS FOR COMPUTERIZED PHYSICIAN ORDER ENTRY OF PHARMACEUTICALS. IN ADDITION, THE DATA FROM THE HOSPITAL SURVEY ARE COMBINED WITH DATA FROM OTHER SOURCES TO FURTHER UNDERSTAND HOSPITAL QUALITY AND SAFETY. THE ORGANIZATION PUBLICLY RATES U.S. HOSPITALS ON THEIR SAFETY IN AN INITIATIVE CALLED THE LEAPFROG HOSPITAL SAFETY GRADE.

4b

(Code:) (Expenses \$ 1,690,291 including grants of \$) (Revenue \$ 5,541,310)

COMMUNICATIONS: LEAPFROG COLLECTS, ANALYZES AND DISSEMINATES HEALTH CARE DATA ON QUALITY AND SAFETY TO CONSUMERS AND PURCHASERS TO HELP THEM MAKE DECISIONS ON WHERE TO SEEK CARE. HEALTH CARE PROVIDERS ALSO FIND THE INFORMATION USEFUL FOR THEIR OWN IMPROVEMENT PROGRAMS AND THE OPPORTUNITY TO BENCHMARK AGAINST THEIR PEERS. LEAPFROG WORKS WITH PRINT, RADIO, TELEVISION, DIGITAL AND SOCIAL MEDIA PLATFORMS TO SPREAD INFORMATION ABOUT ITS HEALTH CARE RATINGS AND REPORTS.

4c

(Code:) (Expenses \$ 1,298,824 including grants of \$) (Revenue \$ 102,284)

MEMBERSHIP: LEAPFROG WORKS WITH EMPLOYERS AND PURCHASERS OF HEALTH CARE TO ENCOURAGE TRANSPARENCY FROM THE HEALTH CARE COMMUNITY AND EDUCATE EMPLOYEES ON THE SAFEST AND HIGHEST QUALITY PROVIDERS. LEAPFROG ALSO COLLECTS DUES FROM AN ADVISORY COMMITTEE OF HEALTH CARE-FOCUSED COMPANIES WHO OFFER ADVICE AND SUGGESTIONS TO LEAPFROG BUT DO NOT HAVE A GOVERNING ROLE.

4d

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

6,638,871

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Part IV

Checklist of Required Schedules

1

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

1

Yes

No

2

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.

2

Yes

No

3

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

3

No

No

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	Yes	
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		No
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		No
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		No
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		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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	Yes	
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		No
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		No
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	Yes	
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	Yes	
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	Yes	
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		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No

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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	No
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,"</i>	23	Yes

complete Schedule J				
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
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		No
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		No
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		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	26	
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	Yes	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
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	24	

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		No
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		No
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		No
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		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
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		No
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		

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

	Yes	No
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 in Schedule O.	18	
b Enter the number of voting members included in line 1a, above, who are independent	18	
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	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
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	No
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	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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	No
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	Yes
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	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b Other officers or key employees of the organization	15b	Yes
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	No
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI, CT, ND

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

19 Describe in 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:

LEAH BINDER THE LEAPFROG GROUP 1775 K STREET NW 400 WASHINGTON, DC 20006 (202) 292-6713

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Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

■ List all of the organization's **current** key employees, if any. See 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, or 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 dotted 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) DAVID GOLDHILL IMMEDIATE PAST CHAIR	6.00	X		X				0	0	0
(2) MICHELLE MARTIN CHAIR	6.00	X		X				0	0	0
(3) BILL BONK CHAIR, AUDIT COMMITTEE	6.00	X		X				0	0	0
(4) SALLY WELBORN SECRETARY	6.00	X		X				0	0	0
(5) IRENE FRASER BOARD MEMBER	3.00	X						0	0	0
(6) LINDA J SCHWIMMER VICE CHAIR	6.00	X		X				0	0	0
(7) RAQUEL C BONO CHAIR, NOMINATIONS COMMITTEE	6.00	X		X				0	0	0
(8) ARNOLD MILSTEIN BOARD MEMBER	3.00	X						0	0	0
(9) DOLORES MITCHELL BOARD MEMBER	3.00	X						0	0	0
(10) G RUMAY ALEXANDER BOARD MEMBER	3.00	X						0	0	0
(11) JANET LUCAS- TAYLOR BOARD MEMBER	3.00	X						0	0	0

(12) KENNETH MENDEZ BOARD MEMBER	3.00	X							0	0	0
(13) MAUREEN RYAN BOARD MEMBER	3.00	X							0	0	0
(14) JOHN G ZERN TREASURER	6.00	X		X					0	0	0
(15) SUSAN SHERIDAN BOARD MEMBER	3.00	X							0	0	0
(16) KAREN VAN CAULIL BOARD MEMBER	3.00	X							0	0	0
(17) LINA WALKER BOARD MEMBER	3.00	X							0	0	0

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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 dotted 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) AARON SCHRADER BOARD MEMBER	3.00	X						0	0	0
(19) LEAH BINDER PRESIDENT & CEO	40.00			X				669,448	0	84,300
(20) MELISSA DANFORTH VP, HEALTH CARE RATINGS	40.00				X			358,974	0	61,438
(21) RALPH JOHNSON VP OF INFORMATICS AND TECH	40.00					X		272,508	0	58,950
(22) KATHRYN BURGGRAFSTEWART DIRECTOR, HEALTH CARE RATI	40.00					X		137,141	0	30,417
(23) ANGELA HOPKINS OFFICE ADMINISTRATOR	40.00					X		115,109	0	27,645
(24) JILL BERGER DIRECTOR, EMPLOYER AND PAY	40.00					X		224,670	0	35,621
(25) KAREN JUPITER VP DEVELOPMENT	40.00					X		252,426	0	23,131
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,030,276	0	321,502

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: 11

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE JOHNS HOPKINS UNIVERSITY 733 NORTH BOARDWAY SUITE 117 BALTIMORE, MD 21205	CONSULTANTS	462,443
SKVARE LLC PO BOX 601033 DALLAS, TX 75360	CONSULTANTS	266,737
TELAFFECTS 300 INTERNATIONAL PKWY SUITE 250 LAKE MARY, FL 32746	CONSULTANTS	221,459
JPA HEALTH COMMUNICATIONS 1101 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20001	CONSULTANTS	124,964
DEMBO JONES 6116 EXECUTIVE BLVD SUITE 500 NORTH BETHESDA, MD 20852	ACCOUNTANT	112,987

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 **5**

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Part VIII **Statement of Revenue**

Check 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	Voluntary contributions	1a
	Membership dues	1b
	828,250	
	Raising events	1c
	Related organizations	1d
	Government grants (contributions)	1e
	All other contributions, gifts, grants, and similar amounts not included above	1f
893,874		
g Noncash contributions included in lines 1a - 1f: \$	1g	

h Total. Add lines 1a-1f 1,722,124

2a COMMUNICATIONS AGREEME	Business Code				
	541900	3,208,489	3,208,489		

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Program Service Revenue	DATA USE AGREEMENTS		541900	2,219,257	2,219,257		
	MEDIA PARTNERSHIP		541900	165,345	165,345		
	CONFERENCE REVENUE		541900	103,015	103,015		
	EDUCATION PLATFORM		900099	75,973	75,973		
	All other program service revenue.			12,650	12,650		
g Total. Add lines 2a–2f.				5,784,729			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			49,402			49,402
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		7b					
	Less: cost or other basis and sales expenses	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	9b						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
	10b						
	c Net income or (loss) from sales of inventory						
11a	Business Code						
12 Total revenue. See instructions							
			7,556,255	5,784,729	0	49,402	

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1,473,920	1,172,985	268,726	32,209
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	1,994,128	1,465,957	297,895	230,276
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	180,874	144,321	21,986	14,567
9 Other employee benefits	243,356	203,315	19,244	20,797
10 Payroll taxes	198,127	148,949	34,420	14,758
11 Fees for services (non-employees):				
a Management				
b Legal	77,226	426	76,800	
c Accounting	145,905		145,905	
d Lobbying				
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 Schedule O)	1,108,156	1,106,349		1,807
12 Advertising and promotion	308,472	308,472		
13 Office expenses	75,164	37,603	30,790	6,771
14 Information technology	614,702	588,731	7,321	18,650
15 Royalties				
16 Occupancy	401,112	331,486	36,782	32,844
17 Travel	185,051	178,525	5,578	948
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	331,701	313,267	18,434	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	160,421	133,112	14,120	13,189
23 Insurance	62,300	51,486	5,713	5,101
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COMMUNICATIONS	222,948	222,948		
b DATA ACQUISITIONS	68,263	68,263		
c RECRUITING AND TRAINING	59,367	59,367		
d DUES AND SUBSCRIPTIONS	39,394	37,869	1,050	475
e All other expenses	25,080	65,440	-65,440	25,080
25 Total functional expenses. Add lines 1 through 24e	7,975,667	6,638,871	919,324	417,472

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 ☐ if following SOP 98-2 (ASC 958-720).

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	984,762	1	874,505
	2 Savings and temporary cash investments	2,875,847	2	2,125,422
	3 Pledges and grants receivable, net	57,301	3	4,950
	4 Accounts receivable, net	570,021	4	615,765
	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		8	
	9 Prepaid expenses and deferred charges	140,710	9	156,242
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,389,952		
	b Less: accumulated depreciation	755,110		
		707,019	10c	634,842
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,516,852	15	3,141,038	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,852,512	16	7,552,764	
Liabilities	17 Accounts payable and accrued expenses	467,317	17	475,069
	18 Grants payable		18	
	19 Deferred revenue	1,056,019	19	1,059,737
	20 Tax-exempt bond liabilities		20	
	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		23	
	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	5,161,216	25	4,269,189
	26 Total liabilities. Add lines 17 through 25	6,684,552	26	5,803,995
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,781,571	27	1,748,769
	28 Net assets with donor restrictions	386,389	28	0
	Organizations that do not follow FASB ASC 958, check here ☐ 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	2,167,960	32	1,748,769
33 Total liabilities and net assets/fund balances	8,852,512	33	7,552,764	

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Part XI Reconciliation of Net Assets

Check 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	7,556,255
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,975,667
3	Revenue less expenses. Subtract line 2 from line 1	3	-419,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,167,960
5	Net unrealized gains (losses) on investments	5	221
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,748,769

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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 in Schedule O.	Yes	
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?		No
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 in Schedule O and describe any steps taken to undergo such audits.		

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Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render	ObjectID: 202401369349306420 - Submission: 2024-05-15	TIN: 52-2359517	
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	
	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">Name of the organization THE LEAPFROG GROUP</td><td style="width: 30%;">Employer identification number 52-2359517</td></tr></table>		Name of the organization THE LEAPFROG GROUP
Name of the organization THE LEAPFROG GROUP	Employer identification number 52-2359517		

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						

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

Cat. No. 11285F

Schedule A (Form 990) 2022

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 failed to qualify under the tests listed below, please complete Part III.)
Section A. Public Support
Calendar year

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 grant.") . . .						
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 for 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.") .	55,752	435,427	1,419,432	1,365,819	1,837,788	5,114,218
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	5,738,194	5,446,926	5,560,125	5,883,131	5,669,065	28,297,441
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						

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	5,793,946	5,882,353	6,979,557	7,248,950	7,506,853
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	52,000	77,500	50,000	127,820	37,500
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.	528,045	896,002	803,522	790,599	762,322
c	Add lines 7a and 7b. .	580,045	973,502	853,522	918,419	799,822
8	Public support. (Subtract line 7c from line 6.)					29,286,349

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. . . .	5,793,946	5,882,353	6,979,557	7,248,950	7,506,853	33,411,659
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	6,336	1,293	181	449	49,402	57,661
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	6,336	1,293	181	449	49,402	57,661
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.) . .	5,800,282	5,883,646	6,979,738	7,249,399	7,556,255	33,469,320
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	87.500 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	87.620 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	0.170 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.030 %

- 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 ► ☐

Schedule A (Form 990) 2022**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? 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.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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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?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section C. Type II Supporting Organizations

	Yes	No
--	-----	----

- 1 Were a majority of the organization's directors or trustees during the ~~39~~ 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

- 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?
- 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).
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government 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.
- 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.
- 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**.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2022

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):	1		
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 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 ☐ 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

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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 (<i>prior IRS approval required - 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 e			
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. If the amount is greater than zero, <i>explain in Part VI.</i> See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is 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)

Page 8

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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).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202401369349306420 - Submission: 2024-05-15	TIN: 52-2359517
Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2022
Name of the organization THE LEAPFROG GROUP		Employer identification number 52-2359517

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

THE LEAPFROG GROUP

52-2359517

Part I**Contributors****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
RESTRICTED		\$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

Name of organization
THE LEAPFROG GROUP

Employer identification number

52-2359517

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
---------------------------	--	--	----------------------

-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

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Name of organization THE LEAPFROG GROUP	Employer identification number 52-2359517
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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 information once. See instructions.) \$ _____

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

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

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

Schedule B (Form 990) (2022)

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202401369349306420 - Submission: 2024-05-15	TIN: 52-2359517
SCHEDULE C (Form 990) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities	OMB No. 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2022
	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.	
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 the organization THE LEAPFROG GROUP	Employer identification number 52-2359517
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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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

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-.
1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990) 2022

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 (grass roots 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	7,975,667													
e Total exempt purpose expenditures (add lines 1c and 1d)	7,975,667													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	548,783													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 60%;">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)	137,196													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	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?		☐ Yes ☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	444,043	462,469	512,283	548,783	1,967,578
b Lobbying ceiling amount (150% of line 2a, column(e))					2,951,367
c Total lobbying expenditures					
d Grassroots nontaxable amount	111,011	115,617	128,071	137,196	491,895
e Grassroots ceiling amount (150% of line 2d, column (e))					737,843
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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			

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f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 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 expenditure 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.

Return Reference	Explanation
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Schedule C (Form 990) 2022

Additional Data

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Software ID:
Software Version:

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ObjectID: 202401369349306420 - Submission: 2024-05-15

TIN: 52-2359517

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No. 1545-0047

2022Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► **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.**

Name of the organization
THE LEAPFROG GROUPEmployer identification number
52-2359517**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?		
☐ Yes ☐ 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?		
☐ Yes ☐ 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 (e.g., recreation or education) ☐ Preservation of an 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 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 ► \$ _____

Schedule D (Form 990) 2022

Page 2

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

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				
b Buildings				
c Leasehold improvements		447,431	115,285	332,146
d Equipment		109,804	72,859	36,945
e Other		832,717	566,966	265,751
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				634,842

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. (Column (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. (Column (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) DEPOSITS	39,253
(2) OPERATING RIGHT OF USE ASSET	3,101,785
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	3,141,038

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	

17. Federal income taxes	
CAPITAL LEASE	5,270
OPERATING LEASE	3,447,896
REFUNDABLE ADVANCE	816,023
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	
	4,269,189

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 FIN 48 (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.

Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT EVALUATED LEAPFROG'S TAX POSITIONS AND CONCLUDED THAT LEAPFROG HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, LEAPFROG IS NOT LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEAR BEFORE 2019.

Additional Data

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Schedule J
(Form 990)**Compensation Information**

OMB No. 1545-0047

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.**

2022Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
THE LEAFPROG GROUP

Employer identification number

52-2359517

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.

- | | |
|---|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?**3** Indicate which, if any, of the following the filing 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.

- | | |
|---|---|
| ☐ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ 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 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 in 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)?**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Cat. No. 50053T

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not 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, 1099-MISC compensation, and/or 1099-NEC			(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 LEAH BINDER PRESIDENT & CEO	(i)	569,448	100,000	0	30,500	53,800	753,748	0
	(ii)	0	0	0	0	0	0	0
2 MELISSA DANFORTH VP, HEALTH CARE RATINGS	(i)	311,586	47,388	0	30,500	30,938	420,412	0
	(ii)	0	0	0	0	0	0	0
3 RALPH JOHNSON VP OF INFORMATICS AND TECH	(i)	236,570	35,938	0	27,791	31,159	331,458	0
	(ii)	0	0	0	0	0	0	0
4 KAREN JUPITER VP DEVELOPMENT	(i)	221,926	30,500	0	11,875	11,256	275,557	0
	(ii)	0	0	0	0	0	0	0

5 JILL BERGER DIRECTOR, EMPLOYER AND PAY	(i)	192,932	31,738	0	22,421	13,200	260,291	0
	(ii)	0	0	0	0	0	0	0
6 KATHRYN BURGGRAPHSTEWART DIRECTOR, HEALTH CARE RATI	(i)	113,895	23,246	0	13,259	17,158	167,558	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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Part IIISupplemental 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.

Return Reference	Explanation
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Schedule J (Form 990) 2022

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efile Public Visual Render	ObjectID: 202401369349306420 - Submission: 2024-05-15	TIN: 52-2359517
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 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
THE LEAPFROG GROUP

Employer identification number

52-2359517

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY MANAGEMENT, AND THEN REVIEWED BY THE AUDIT COMMITTEE CHAIR. THE AUDIT COMMITTEE CHAIR, ONCE COMFORTABLE WITH THE RETURN, FORWARDS IT TO THE BOARD FOR REVIEW. THE BOARD REVIEWS THE 990 PRIOR TO SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C	THE GOVERNANCE COMMITTEE ADVISES BOARD MEMBERS THAT THE BYLAWS REQUIRE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES SHOULD THEY HAVE ANY POSSIBLE CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE UTILIZED A COMPENSATION STUDY TO ESTABLISH THE COMPENSATION OF THE CEO.
FORM 990, PART VI, SECTION C, LINE 19	THE LEAPFROG GROUP WILL PROVIDE A COPY OF THEIR FORM 1023 AND FORM 990 UPON REQUEST.
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 1,106,349. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 1,807. TOTAL EXPENSES 1,108,156.
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

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Schedule R (Form 990) 2022

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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.

Schedule R (Form 990) 2022

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]

[illegible]

Schedule R (Form 990) 2022

Page 5

Schedule R (Form 990) 2022

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
PART I (B)	PROVIDING HEALTHCARE-RELATED SERVICES TO EMPLOYERS.

Schedule R (Form 990) 2022

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EXHIBIT 31



A program of



St. Mary's Medical Center

901 45th Street
West Palm Beach, FL 33407-2495

[View this hospital's Leapfrog Hospital Survey Results](#)

This Hospital's Grade



► [Show Recent Past Grades](#)

[Detailed table view](#)

NEW [Order 2½ years of detailed scoring for this hospital for \\$2.95](#)

Learn how to use the Leapfrog Hospital Safety Grade



This Hospital's Score:

15 *

Best Hospital's Score:

100

Average Hospital's Score:

80.23

Worst Hospital's Score:

15

Doctors order medications through a computer

Hospitals can use Computerized Physician Order Entry (CPOE) systems to order medications for patients in the hospital, instead of writing out prescriptions by hand. Good CPOE systems alert the doctor if they try to order a medication that could cause harm, such as prescribing an adult dosage for a child. CPOE systems help to reduce medication errors in the hospital.

Hospitals can earn up to 100 points for using a well-functioning CPOE system in most areas of the hospital. [For details on sources, click here.](#)

What safer hospitals do:

Hospitals use CPOE systems in all areas of the hospital and regularly test those systems to ensure they are alerting doctors to potential ordering errors.

Notes and Definitions

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health system.

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Delray Medical Center

5352 Linton Boulevard
Delray Beach, FL 33484-6580

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This Hospital's Score:

15 *

Best Hospital's Score:

100

Average Hospital's Score:

80.23

Worst Hospital's Score:

15

Doctors order medications through a computer

Hospitals can use Computerized Physician Order Entry (CPOE) systems to order medications for patients in the hospital, instead of writing out prescriptions by hand. Good CPOE systems alert the doctor if they try to order a medication that could cause harm, such as prescribing an adult dosage for a child. CPOE systems help to reduce medication errors in the hospital.

Hospitals can earn up to 100 points for using a well-functioning CPOE system in most areas of the hospital. [For details on sources, click here.](#)

What safer hospitals do:

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EXHIBIT 33



A program of



Good Samaritan Medical Center

1309 N. Flagler Drive
West Palm Beach, FL 33401-3499

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This Hospital's Grade

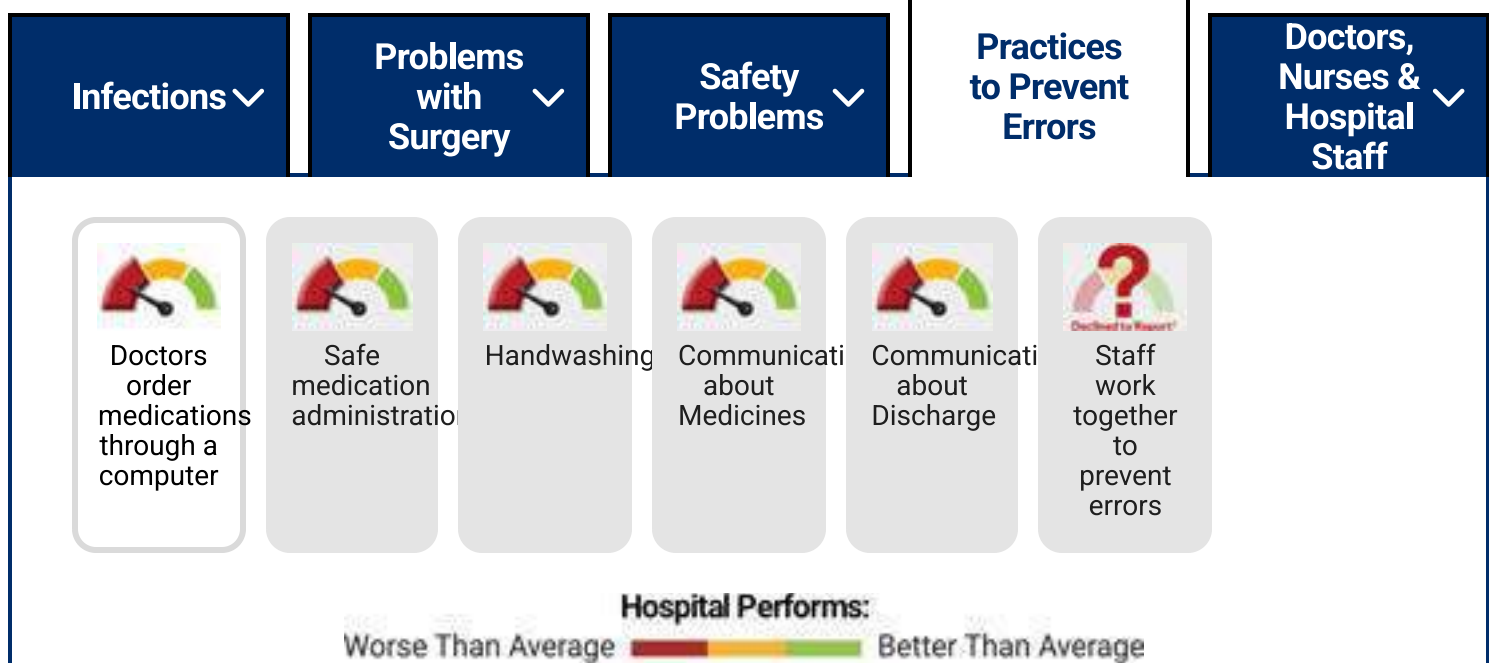


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This Hospital's Score:

15 *

Best Hospital's Score:

100

Average Hospital's Score:

80.23

Worst Hospital's Score:

15

Doctors order medications through a computer

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Hospitals can earn up to 100 points for using a well-functioning CPOE system in most areas of the hospital. [For details on sources, click here.](#)

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A program of



Palm Beach Gardens Medical Center

3360 Burns Road
Palm Beach Gardens, FL 33410-4304

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15 *

Best Hospital's Score:

100

Average Hospital's Score:

80.23

Worst Hospital's Score:

15

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West Boca Medical Center

21644 State Road 7
Boca Raton, FL 33428-1899

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Average Hospital's Score:

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Tenet's Palm Beach Health Network Hospitals Earn High Performance Recognition in Multiple Service Lines in U.S. News & World Report's 2021-22 Best Hospitals

October 13th, 2021 – Four Palm Beach Health Network hospitals achieved high performance marks for the state of Florida in the annual U.S. News & World Report's 2021-2022 Best Hospitals rankings for adult clinical specialties.

These Palm Beach Health Network hospitals are designated as high performing for the following service lines:

Delray Medical Center: Diabetes, Heart Attack, Heart Failure, & Stroke

Good Samaritan Medical Center: Chronic Obstructive Pulmonary Disease (COPD), & Kidney Failure

Palm Beach Gardens Medical Center: Chronic Obstructive Pulmonary Disease (COPD), & Stroke

St. Mary's Medical Center: Stroke

“All of the Palm Beach Health Network Hospitals put a premium on delivering the highest quality care to the communities we serve, and being recognized for that commitment is evidence that our patients are benefitting,” said Maggie Gill, chief executive officer for the Palm Beach Health Network and Delray Medical Center. “We believe in providing patients the very best when it comes to their healthcare needs, and being honored by U.S. News & World Report is a testament to our entire team who all strive to give the best care to everyone who walks through our doors.”

Hospitals are ranked nationally in specialties from cancer to urology and rated in common procedures and conditions, such as heart bypass surgery, hip and knee replacement and COPD. Hospitals are also ranked regionally within states and major metro areas.

The U.S. News Best Hospitals analysis reviews hospitals' performance in adult and pediatric clinical specialties, procedures and conditions. For more information about the Palm Beach Health Network, go to www.palmbeachhealthnetwork.com.

About the Palm Beach Health Network:

The Palm Beach Health Network is one of the largest healthcare networks in Palm Beach County consisting of, Delray Medical Center, Good Samaritan Medical Center, Palm Beach Children's Hospital, Palm Beach Gardens Medical Center, St. Mary's Medical Center and West Boca Medical Center, along with various ambulatory surgery centers, outpatient facilities and urgent care centers. All of our hospitals have received prestigious awards and accolades, national rankings and multiple accreditations. We are dedicated to the standards of excellent patient care that are the hallmark of the Tenet brand.

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Year in Review – Tenet Palm Beach Hospitals

Palm Beach Gardens Medical Center

Palm Beach Gardens Medical Center became the first and only hospital in the state of Florida to use the NAVIO orthopedic surgical system to help surgeons perform precise and accurate partial knee replacement surgeries using the JOURNEY UNI knee. This technology for partial knee replacements uses a CT-free intra-operative registration, planning and navigation platform to assist the surgeon in building patient-specific surgical plans.

The hospital also began offering new hope for men suffering from erectile dysfunction with the availability of a new penile implant program. Penile implants are an option when other, less invasive treatments for erection problems have not been successful, and further treatment is desired. An inflatable penile prosthesis is an implantable device used in the treatment of erectile dysfunction.

Palm Beach Gardens Medical Center received the American Heart Association's 2019 Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award with Target Stroke Honor Roll Elite Plus for the fifth straight year. The award recognizes the hospital's commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

The hospital earned a certification of its cardiovascular-pulmonary rehabilitation program by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). This certification is recognition of Palm Beach Gardens Medical Center's commitment to improving the quality of life of patients by enhancing standards of care.

In addition, the hospital is also now performing procedures with the da Vinci Xi Surgical System. The da Vinci Xi System is designed with the goal of further advancing the technology used in minimally invasive surgery. The System can be used across a spectrum of minimally, invasive surgical procedures and has been optimized for multi-quadrant surgeries in the areas of gynecology, urology, thoracic, cardiac, hepatobiliary, and general surgery.

Good Samaritan Medical Center

Good Samaritan Medical Center received the American Heart Association/American Stroke Association's Get With The Guidelines® Target: Stroke Honor Roll Elite Gold Plus Quality Achievement Award. The award recognizes the hospital's commitment to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence.

As way to take the stress and anxiety out of waiting, Good Samaritan Medical Center's Breast Institute is now offering same day mammography results for patients who undergo a mammogram. As part of a comprehensive approach to cancer care, the Good Samaritan Breast Institute is a full-service breast cancer screening and treatment facility within Good Samaritan Medical Center. The Breast Institute offers low-dose screening and diagnostic mammography, breast cancer surgery, stereotactic biopsy, ultrasound, CT scanning, PET-CT, bone densitometry and support groups for newly diagnosed breast cancer patients or patients with advanced breast cancer.

Good Samaritan Medical Center was also honored by the Agency for Health Care Administration, and the Florida Department of Health, for being one of 19 delivery hospitals in the state of Florida achieving the national Healthy People 2020 recognition. One objective of this program is to reduce cesarean section deliveries for first-time mothers with low-risk pregnancies.

The hospital also became a recipient of Healthgrades 2019 Labor and Delivery Excellence Award™. This distinction places Good Samaritan in the top 10 percent of all hospitals evaluated for the exceptional care of mothers during and after labor and delivery, according to Healthgrades.

West Boca Medical Center

West Boca Medical Center saw a major change at its CEO position appointing George Rizzuto as its new chief executive officer. Rizzuto has more than 35 years of hospital leadership experience as a healthcare executive with extensive experience in hospital operations and finance, as well as public accounting. Rizzuto replaced longtime CEO Mitch Feldman, who retired from West Boca Medical Center and Tenet Healthcare after close to 30 years of service to the organization. Feldman's strong work ethic, knowledge and determination to deliver high quality care, built a strong and successful foundation at West Boca Medical Center.

The hospital also underwent a nearly \$10 million renovation of their operating rooms to expand and enlarge operating room capabilities for modernization, improved efficiency and advanced technological capability. The hospital now has the use of six newly renovated operating rooms which are equipped with the latest technology. In addition, the hospital increased its post-anesthesia care unit (PACU) bays from six to fifteen, which includes four private PACU rooms.

West Boca Medical Center received a national certification as a Sleep Safe Hospital through the Home Safe and Children's Services Council of Palm Beach County. The award is based on West Boca Medical Center's commitment to reduce infant sleep-related deaths by establishing a hospital infant safe sleep policy. Sudden infant death syndrome (SIDS) is the leading cause of death among infants one month to one year of age, taking the lives of about 2,500 children each year in the United States.

West Boca Medical Center is also a 5-star recipient for Vaginal and C-Section Deliveries as recognized by Healthgrades. This 5-star rating indicates that West Boca Medical Center's clinical outcomes are statistically significantly better than expected for Vaginal and C-Section Deliveries.

St. Mary's Medical Center

St. Mary's Medical Center & Palm Beach Children's Hospital announced the appointment of Cynthia McCauley as its new Chief Administrative Officer. In this new role, McCauley is responsible for all strategic growth, operations and finances for

both facilities.

St. Mary's Medical Center also became the first hospital in Palm Beach and Broward county to use the Surpass Streamline Flow Diverter to treat unruptured large and giant wide neck intracranial aneurysms. The device is the second flow diverting stent to gain FDA approval in the U.S.

CARF International (Commission on Accreditation of Rehabilitation Facilities) awarded St. Mary's Medical Center and the Palm Beach Children's Hospital accreditation for a period of three years for its comprehensive integrated inpatient rehabilitation program for adults, comprehensive integrated inpatient rehabilitation program for children and adolescents, brain injury specialty program and stroke specialty program.

The hospital was also recognized with the Labor and Delivery Excellence Award™ and Obstetrics and Gynecology Excellence Award by Healthgrades for the second year in a row. In fact, the hospital is the only one in Palm Beach County to achieve this. This distinction places St. Mary's Medical Center in the top 5% of all hospitals evaluated for the exceptional care of mothers during and after labor and delivery according to Healthgrades, a leading online resource for information about physicians and hospitals. In addition to the OBGYN and Labor and Delivery Excellence Awards, St. Mary's Medical Center has been recognized as a five-star recipient for Vaginal Delivery and C-Section Delivery for the 5th consecutive year.

Delray Medical Center

Delray Medical Center achieved the Healthgrades 2019 America's 50 Best Hospitals Award for the 17th straight year, since the inception of the award. The distinction places the hospital in the top 1 percent of more than 4,500 hospitals assessed nationwide for its consistent, year-over-year superior clinical performance as measured by Healthgrades.

The hospital also received the bariatric surgical center accreditation as a Comprehensive Center under the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®), a joint program of the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS).

In addition, DMC became the first hospital in South Florida to perform the Trans Carotid Artery Revascularization (TCAR) procedure to treat carotid artery disease and help prevent future strokes, is now a center of excellence for this procedure. This recognition by Silk Road Medical designates Delray Medical Center as South Florida's only TCAR Center of Excellence.

This designation notes that Delray Medical Center is among the top 1% in quality outcomes for TCAR. Delray Medical Center was also recognized as a High Performing Hospital for 2019-20 by U.S. News & World Report.

The annual Procedures & Conditions ratings, now in their 5th year, are designed to assist patients and their doctors in making informed decisions about where to receive care for common conditions and elective procedures. These ratings extend the U.S. News mission of providing consumers with patient decision support beyond the Best Hospitals rankings, which are geared toward complex specialty care.

Delray Medical Center earned a "High Performing" rating for heart failure and chronic obstructive pulmonary disease (COPD) procedures, in recognition of care that was significantly better than the national average, as measured by factors such as patient outcomes. "High Performing" is the highest rating U.S. News awards for heart failure and COPD care.

Delray Medical Center is also among the top 10 percent in the nation for Cranial Neurosurgery and Critical Care, according to a national report by Healthgrades.

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Awards & Distinctions

Delray Medical Center

- Recipient of the Healthgrades® America's 50 Best Hospitals Award for 14 years in a row (2007-2020)
- Recipient of the Healthgrades® Patient Safety Excellence Award (2018-2021)



Cardiac and Vascular

- Healthgrades Five Star Recipient for Valve Surgery in 2021
- Healthgrades® Five-Star Recipient for Treatment of Heart Failure for 19 Years in a Row (2003-2022)
- Healthgrades® Five-Star Recipient for Treatment of Heart Attack in 2020
- Recipient of U.S. News & World Report High Performing Hospitals 2019-20 for Heart Failure
- TCAR Center of Excellence for 3 years in a row (2018-2020)
- TCAR Clinical Operator of Experience (2020)





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Critical Care

- Healthgrades Five-Star Recipient for Treatment of Sepsis for 18 years in a row (2004-2022)
- Healthgrades Five-Star Recipient for Treatment of Respiratory Failure for 7 years in a row (2015-2022)



Gastrointestinal

- Healthgrades Five-Star Recipient for Small Intestine Surgeries for 5 years in a row (2017-2021)
- Healthgrades Five-Star Recipient for Colorectal Surgeries for 4 years in a row (2018-2022)
- Healthgrades Five-Star Recipient for Esophageal/Stomach Surgeries for 2 years in a row (2020-2021)
- Healthgrades Five-Star Recipient for Gastrointestinal Surgery





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Neuroscience/Stroke

- Joint Commission Thrombectomy-Capable Stroke Center Certification
- Named Among the Top 5% in the Nation for Treatment of Stroke by Healthgrades (2022)
- Named Among the Top 10% in the Nation for Neurosciences by Healthgrades® (2022)
- American Heart Association Get With The Guidelines® – Stroke Gold Plus Award
- Recipient of the Healthgrades® Neurosciences Excellence Award™ (2021)
- Recipient of the Healthgrades® Stroke Care Excellence Award™ for 12 years in a row (2010-2022)
- Healthgrades® Five-Star Recipient for Treatment of Stroke for 14 years in a row (2008-2022)
- DNV GL Healthcare Certified Comprehensive Stroke Center (2020)



Weight Loss

- Bariatric Surgery Center of Excellence
- Optum/United Healthcare Bariatric Center of Excellence



Good Samaritan Medical Center





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Accreditation and Quality Improvement Program (MBSAQIP) is a joint Quality Program of the American College of Surgeons (ACS) and the American Society for Metabolic and Bariatric Surgery (ASMBS).

- Recognized by BLUE CROSS AND BLUE SHIELD ASSOCIATION with a Blue Distinction® Centers for Bariatric Surgery designation, as part of the Blue Distinction Specialty Care program.



Breast Care

- The Norma E. & Miles M. Zisson Comprehensive Breast Center of the Palm Beaches at Good Samaritan Medical Center is designated by the American College of Surgeons as a National Accreditation Program for Breast Centers (NAPBC) for 13 Years in a Row
- Designated Breast Imaging Center of Excellence by the American College of Radiology (ACR)
- Recognized as a Center of Excellence for Hidden Scar Breast Cancer Surgery™



Cancer Care

- The Cancer Care of Palm Beach at Good Samaritan Medical Center is accredited by the Commission on Cancer (CoC) of the American College of Surgeons
- Designated Lung Cancer Screening Clinic by the American College of Radiology (ACR)



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Gastrointestinal Care

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- The Only Hospital in South Florida to be recognized with the America's 100 Best for Spine and Outpatient Orthopedic Excellence Award in 2025 by Healthgrades
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- 2025 Pulmonary Care Excellence Award™ recipient by Healthgrades
- Named Among the Top 10% in the Nation for Pulmonary Care in 2025 by Healthgrades
- 2024 Pulmonary Care Excellence Award™ recipient by Healthgrades
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- Five-Star Recipient for Treatment of Pneumonia for 3 Years in a Row (2023-2025)
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- Five-Star Recipient for Treatment of Respiratory Failure for 2 Years in a Row (2024-2025)



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EXHIBIT 39

TRENDING: Dr. Mehmet Oz Shares Vision for CMS

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DELRAY MEDICAL CENTER INTRODUCES NEXT GENERATION, NON- INVASIVE TREATMENT FOR MOVEMENT DISORDERS

Posted by cfelixcpa | Jan 11, 2025 | SF STAT! | 0 🗨️ |

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January 9, 2025-Delray Medical Center is announcing today the acquisition of the Exablate Prime system, a state-of-the-art technology that offers incisionless treatment for movement disorders such as essential tremor and Parkinson's disease. This advanced platform utilizes focused ultrasound guided by MRI to precisely target and remove affected areas in the brain, providing patients with a non-invasive surgery option.



Heather Havericak,
CEO of Delray
Medical Center.

"We are committed to bringing the latest medical innovations to our community," said Heather Havericak, CEO of Delray Medical Center. "The Exablate Prime system enhances our ability to provide top-tier, non-invasive treatment options for patients suffering from debilitating movement disorders. This is brain surgery without cutting into

the brain."

"The precision and safety of the Exablate Prime system represent a significant advancement in neurosurgery," said Dr. Lloyd Zucker, Chief of Neurosurgery at Delray Medical Center. "By offering an outpatient, incisionless procedure, while utilizing some of the latest technologies, we can improve patient outcomes and reduce recovery times for those battling conditions like essential tremor."

The Exablate Prime system, developed by Insightec, has transformed the landscape of neurosurgical treatments by providing a non-invasive alternative to traditional brain surgery. Patients typically experience immediate therapeutic effects with minimal complications, allowing them to return home the same day.



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This next generation system integrates intelligent algorithms, autogenerated patient reports, data management, and reporting power to allow for advanced and intuitive surgical planning and sonification, which all makes the process faster and more accurate.

Delray Medical Center's investment in this technology underscores its dedication to adopting innovative solutions that improve patient care and quality of life.

For more information about the Exablate Prime system and treatment options available at Delray Medical Center, please [click here](#).

About Delray Medical Center

Delray Medical Center, part of the Palm Beach Health Network, is a 536-bed acute care hospital, spanning 30 acres, employing over 1,700 employees, 700 physicians, serving southern Palm Beach County for over 40 years. As both a community hospital and state-designated Level I Trauma Center Delray Medical Center offers several specialized services including state-of-the art cardiac and vascular facilities, orthopedics, neurosciences, emergency care, and weight-loss surgery.

Pinecrest Rehabilitation and Outpatient Hospital at Delray Medical Center is the only state designated brain and spinal cord injury rehabilitation program in the county by the State of Florida. Delray Medical Center is also home to Fair Oaks Pavilion, a 53-bed adult psychiatry unit. For more information about our services, visit our website at www.palmbeachhealthbnetwork.com.

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ABOUT THE AUTHOR



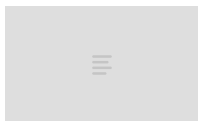
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Good Samaritan Medical Center is First Hospital in Palm Beach County to Perform the HYDROS™ Robotic System Procedure

Next-Generation AI-Powered Platform for Aquablation® Therapy to Treat Benign Prostatic Hyperplasia (BPH) – Enlarged Prostate

WEST PALM BEACH, FL.-December 13, 2024 – Good Samaritan Medical Center is the first hospital in South Florida outside of Miami to perform Aquablation® therapy with the new HYDROS™ Robotic System, the next-generation platform to treat men suffering from benign prostatic hyperplasia (BPH), commonly known as an enlarged prostate. The procedure was completed by robotic and minimally invasive urologic surgeon Dr. Joshua S. Jue.

“Being the first hospital in our community to offer this procedure keeps us at the forefront of medical technology investment. It gives our patients the best opportunity at a positive outcome,” said Sheri Montgomery, the hospital’s CEO.

“We always put the patient first so they can get back to enjoying a quality lifestyle.”

Aquablation therapy, now delivered by an AI-powered robotic system, is clinically proven to provide significant, durable BPH symptom relief while preserving sexual function and continence across prostates of all shapes and sizes.

BPH is an unfortunate reality of aging for millions of men, which is commonly associated with lower urinary tract symptoms. Common urinary symptoms associated with BPH include frequent daytime urination, waking at night to urinate, straining to urinate, slow urinary stream, sensation of incomplete bladder emptying, and urgency to quickly use the restroom. Without timely treatment, BPH can lead to severe health issues such as permanent bladder or kidney damage, infections, bladder stones, and urinary incontinence. Half of males ages 51-60 have BPH¹ and 99% of men say BPH impacts their quality of life².

Aquablation therapy was designed to offer a minimally invasive and effective solution for BPH that can be applied to almost all prostate gland sizes. Aquablation therapy is unique in its use of real-time, ultrasound-guided, robotic-assisted waterjet technology, allowing surgeons to create a personalized treatment plan that precisely targets prostate tissue to remove or preserve. With this tailored approach, the system accurately removes obstructing tissue, while protecting apical prostate tissue.

The HYDROS Robotic System represents the next evolution in the delivery of Aquablation therapy. Leveraging insights from over 50,000 procedures, HYDROS features FirstAssist AI™ treatment planning, advanced image guidance, robotic resection, and a streamlined workflow. HYDROS is designed to improve efficiency, enhance surgeon and staff experience, and deliver a more accurate and consistent treatment plan for better clinical outcomes.

Dr. Jue has been performing this operation in Manhattan using the first-generation platform, AquaBeam™ Robotic System, since 2021. At the time of his first operation at Good Samaritan Medical Center, the new HYDROS™ Robotic System was not available in New York City.

“I am proud to offer this new surgical treatment that leverages AI technology to South Florida. Artificial intelligence integration is becoming the future of innovation, and I am happy to see that this technology is becoming integrated into robotic surgery to improve patient outcomes. Quality healthcare that utilizes the latest technology is available in South Florida at Good Samaritan Medical Center,” said Dr. Jue.

For more information on urological services at Good Samaritan Medical Center, please visit www.palmbeachhealthnetwork.com.

About Good Samaritan Medical Center

Good Samaritan Medical Center (GSMC) is a 333-bed acute care hospital, part of the Palm Beach Health Network, that's provided sophisticated, personalized and emergency medical care to Palm Beach County and the Treasure Coast with over 100 years of experience.

GSMC utilizes some of the latest robotic technologies that highlight their robust general surgery procedures including the MAKO, Da Vinci and Velys robots. Our cancer center is accredited by the Commission on Cancer, anchored by our state-of-the-art Breast Center.

To learn more about GSMC visit www.palmbeachhealthnetwork.com or call 561-650-6023.

Risk and Safety Information

All surgical treatments have inherent and associated side effects. Individual's outcomes may depend on a number of factors, including but not limited to patient characteristics, disease characteristics and/or surgeon experience. The most common side effects are mild and transient and may include mild pain or difficulty when urinating, discomfort in the pelvis, blood in the urine, inability to empty the bladder or a frequent and/or urgent need to urinate, and bladder or urinary tract infection. Other risks include ejaculatory dysfunction and a low risk of injury to the urethra or rectum where the devices gain access to the body for treatment. Further, there may be other risks as in other urological surgery, such as anesthesia risk or the risk of infection, including the potential transmission of blood borne pathogens. For more information about potential side effects and risks associated with Aquablation therapy for Benign Prostatic Hyperplasia (BPH) treatment, speak with your urologist or surgeon. Prior to using our products, please review the Instructions for Use, Operator's Manual or User Manual, as applicable, and any accompanying documentation for a complete listing of indications, contraindications, warnings, precautions and potential adverse events. No claim is made that the AquaBeam® Robotic System will cure any medical condition, or entirely eliminate the diseased entity. Repeated treatment or alternative therapies may sometimes be required.

As with any surgical urologic procedure, potential perioperative risks of the Aquablation procedure include but are not limited to the following, some of which may lead to serious outcomes and may require intervention: Anesthesia risk, Bladder or prostate capsule perforation, Bladder neck contracture, Bleeding or blood in the urine, Bruising, Penile or pelvic pain, Irritative symptoms, which may include dysuria, urgency or frequency, Infection, Transurethral resection (TUR) syndrome, Electric shock/burn, Urethral damage causing false passage or stricture, Rectal incontinence/perforation, Sexual dysfunction, including ejaculatory and erectile dysfunction, Incontinence or overactive bladder, Embolism, Urinary Retention.

Rx Only

Please review the Instructions for Use and any accompanying documentation for a complete listing of indications, contraindications, warnings, precautions, and potential adverse events.

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EXHIBIT 41

The Palm Beach Post

PALM BEACH GARDENS

How Palm Beach Gardens is growing: Medical Center spends \$14M to make its campus efficient



Maya Washburn

Palm Beach Post

Published 5:01 a.m. ET Dec. 10, 2024

PALM BEACH GARDENS – Within the next 10 to 15 years, [Palm Beach Gardens Medical Center](#) likely will have the fewest beds of the three hospitals in northern Palm Beach County. Its leaders are confident it can remain competitive and have launched \$14 million in improvements to make that happen.

Medical center officials have one major aim as they work on the center's 22-acre, 199-bed campus along Burns Road — improving efficiency.

That means creating areas where the hospital staff can see and treat patients faster. It means replacing old equipment in operating rooms with new devices that aren't attached to floors.

It even means bringing in more robots to help doctors perform surgeries — all while freshening up the appearance of the hospital, which opened 56 years ago.

“We already have some pretty good turnaround times,” CEO Erik Cazares said during a recent tour of the projects under way.

“From the time that a patient walks into our emergency room to the time they're seen by a physician is under 10 minutes. But our goal is to even make that faster.”

How Jupiter is growing: [Lot along Intracoastal to welcome a 12-slip marina with restaurant](#)

Hospitals prosper with 'positive patient journeys,' professor says

Short wait times and streamlined care may help distinguish Palm Beach Gardens Medical Center in an increasingly crowded marketplace.

Miller Medical Center is rising 5 miles northwest of Palm Beach Gardens Medical Center in the Alton community along Donald Ross Road off Interstate 95. It is scheduled to open in April 2026 with 170 beds with plans to expand to 300.

Jupiter Medical Center with 327 beds is being expanded at its campus along Old Dixie Highway about 8 miles north of Gardens Medical.

City officials also have approved bringing a “micro-hospital” to Avenir, a 4,000-home community on Northlake Boulevard, about 15 miles west of City Hall. The hospital, as proposed, would be a combined effort by Jupiter Medical Center and UF Health.

Impact fees: [Dessert shop owner says county bill of nearly \\$24,000 is 'extortion'](#)

Hospital owners in South Florida need to take advantage of any edge they can get over their competition, said Attila Hertelendy, a Florida International University business professor who studies hospitals.

This often lies in pleasing aesthetics through the hospital and delivering a positive “patient journey,” he said.

“People want to make sure that (a hospital) works, and works right,” Hertelendy said. “They don’t want to waste their whole day going to a hospital that's inefficient with appointments that are late.”

He said hospitals can stay relevant by investing in the latest health care technology and home or local-based care, like telemedicine and stand-alone emergency rooms.

“The facilities that can really, really think about the future in terms of how they're integrating current technologies, robotics and AI, are going to be a big game-changer for the market,” Hertelendy said. “Many hospitals have not taken advantage of this fully yet.”

Gardens Medical aims at 'comfortable environment' for patients

Palm Beach Gardens Medical Center is following that path with its improvement plans.

Some of the renovations will give the hospital a fresh and updated look. Terrazzo floors will be replaced with dark vinyl planks, and many rooms are getting new light fixtures and fresh coats of paint.

Other changes will open spaces in operating and examination rooms to bring in new equipment, including large mobile robots which some surgeons use during procedures.

How West Palm Beach is growing [L Project offering affordable housing and boutique grocery breaks ground](#)

In operating rooms, crews are removing older equipment attached to the floors. New equipment will help surgeons perform minimally invasive procedures.

The emergency department is getting a makeover, too. While the number of beds will remain unchanged at 24, crews have taken three walls down and are installing new nurses stations and a security check-in. There also will be a triage room where patients can meet with a nurse.

“The space is being reconfigured to where patients can be seen quicker and we’re able to make a determination of where they need to go a lot faster,” Cazares said. “These investments are geared toward meeting the needs of patients and creating a more comfortable environment for them to be treated.”

Maya Washburn covers northern Palm Beach County for The Palm Beach Post, part of the USA TODAY Florida-Network. Reach her at mwashburn@pbpost.com. Support local journalism: [Subscribe today](#).

EXHIBIT 42

Parkland > Health & Wellness

Health & Wellness

West Boca Medical Center Introduces Innovative Fast Track Emergency Department for Expedited Care



By Andrew Lofholm

Published March 17, 2024 at 7:00 AM

PARKLAND, FL- West Boca Medical Center announces the launch of its Fast Track Emergency Department, revolutionizing the delivery of care for patients with less severe medical needs. This addition aligns with the hospital's commitment to enhancing patient experience, streamlining care, and ensuring rapid access to high-quality medical services. Traditionally, emergency departments have catered to patients by providing care in horizontal settings, like in beds and stretchers, often leading to extended wait times and inefficiencies in treatment. Recognizing the need for a more patient-centered approach, West Boca Medical Center introduces the Fast Track Emergency Department, where patients relax in comfortable recliners for the duration of their visit, optimizing efficiency and minimizing unnecessary delays.

"We understand that time is of the essence when it comes to medical emergencies, and our new Fast Track Emergency Department is designed to prioritize swift and effective care for patients with less acute needs," said Dr. Cory Harow, Chief of the Emergency Department. "By keeping patients vertical, we can provide a more focused and streamlined approach, ensuring that they receive the attention they need in a timely manner."

The Fast Track Emergency Department features seven treatment bays equipped with privacy curtains, individual TVs, and call bells for patient convenience. It is staffed with dedicated nurses and medical technicians, trained to provide personalized care tailored to the specific needs of each patient. This approach aims for quicker assessments, diagnostic workups, and treatment interventions, enhancing the overall patient experience.

"We are excited to unveil this brand new, bright, and highly functional addition to our care area, which combines the advantages of speedy care with the full resources of a hospital adjacent," added Dr. Harow. "In the event of a change in clinical status or the need for additional interventions, our Fast Track Emergency Department seamlessly transitions patients to the appropriate level of care, with access to specialized medical professionals and resources."

The Fast Track Emergency Department at West Boca Medical Center represents a significant milestone in the evolution of emergency medicine, offering a more efficient and patient-centric model of care. With its focus on rapid assessment, expedited treatment, and seamless transitions to higher levels of care, this innovative facility sets a new standard for emergency medical services in the Boca Raton community.

About West Boca Medical Center (WBMC)

The hospital is part of the Palm Beach Health Network and has been serving southern Palm Beach and northern Broward counties for over 37 years. WBMC offers general medical and surgical care, orthopedics, a robotic surgery program, a state-of-the art breast imaging center, women's and children's services and the only level III NICU in southern Palm Beach County. Its two emergency centers, one at the main hospital and the other in Coconut Creek, are open 24-hours a day.

For more information about West Boca Medical Center, its many Quality Awards or for a physician referral, call 866-904-WBMC (9262) or visit [West Boca Medical Center](#) online.

EXHIBIT 43



Scoring Methodology

FALL 2024 SAFETY GRADE



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WHAT IS THE HOSPITAL SAFETY GRADE?

Leapfrog Hospital Safety Grades are assigned to nearly 3,000 general acute-care hospitals across the nation twice annually. The Safety Grade uses up to 22 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources, to produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Safety Grade methodology has been peer reviewed and published in the [Journal of Patient Safety](#).¹

With the Safety Grade, The Leapfrog Group aims to educate and encourage consumers to consider safety when selecting a hospital for themselves or their families. In addition, we believe the Safety Grade will foster strong market incentives for hospitals to make safety a priority. Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

ELIGIBLE HOSPITALS

Due to the limited availability of public data, Leapfrog is not able to calculate a Safety Grade for every hospital in the U.S., including the following types of hospitals:

- Critical access hospitals (CAH)
- Rural emergency hospitals (REH)
- Long-term care and rehabilitation facilities
- Mental health facilities
- Federal hospitals (e.g., Veterans Affairs, Indian Health Services, etc.)
- Some specialty hospitals, such as surgery centers and cancer hospitals
- Free-standing pediatric hospitals
- Hospitals in U.S. territories
- Hospitals that are missing scores for **more than six (6)** process/structural measures, or **more than five (5)** outcome measures, or **missing PSI 90**

¹ The Leapfrog Hospital Safety Grade uses the below-described data and reflects expert opinion as to the relative importance of each category.



MEASURES

The Safety Grade utilizes up to 22 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources.

The measure set is divided into two domains: (1) Process/Structural Measures and (2) Outcome Measures. Each domain represents 50% of the Safety Grade. The following table lists the 22 measures included in the Safety Grade, as well as the data source and reporting period for each measure. In some cases where a hospital's information is not available for a certain measure, Leapfrog uses a [secondary data source](#) (as indicated in the table). In cases where a hospital's information is not available from any data source, Leapfrog has outlined a methodology for dealing with the [missing data](#).

PROCESS/STRUCTURAL MEASURES (12)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Computerized Physician Order Entry (CPOE)	2024 Leapfrog Hospital Survey	2024	Imputation Model Applied*	N/A
Bar Code Medication Administration (BCMA)	2024 Leapfrog Hospital Survey	2024	Imputation Model Applied*	N/A
ICU Physician Staffing (IPS)	2024 Leapfrog Hospital Survey	2024	Imputation Model Applied*	N/A
Safe Practice 1: Culture of Leadership Structures and Systems	2024 Leapfrog Hospital Survey	2024	N/A	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2024 Leapfrog Hospital Survey	2024	N/A	N/A



PROCESS/STRUCTURAL MEASURES (12)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Total Nursing Care Hours per Patient Day	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	N/A	N/A
Hand Hygiene	2024 Leapfrog Hospital Survey	2024	Imputation Model Applied*	N/A
H-COMP-1: Nurse Communication	CMS	10/01/2022 - 09/30/2023	N/A	N/A
H-COMP-2: Doctor Communication	CMS	10/01/2022 - 09/30/2023	N/A	N/A
H-COMP-3: Staff Responsiveness	CMS	10/01/2022 - 09/30/2023	N/A	N/A
H-COMP-5: Communication about Medicines	CMS	10/01/2022 - 09/30/2023	N/A	N/A
H-COMP-6: Discharge Information	CMS	10/01/2022 - 09/30/2023	N/A	N/A

*See [Leapfrog's Imputation Method for CPOE, BCMA, IPS and Hand Hygiene](#) for more information on the imputation methodology used for hospitals that did not submit a Leapfrog Hospital Survey by the Data Snapshot Date (August 31, 2024).



OUTCOME MEASURES (10)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Foreign Object Retained	CMS	07/01/2021 - 06/30/2023	N/A	N/A
Air Embolism	CMS	07/01/2021 - 06/30/2023	N/A	N/A
Falls and Trauma	CMS	07/01/2021 - 06/30/2023	N/A	N/A
CLABSI	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
CAUTI	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
SSI: Colon	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
MRSA	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
C. Diff.	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
PSI 4: Death rate among surgical inpatients with serious treatable complications	CMS	07/01/2020 - 06/30/2022	N/A	N/A
CMS Medicare PSI 90: Patient safety and adverse events composite*	CMS	07/01/2020 - 06/30/2022	N/A	N/A

* CMS calculates PSI 90 using the ten (10) component PSIs. While scores for each of the 10 component PSIs are not used to calculate fall 2024 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade [website](#).


****COMPONENT PSIs (SCORES NOT USED TO CALCULATE THE HOSPITAL SAFETY GRADE)**

Component PSI	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
PSI 3: Pressure ulcer rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 6: Iatrogenic pneumothorax rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 8: In-hospital fall with hip fracture rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 9: Postoperative hemorrhage or hematoma rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 10: Postoperative acute kidney injury requiring dialysis rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 11: Postoperative respiratory failure rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 12: Perioperative pulmonary embolism or deep vein thrombosis rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 13: Postoperative sepsis rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 14: Postoperative wound dehiscence rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 15: Abdominopelvic accidental puncture or laceration rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A

Note: CMS calculates PSI 90 using the ten (10) component PSIs listed above. While scores for each of the 10 component PSIs are not used to calculate fall 2024 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade [website](#).



MEASURE & SCORING DESCRIPTIONS

PROCESS/STRUCTURAL MEASURES

For Process/Structural Measures, a higher score is always better because these are measures of compliance with best practices in patient care.

COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

The CPOE measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's progress toward implementing a CPOE system to reduce medication ordering errors. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Unable to Calculate Score." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15
Unable to Calculate Score	Not Available (See Scoring Terms)

For hospitals that did not submit a 2024 Leapfrog Hospital Survey by August 31, see [Using Secondary Data Sources](#) for more information on Leapfrog's imputation methodology.



BAR CODE MEDICATION ADMINISTRATION (BCMA)

The BCMA measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's progress toward 1) implementation of BCMA throughout the hospital, 2) compliance with patient and medication scans during administration, 3) use of decision support, and 4) structures to monitor and reduce workarounds. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Does Not Apply." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	75
Some Achievement	50
Limited Achievement	25
Does Not Apply	Not Available (See Scoring Terms)

For hospitals that did not submit a 2024 Leapfrog Hospital Survey by August 31, see [Using Secondary Data Sources](#) for more information on Leapfrog's imputation methodology.

ICU PHYSICIAN STAFFING (IPS)

The IPS measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's use of intensivists in ICUs. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Does Not Apply." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	50
Some Achievement	15
Limited Achievement	5
Does Not Apply	Not Available (See Scoring Terms)

For hospitals that did not submit a 2024 Leapfrog Hospital Survey by August 31, see [Using Secondary Data Sources](#) for detailed information on Leapfrog's imputation methodology.



NATIONAL QUALITY FORUM (NQF) SAFE PRACTICES

Two (2) NQF Safe Practice measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey. They measure a hospital's progress toward implementing endorsed processes and protocols to reduce and prevent adverse events. Through participation in the Leapfrog Hospital Survey, hospitals can earn up to 120 points for each Safe Practice. For the purposes of calculating the Safety Grade, individual scores for each Safe Practice are used:

NQF Safe Practice	Possible Measure Score
Safe Practice 1: Culture of Safety Leadership Structures and Systems	0 - 120
Safe Practice 2: Culture Measurement, Feedback and Intervention	0 - 120

There is no secondary data source for the NQF Safe Practices. Therefore, hospitals that did not submit a 2024 Leapfrog Hospital Survey by August 31 will not have these measures included in their Safety Grade and the measure will be reported as "Declined to Report." See [Dealing with Missing Data](#) for more information.

TOTAL NURSING CARE HOURS PER PATIENT DAY

The Total Nursing Care Hours per Patient Day measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures the hospital's total number of productive hours worked by employee or contract nursing staff (i.e., RNs, LPNs, and UAPs) with direct patient care responsibilities per patient day across three unit types: medical, surgical, and med/surg. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Does Not Apply." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15
Does Not Apply	Not Available (See Scoring Terms)

There is no secondary data source for the Total Nursing Care Hours per Patient Day measure. Therefore, hospitals that did not submit a 2024 Leapfrog Hospital Survey by August 31 will not have this measure included in their Safety Grade and the measure will be reported as "Declined to Report." See [Dealing with Missing Data](#) for more information.



HAND HYGIENE

The Hand Hygiene measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures processes and protocols that hospitals have in place regarding monitoring hand hygiene practices, fostering a culture of good hand hygiene, offering training and education, and providing equipment. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: “Achieved the Standard,” “Considerable Achievement,” “Some Achievement,” “Limited Achievement.” For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15

For hospitals that did not submit a 2024 Leapfrog Hospital Survey by August 31, see [Using Secondary Data Sources](#) for detailed information on Leapfrog’s imputation methodology.

HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) COMPOSITES

The Hospital HCAHPS survey responses are collected by CMS via the Inpatient Quality Reporting Program. Linear mean scores [calculated by CMS](#) incorporate the full range of survey response categories into a single metric for each HCAHPS composite. Five of the six composites are used in the Safety Grade. For the purposes of calculating the Safety Grade, a hospital’s linear mean score for each of the five composites is used:

HCAHP Composite	Possible Measure Score
H-COMP-1: Nurse Communication	0 - 100
H-COMP-2: Doctor Communication	0 - 100
H-COMP-3: Staff Responsiveness	0 - 100
H-COMP-5: Communication about Medicines	0 - 100
H-COMP-6: Discharge Information	0 - 100



OUTCOME MEASURES

For Outcome Measures, a lower score is always better because these are measures of harm experienced by patients (e.g., central line-associated blood stream infections).

HOSPITAL-ACQUIRED CONDITIONS

Three hospital-acquired condition measures are calculated by CMS through the [DRA HAC Reporting Program](#): Foreign Object Retained after Surgery, Air Embolism, and Falls and Trauma. Hospital-acquired condition rates are calculated by CMS based on Part A Medicare Fee-for-service (FFS) claims and publicly reported as a rate per 1,000 Part A Medicare FFS discharges. No age restrictions are applied. For the purposes of calculating the Safety Grade, the rate is used. More information is available in the [DRA HAC methodology](#).

HEALTHCARE-ASSOCIATED INFECTIONS

Five healthcare-associated infection measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey: Central line-associated bloodstream infections (CLABSI) in ICUs and select wards, Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards, Surgical site infections from colon surgery (SSI: Colon), Facility-wide inpatient MRSA Blood Laboratory-identified Events, and Facility-wide inpatient C.diff. Laboratory-identified Events. Through participation in the Leapfrog Hospital Survey, hospitals were required to 1) join Leapfrog's NHSN group, 2) provide an accurate NHSN ID in the Profile section of the Online Survey Tool, and 3) submit a Survey by August 31. For the purposes of calculating the Safety Grade, the [standardized infection ratio \(SIR\)](#) is used:

As Reported by Leapfrog	Measure Score	Notes
Standardized Infection Ratio (SIR)	SIR	Measure is included in calculating the Safety Grade
Does Not Apply	Not Available (See Scoring Terms)	Measure is not included in calculating the Safety Grade. No use of Secondary Data.
Unable to Calculate Score	Not Available (See Scoring Terms)	Measure is not included in calculating the Safety Grade. No use of Secondary Data.
Declined to Respond	See Using Secondary Data	Secondary Data source is used.

For hospitals that did not join Leapfrog's NHSN group, provide an accurate NHSN ID, or submit a 2024 Leapfrog Hospital Survey by August 31, see [Using Secondary Data Sources](#) for more information on Leapfrog's use of CMS data.



AHRQ PATIENT SAFETY INDICATORS (PSI)

Two AHRQ Patient Safety Indicators are calculated by CMS through the Inpatient Quality Reporting Program and the [HAC Reduction Program](#): PSI 4 Death Rate among Surgical Inpatients with Serious Treatable Conditions and PSI 90 Patient Safety and Adverse Events Composite. PSI rates are calculated by CMS based on Medicare Fee-for-Service claims and publicly reported as a rate per 1,000 inpatient discharges. CMS only includes claims from patients 18 years or older. For the purpose of calculating the Safety Grade, the smoothed rate is used for both measures. More information on calculating PSIs is available on the [Patient Safety Indicators \(PSI\) 2024 Resources website](#).

Note: CMS calculates PSI 90 using the ten (10) component PSIs that are listed in the PSI 90 Components table [above](#). While scores for each of the 10 component PSIs are NOT used to calculate fall 2024 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade [website](#). Additional information about the PSI 90 measure and how it is calculated by CMS can be found [here](#).



USING SECONDARY DATA SOURCES

Twelve (12) of the 22 measures included in the Safety Grade are derived from the Leapfrog Hospital Survey. The Leapfrog Hospital Survey is voluntary, and as such, hospitals may choose not to submit a Survey. To address this gap in available data, the Safety Grade methodology utilizes secondary data when available. For information on how to complete a free Leapfrog Hospital Survey, visit www.leapfroggroup.org/survey.

IMPUTATION METHOD FOR CPOE, BCMA, IPS, AND HAND HYGIENE

Leapfrog has worked closely with statisticians at Mathematica, Leapfrog's National [Expert Panel](#), and our scientific partners at Johns Hopkins Armstrong Institute for Patient Safety and Quality to develop a new two-step imputation approach for determining scores for CPOE, BCMA, IPS, and Hand Hygiene if they are missing from our [publicly reported](#) Survey Results.

STEP 1: USE A HOSPITAL'S MOST RECENT SCORE ON THE MEASURE (APPLIES TO CPOE, IPS, AND HAND HYGIENE ONLY)

If the hospital had a score assigned by Leapfrog in the previous two rounds of grades (i.e., spring 2024, fall 2023), excluding imputed scores, the hospital is assigned the most recent score on that measure in the current Hospital Safety Grade (i.e., fall 2024).

STEP 2: USE IMPUTATION POINT ASSIGNMENT (APPLIES TO CPOE, BCMA, IPS AND HAND HYGIENE)

If the hospital does not have historical data from the last two rounds (i.e., spring 2024, fall 2023) of the Safety Grade, the hospital is assigned a point value that is equivalent to receiving "Limited Achievement" for this measure on the Leapfrog Hospital Survey:

Measure	Leapfrog Hospital Survey Performance Category	Corresponding Safety Grade Measure Score
CPOE	Limited Achievement	15
BCMA	Limited Achievement	25
IPS	Limited Achievement	5
Hand Hygiene	Limited Achievement	15

Note about IPS: Only hospitals that operate an adult or pediatric medical and/or surgical ICU or neuro ICU are eligible for Step 2 Imputation of the IPS measure. A hospital's ICU designation (i.e., operating a medical ICU, surgical ICU, or pediatric ICU) is determined from the number of medical, surgical and/or pediatric ICU beds reported in Worksheet S-3 Part 1 of the hospital's most recent CMS Cost Report. If your hospital does not operate an ICU, but shares a CMS Certification Number with a hospital that does, please [contact the Help Desk](#) immediately if an IPS score was imputed.



CMS DATA FOR HAIS

CMS is **the secondary data** source for healthcare-associated infections. For the purposes of calculating the Safety Grade, the standardized infection ratio (SIR) published by CMS is used:

Hospitals That Did Not Join Leapfrog's NHSN Group and Submit Section 7: Managing Serious Errors of the 2024 Leapfrog Hospital Survey by August 31

As Reported by CMS	Measure Score	Notes
Not Available (no locations or low volume)	Not Available (See Scoring Terms)	Measure is not included in calculating the Leapfrog Hospital Safety Grade.
Standard Infection Ratio (SIR)	SIR	Measure is included in calculating the Leapfrog Hospital Safety Grade.

If a hospital does not have available data from the Leapfrog Hospital Survey or CMS (e.g., no locations or low volume), the hospital is reported as "Not Available." See [Dealing with Missing Data](#) for more information.



SCORING METHODOLOGY

WEIGHTING INDIVIDUAL MEASURES

Each measure included in the Leapfrog Hospital Safety Grade is assigned a standard weight. The methodology to assign standard weights includes four criteria: (1) Impact, (2) Evidence, (3) Opportunity, and (4) Number of Component Measures. These four criteria are then combined using the equation below, which results in a standard weight for each measure that represents the measure's relative importance within the Hospital Safety Grade.

$$[\text{Evidence} + (\text{Impact} \times \text{Opportunity} \times \text{Number of Component Measures})]$$

EVIDENCE

The Evidence Score for each individual measure is assigned a value of one (1) or two (2) using the following criteria:

- 1 = Supported by either suggestive clinical or epidemiological studies or theoretical rationale
- 2 = Supported by experimental, clinical, or epidemiological studies and strong theoretical rationale

OPPORTUNITY

The Opportunity Score for each individual measure is based on the Coefficient of Variation (Standard Deviation/Mean) of that measure, using the following formula: **[1 + (Standard Deviation/Mean)]**. The Opportunity Score is on a continuous scale that is capped at three (3). Any measure with an Opportunity Score above three (3) is assigned a three (3).

IMPACT

The Impact Score for each individual measure is comprised of two (2) parts, each of which is assigned a value from one (1) to three (3):

1. Number of patients affected
2. Severity of harm

The *number of patients affected* score is determined by the following:

- 0 = Extremely rare event (e.g., Air Embolism)
- 1 = Rare event (e.g., Foreign Object Retained After Surgery)



- 2 = Some patients in hospital affected (e.g., ICU Physician Staffing)
- 3 = All patients in hospital affected (e.g., Hand Hygiene)

The *severity of harm* score is determined by the following:

- 1 = No direct evidence of harm or harm reduction (e.g., Patient Experience)
- 2 = Clear documentation of harm or harm reduction; adverse events (e.g., Foreign Object Retained After Surgery)
- 3 = Significant mortality reduction (more than 1,000 deaths or a 10% reduction in hospital wide mortality) (e.g., ICU Physician Staffing)

The values from each part are then added together to arrive at the overall Impact Score using the following criteria:

- 1 = Score of 2 (Low Impact) (e.g., Air Embolism)
- 2 = Score of 3-4 (Medium Impact) (e.g., Patient Experience)
- 3 = Score of 5-6 (High Impact) (e.g., ICU Physician Staffing)

NUMBER OF COMPONENT MEASURES

The number of component measures refers to how many measures are included within the measure. For PSI 90, the number of component measures is 10 (PSI 3, PSI 6, PSI 8, PSI 9, PSI 10, PSI 11, PSI 12, PSI 13, PSI 14, and PSI 15). For all other measures included in the Hospital Safety Grade, the number of component measures within the measure is one (1).



STANDARD MEASURE WEIGHTS

Measure	Evidence Score	Opportunity Score	Impact Score	Number of Component Measures	Standard Measure Weight
Process/Structural Measure Domain (50%)					
CPOE	2	1.44	3	1	6.2%
BCMA	2	1.39	3	1	6.0%
IPS	2	1.68	3	1	6.9%
SP 1	1	1.06	2	1	3.0%
SP 2	1	1.13	2	1	3.2%
Total Nursing Care Hours per Patient Day	2	1.42	2	1	4.7%
Hand Hygiene	2	1.51	2	1	4.9%
H-COMP-1	1	1.03	2	1	3.0%
H-COMP-2	1	1.03	2	1	3.0%
H-COMP-3	1	1.05	2	1	3.0%
H-COMP-5	1	1.06	2	1	3.0%
H-COMP-6	1	1.04	2	1	3.0%
Outcome Measure Domain (50%)					
Foreign Object Retained	1	3.00	2	1	4.2%
Air Embolism	1	3.00	1	1	2.4%
Falls and Trauma	2	2.05	3	1	4.9%
CLABSI	2	1.82	3	1	4.5%
CAUTI	2	1.88	3	1	4.6%
SSI: Colon	2	1.85	2	1	3.4%
MRSA	2	1.79	3	1	4.5%
C. Diff.	2	1.79	3	1	4.5%
PSI 4	1	1.13	2	1	2.0%
PSI 90	1	1.19	2	10	15.0%



CALCULATING Z-SCORES

Z-Scores are used to standardize data from measures with different performance scales and allow for comparisons (e.g., a linear mean score of 90 on H-COMP-1: Nurse Communication and a CLABSI SIR of 0.870). In addition, Z-Scores can indicate to a hospital whether their measure score is above, below, or equal to the average hospital.

In the Scoring Methodology, a Z-Score is calculated for each available measure score. A Z-Score is calculated using a hospital's actual measure score, the national mean for that measure, and the standard deviation for that measure. The Z-Score for each measure is calculated using the following formulas:

- **For Process/Structural Measures:** $[\text{Hospital Score} - \text{Mean}] / \text{Standard Deviation}$
- **For Outcome Measures:** $[(\text{Mean} - \text{Hospital Score}) / \text{Standard Deviation}]$

The following table includes the national mean and standard deviation for each measure used to calculate a hospital's Z-Score. For display, means and standard deviations are displayed rounded to two or three decimal places. For scoring, these values are not rounded.

Process and Structural Measures	Mean	Standard Deviation
CPOE	79.04	34.62
BMCA	80.51	31.02
IPS	64.45	43.96
SP 1	117.40	6.66
SP 2	116.60	15.20
Total Nursing Care Hours per Patient Day	76.10	31.78
Hand Hygiene	72.43	36.61
H-COMP-1	90.04	2.56
H-COMP-2	89.80	2.48
H-COMP-3	81.48	4.41
H-COMP-5	74.33	4.16
H-COMP-6	85.14	3.78

Outcome Measures	Mean	Standard Deviation
Foreign Object Retained	0.014	0.050
Air Embolism	0.002	0.055
Falls and Trauma	0.385	0.404
CLABSI	0.687	0.566
CAUTI	0.577	0.505
SSI: Colon	0.852	0.722
MRSA	0.746	0.588
C. Diff.	0.418	0.330
PSI 4	168.34	21.85
PSI 90	1.01	0.19



A NOTE ABOUT EXTREME VALUES

For hospitals that have an “extreme” value for a particular measure (i.e., a value that exceeds the 99th percentile) Leapfrog “trims” the reported value to the 99th percentile. For example, a rate of 0.500 per 1,000 patient discharges for Foreign Object Retained after Surgery is “trimmed” to 0.327 (e.g., the 99th percentile). Only “trimmed” rates are displayed on the Leapfrog Hospital Safety Grade [website](#). The table below includes the “trim” values for the fall 2024 Leapfrog Hospital Safety Grade. The PSI 90 measure score represents an observed to expected ratio that has already been risk adjusted at both the component PSI level and at the composite level; therefore, the measure is not “trimmed” by Leapfrog.

Measure	99 th Percentile
Foreign Object Retained	0.327
Air Embolism	2.890
Falls and Trauma	1.942
CLABSI	2.534
CAUTI	2.550
SSI: Colon	3.534
MRSA	2.696
C. Diff.	1.699
PSI 4	222.68

Note: Percentiles are rounded to reflect the precision of the raw data.



DEALING WITH MISSING DATA

Due to a variety of reasons, a hospital may not have a measure score for all 22 measures. If a hospital is missing a measure score for any measure (except PSI 90; hospitals missing PSI 90 are not graded), the standard weight of that measure is redistributed to the other measures in the same measure domain. The new weight for each measure within the domain is calculated by re-apportioning the standard weight assigned to the measure with the missing score to other measures within the same domain. For example, if a hospital is missing a measure score for ICU Physician Staffing because the hospital does not operate an adult or pediatric medical and/or surgical ICU, the standard weight of 6.9% will be re-apportioned to the remaining 11 measures within the process/structural measure domain.

To calculate the new weight of each of the remaining 11 measures in the process/structural measure domain, hospitals can use the formula below or use the Leapfrog Hospital Safety Grade Calculator®, which can be found on the [Safety Grade Review Website](#). Note that each domain contributes to 50% of the overall letter grade.

[Standard measure weight / (sum of standard weights for the remaining 11 measures in the process/structural measure domain)]*50% = updated measure weight

For more information about how the measure weight redistribution is calculated and affects the overall score, please see the Leapfrog Hospital Safety Grade Calculator, which can be found on the last page of the [Safety Grade Review Website](#).

CALCULATING WEIGHTED MEASURE SCORES

To calculate a hospital's numerical safety score, multiply the Z-Score of each process/structural measure by the standard weight assigned to that measure to get the weighted process/structural measure score. If a hospital is missing any process/structural measure scores, see [Dealing with Missing Data](#) to determine the updated measure weight. Then, sum all weighted process/structural measure scores. This is the hospital's overall weighted process/structural measures score.

Multiply the Z-Score of each outcome measure by the standard weight assigned to that measure to get the weighted outcome measure score. If a hospital is missing any outcome measure scores, see [Dealing with Missing Data](#) to determine the updated measure weight. Then, sum all weighted outcome measure scores. This is the hospital's overall weighted outcome measures score.

To calculate the overall Safety Grade for a hospital, add the overall weighted process/structural measures score and the overall weighted outcome measures score. Add 3.0 to your score; this is done to normalize scores to a positive distribution. This final numerical score (typically between 1.0 and 4.0) is then assigned to a letter grade. To assist hospitals in calculating their numerical score, a calculator is available on the [Safety Grade Review Website](#). Letter grade cut-points are published during the [Letter Grade Embargo Period](#).



ADDITIONAL SCORING INFORMATION

TERMS USED IN SCORING AND PUBLIC REPORTING

“Not Available” means that the hospital does not have a score for this measure. This could be because the measure is related to a service the hospital does not provide or because the hospital had too few patients or cases to report data for a condition or procedure. A “Not Available” result does not mean that the hospital withheld information from the public.

In the case of healthcare-associated infections, a SIR is reported as "Not Available" if one of the following applies:

- The number of predicted infections is less than 1.
- The number of observed infections present on admission (community-onset prevalence) was above a pre-determined cut-point.

For more information about NHSN's SIR models, please visit <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>.

“Declined to Report” means that a hospital did not voluntarily provide information to the Leapfrog Hospital Survey. Measures scored as “Declined to Report” will not be used in calculating the overall score (see [Dealing with Missing Data](#)).

SHARED CMS CERTIFICATION NUMBERS

All hospitals that share a CMS Certification Number (CCN) will be assigned the same source data as reported by CMS. Affected measures include the HCAHPS, Hospital-Acquired Conditions, Healthcare-Associated Infections (if secondary data source is used), and Patient Safety Indicators.



UPDATES TO DATA USED IN THE LEAPFROG HOSPITAL SAFETY GRADE

The Leapfrog Hospital Safety Grade relies on publicly available data that hospitals have had the opportunity to review for accuracy. Therefore, Leapfrog does not allow hospitals to make updates to their data following the Data Snapshot Date. In January of each year, Leapfrog publishes the Data Snapshot Dates for each of the two Leapfrog Hospital Safety Grade public releases at <https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information>. Leapfrog publishes these dates to give hospitals and other stakeholders advance notice so they can be prepared to submit a Leapfrog Hospital Survey and monitor their performance on CMS measures used in the Safety Grade.

In addition, Leapfrog holds a Courtesy Review Period to give hospitals an additional opportunity to review the data that will be used to calculate their hospital's Safety Grade. The Review Period is an opportunity for hospitals to review the data for accuracy (i.e., identify recording errors, hospital name and address changes, etc.) on a secure website and review changes to the scoring algorithm.

DATA FROM THE LEAPFROG HOSPITAL SURVEY

During the Safety Grade Review Period (September 25 – October 15), Leapfrog will only make corrections to a hospital's data from the 2024 Leapfrog Hospital Survey if a recording error is identified (i.e., we have recorded a different measure score than what is posted on our Survey Results website) or a scoring error is identified (i.e., Leapfrog has calculated an incorrect measure score based on the submitted responses and Leapfrog's published scoring algorithms). Updates to Leapfrog Hospital Survey data that are submitted after the Data Snapshot Date will **not** be included in the current Leapfrog Hospital Safety Grade. Hospitals submitting a Leapfrog Hospital Survey are urged to take advantage of the opportunity to review their Survey Results for accuracy and completeness prior to each of the two published Data Snapshot Dates.

HOW HOSPITALS CAN REVIEW LEAPFROG HOSPITAL SURVEY RESULTS PRIOR TO THE DATA SNAPSHOT DATE

The Leapfrog Hospital Survey is open from April 1 to November 30 of each year. Following the Submission Deadline (June 30), Survey Results are published monthly on a secure 'Hospital Details' page and a public website (ratings.leapfroggroup.org). Hospitals are urged to review their Survey Results immediately. Hospitals that identify any reporting errors are instructed to log back into the Survey to submit a correction. Hospitals can correct and re-submit a previously submitted Survey until the Survey closes for the year. Note that corrections submitted after the Data Snapshot Date (August 31 for the fall Safety Grade and January 31 for the spring Safety Grade) are not included in the current Leapfrog Hospital Safety Grade. Leapfrog has several automated processes in place to prevent hospitals from making data entry errors in the Online Survey Tool and to enhance the overall accuracy of the Survey Results. Learn more at <http://www.leapfroggroup.org/survey-materials/data-accuracy>.



DATA FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

During the Safety Grade Review Period (September 25 – October 15), Leapfrog will only make corrections to a hospital's data from CMS if the correction is issued by CMS and posted to the Data.CMS.Gov website. If a hospital has identified an error with a measure score published by CMS, and CMS cannot post a correction within the review period, the measure score will not be used in calculating the hospital's Safety Grade, provided that the hospital can document that CMS has agreed to publicly issue a correction or remove the measure score from public reporting. Hospitals participating with CMS are urged to take advantage of the opportunity to participate in the CMS 30-day review periods.

CMS FOOTNOTE 23 POLICY

Leapfrog will notify hospitals that have CMS footnote 23 present for one or more claims-based measure scores (e.g., DRA HAC Rate, PSI 4 rate, or PSI 90 rate) at the start of the Courtesy Review Period. Footnote 23 indicates that "The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data." Hospital CEOs can request that Leapfrog use the measure score that is accompanied by the footnote. Written requests must be received prior to the close of the Safety Grade Review Period. If written requests are not received by the close of the Review Period, the measure will not be used to calculate the Hospital Safety Grade.

For hospitals that submit a Leapfrog Hospital Survey by the Data Snapshot Date, the CEO, Primary Survey Contact, and Secondary Survey Contact will be notified at the email addresses included in the Hospital's Survey Profile. For hospitals that do not submit a Leapfrog Hospital Survey by the Data Snapshot Date, the CEO will be contacted by certified letter.

HOW HOSPITALS CAN REVIEW CMS DATA PRIOR TO THE DATA SNAPSHOT DATE

CMS administers several hospital-based reporting and payment programs including the Inpatient Quality Reporting Program, HAC Reduction Program, and Value-based Purchasing Program. Several measures collected and calculated by CMS via its various hospital-based programs are used in the Leapfrog Hospital Safety Grade. CMS provides hospitals with a 30-day preview period before publishing measure scores on the Data.Medicare.Gov website and the Data.CMS.Gov website. More information is available at <https://qualitynet.org>.



HOW TO PARTICIPATE IN THE LEAPFROG HOSPITAL SURVEY

If a hospital did **not** complete a 2024 Leapfrog Hospital Survey by August 31, Survey Results were not used to calculate the fall 2024 Leapfrog Hospital Safety Grade. Hospitals that would like Survey Results included in the spring 2025 Hospital Safety Grade must submit a 2024 Leapfrog Hospital Survey (including the CPOE Evaluation) by November 30, 2024. Hospitals will be able to review their publicly reported [Survey Results](#) in December and respond to any issues identified by Leapfrog's [Extensive Monthly Data Verification](#) before the [Data Snapshot Date](#) for the spring 2025 Safety Grade of January 31. More information is available at <https://leapfroggroup.org/survey>.

LEAPFROG HELP DESK

If you have any questions regarding the scoring methodology, please contact the Help Desk at <https://leapfroghelpdesk.zendesk.com>.

EXHIBIT 44



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Dissecting Leapfrog: How well do Leapfrog Safe Practices Scores correlate with Hospital Compare ratings and penalties, and how much do they matter?

Shawna N. Smith, Ph.D.,

Department of Internal Medicine, University of Michigan Medical School, 2800 Plymouth Rd., Building 16, Ann Arbor, MI 48109, Phone: 734-763-4431, Fax: 734-936-8944

Heidi Reichert, M.A.,

Department of Internal Medicine, University of Michigan Medical School, 2800 Plymouth Rd., Building 16, Ann Arbor, MI 48109, Phone: 734-615-8591, Fax: 734-936-8944

Jessica Ameling, M.P.H., and

Department of Internal Medicine, University of Michigan Medical School, 2800 Plymouth Rd., Building 16, Ann Arbor, MI 48109, Phone: 734-764-2096, Fax: 734-936-8944

Jennifer Meddings, M.D., M.Sc.

Department of Internal Medicine, University of Michigan Medical School, 2800 Plymouth Rd., Building 16, Room 430W, Ann Arbor, MI 48109, Phone: 734-936-5216, Fax: 734-936-8944

Abstract

Background—Voluntary Leapfrog Safe Practices Scores (SPS) were among the first public reports of hospital performance. Recently, Medicare's Hospital Compare website has reported compulsory measures. Leapfrog's Hospital Safety Score grades incorporate SPS and Medicare measures. We evaluate associations between Leapfrog SPS and Medicare measures, and the impact of SPS on Hospital Safety Score grades.

Methods—Using 2013 hospital data, we linked Leapfrog Hospital Safety Score data with central line-associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI) Standardized Infection Ratios (SIRs), and Hospital Readmission and Hospital-Acquired Condition (HAC) Reduction Program penalties incorporating 2013 performance. For SPS-providing hospitals, we used linear and logistic regression models to predict CLABSI/CAUTI SIRs and penalties as function of SPS. For hospitals not reporting SPS, we simulated change in Hospital Safety Score grades after imputing a range of SPS.

Results—1,089 hospitals reported SPS; >50% self-reported perfect scores for all but one measure. No SPS were associated with SIRs. One SPS (feedback) was associated with lower odds of HAC penalization (OR=0.86, 95% confidence interval=0.76, 0.97). Amongst hospitals not reporting SPS (N=1,080), 98% and 54% saw grades decline by 1+ letters with 1st and 10th

Correspondence to: Shawna N. Smith.

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percentile SPS imputed, respectively; 49% and 54% saw grades improve by 1+ letter with median and highest SPS imputed.

Conclusions—Voluntary Leapfrog SPS skew towards positive self-report with little association with compulsory Medicare outcomes and penalties. SPS significantly impact Hospital Safety Score grades, particularly when lower SPS is reported. With increasing compulsory reporting, Leapfrog SPS appear limited for comparing hospital performance.

Keywords

Health policy; safety; hospital-acquired conditions; readmission

Introduction

Available metrics for comparing hospital safety have expanded in recent years. These measures have transitioned from voluntary self-report to compulsory national collection of standardized instruments, such as those on the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website.¹

Figure 1 illustrates the timeline of hospital and patient safety measure development. The Leapfrog Group, founded in 2000 by employers to encourage transparency of hospital performance, provided the earliest measures.² In 2001, they launched the Leapfrog Hospital Survey, a voluntary instrument covering hospital and patient safety process and outcome measures. In 2004, Leapfrog added self-reported Safe Practices Scores (SPS) measures³ built from 34 National Quality Forum-endorsed practices to reduce risk of patient harm in acute care hospitals.⁴ Leapfrog SPS measures focus on implementing structures or protocols reflective of accountability, rather than objective outcomes. SPS initially included 27 measures, and trimmed to 8 in 2013 (Supplemental Table 1). In 2012, the SPS was bundled with other process and outcome measures to inform a more consumer-friendly composite Hospital Safety Score (**HSS**) rating hospitals on a scale ranging from 0 to 4, and providing a single corresponding letter grade of “A” (Best), “B”, “C”, “D” or “F” (Worst) (Supplemental Table 2).⁵ Hospital self-reports on the eight SPS measures are available for consumers to compare across hospitals on the HSS website;⁶ they also account for a substantial portion of the HSS (22.6% of total score; 45% of ‘Process and Structural Measures’ domain).

Over time, compulsory measures of hospital quality and patient safety were developed. In 2002, the Hospital Quality Alliance, a public-private partnership, formed to support hospital quality improvement and improve consumer healthcare decision-making.⁷ Their efforts created the Hospital Compare website,¹ a consumer-facing website focused on improving consumer decision-making by providing hospital performance and safety metrics. Hospital Compare first mandated reporting in 2008, requiring hospitals to report patient satisfaction and mortality measures or face a 2% reduction in CMS annual payment update.⁸ Hospital Compare measures now include hospital-associated infections and complications, including central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI).

In 2012, Hospital Compare began reporting data from two new CMS value-based purchasing programs. The Hospital Readmission Reduction Program (HRRP) aims to decrease unplanned 30-day readmissions following select procedures for certain conditions.⁹ The Hospital-Acquired Conditions Reduction Program (HACRP) targets reduction in incidence of hospital-acquired conditions (**HACs**) including CLABSI, CAUTI and serious complications of treatment.¹⁰ In 2015, hospitals whose HACs or readmissions during the evaluation period exceeded expected values could be penalized up to 1% (under HACRP) or 3% (under HRRP) of total hospital Medicare reimbursement.

It is unclear how well Leapfrog's voluntary SPS correlate with more recent compulsory Medicare metrics displayed by Hospital Compare. Prior work demonstrated Leapfrog's voluntary nature over-represents 'high quality' hospitals,¹¹ and tied Leapfrog-led implementation efforts with improved process quality and decreased mortality rates¹² and surgical death;¹³ however SPS measures have shown no relationship with all-cause or surgical mortality^{14, 15} or trauma outcomes, including hospital-associated infections.¹⁶ Given these mixed findings, this paper addresses two objectives: first, amongst hospitals reporting SPS, evaluate how well Leapfrog's SPS correlate with compulsory outcomes and penalties for readmission and complications publicly-reported on Medicare's Hospital Compare; and second, amongst hospitals not reporting SPS, evaluate the potential impact of SPS on Leapfrog's HSS grades using imputed SPS to simulate new HSS.

Methods

Data sources

For all analyses, we combined data from four sources: (1) the Spring 2014 Leapfrog HSS dataset, which includes hospital grades, SPS measures as reported in the 2013 Leapfrog Hospital Survey, and all other HSS components listed in Supplemental Table 2; (2) Hospital Compare data on CLABSI and CAUTI in 2013;¹⁷ (3) Hospital Compare data on penalties assessed under the HRRP and HACRP in 2015;¹⁷ and (4) hospital characteristics from the 2013 American Hospital Association (AHA) Survey Database.

Objective 1: Do Leapfrog SPS measures predict publicly-reported outcomes and penalties?

Predictor variables—Our predictor variables were Leapfrog SPS measures (Supplemental Table 1) for hospitals that reported SPS measures. We selected five individual SPS measures as representative of direct pathways from standards of care to study outcomes, as well as Total SPS. AHA data was used to control for hospital characteristics: bed size (< 50, 50-200, and > 200 beds); ownership (public, private non-profit, private for-profit); Council of Teaching Hospitals membership; and safety net status, defined as ≥ 1 standard deviation more Medicaid patients than state average.

Dependent variables—We examined 4 publicly-reported outcome variables: CLABSI and CAUTI Standardized Infection Ratios (SIRs), and penalization under HRRP or HACRP.

CLABSI and CAUTI SIRs: Hospital Compare CLABSI and CAUTI SIRs were reported to the National Health and Safety Network (NHSN) from April 1, 2012-March 31, 2013. SIRs are risk-adjusted measures dividing the number of observed infections by the number of predicted infections calculated from CLABSI or CAUTI rates from a standard population throughout a baseline time period.¹⁸⁻²⁰ SIRs greater than 1.0 indicate more infections observed than predicted, while SIRs less than 1.0 indicate fewer observed than predicted.²¹

Penalties: 2015 HRRP penalties covered readmissions from July 1, 2010-June 30, 2013. Readmissions penalties are calculated via the Readmissions Adjustment Factor (**RAF**), which incorporates a risk-adjusted excess readmission ratio and diagnosis-related group payments for all included conditions.²² 2015 HAC penalties used CLABSI and CAUTI rates from January 1, 2012-December 31, 2013, and PSI-90 from July 1, 2011-June 30, 2013. HAC penalties were computed from the average decile of performance for the NHSN CAUTI and CLABSI rates, weighted at 65%, plus the decile of performance for the PSI-90, weighted at 35%.¹⁰ For both programs we examined a binary measure of penalization.

Analysis strategy—To examine the relationship between Leapfrog SPS measures (individual and total) and CLABSI and CAUTI SIRs, we looked at bivariate correlations and used linear regression to evaluate the effect of SPS on outcomes, controlling for hospital characteristics. For penalties, we computed point-biserial correlations between SPS measures and penalty indicators, and then used binary logistic regression to evaluate effect of SPS on odds of penalization, controlling for hospital characteristics. All analyses were performed using Stata MP Version 14.1²³ and a 0.05 two-sided significance level.

Objective 2: How much can voluntary SPS measures impact HSS grades?

Predictor variables—Imputed SPS measures were our main predictors of interest. Because we were interested in their impact on HSS grades for hospitals that did not report them, four sets of SPS measures were imputed for hospitals, based on the distribution of SPS measures for hospital that did report: lowest SPS measures (1st percentile); low (10th percentile); median (50th percentile); and highest (100th percentile). As control inputs, we also included hospital data as observed for all other HSS components listed in Supplemental Table 1, as provided in the HSS database.

Dependent variable—Our dependent variable was overall HSS, which ranges from 0-4; and corresponding HSS grades, which range from “A”-“F”.

Analysis strategy—We simulated change in HSS and grades after imputing SPS measures using the methodology reported by Leapfrog for their Spring 2014 HSS.²⁴ HSS comprise weighted Z-scores (trimmed at 99th percentile, or $Z=\pm 5$) across two domains: Process and Structural Measures (50% of total HSS); and Outcomes (remaining 50%). SPS measures account for 8 of 15 Process measures, or 22.6% of the total score. Hospitals that do not report SPS have other Process measures upweighted proportionally by Leapfrog. To simulate new scores imputing missing SPS measures at lowest, low, median, and highest levels, we converted the 8 SPS measures into Z-scores, trimmed as appropriate, and recalculated weights for Process measure scores including SPS measures, before

recalculating the Process domain score and subsequent total HSS. No changes were made to Outcome domain scores. Simulated scores for different values of SPS were then compared to original scores to evaluate change in score and letter grade.

Study population

Supplemental Figure 1 illustrates the study flow diagram. 2,530 hospitals were included in the Spring 2014 HSS database. 2,178 had AHA data; either CLABSI or CAUTI SIR; and either HRRP or HACRP penalty data. 1,098 hospitals (50.4%) provided SPS and were included in our Objective 1 analyses; 1,080 (49.6%) declined to report SPS and were used for Objective 2 analyses.

The University of Michigan Institutional Review Board deemed this study exempt from oversight.

Results

Summary statistics

Distributional statistics for SPS measures (Table 1) show highly skewed distributions for all individual measures. For all but one measure (SPS #1), the median score is also the highest score, indicating that at least 50% of hospitals self-report perfect data. 1st percentile values generally correspond to receipt of 1/3 of possible points for an individual measure; and 10th percentile values to 3/4 of possible points. Mean total SPS was 444.40; 213 hospitals (19.4%) reported a perfect 485.

With respect to hospital characteristics, outcomes and grades (Table 2), the 2,178 hospitals included 279 (12.8%) teaching hospitals and 305 (14.0%) safety-net hospitals. Ownership was predominantly private, not-for-profit (70.3%); the majority had > 200 beds (60.7%). Average CLABSI SIR across all hospitals was 0.55, similar to the national baseline of 0.54, and average CAUTI SIR was 1.03 compared to the national baseline of 1.07.²⁵ Of note, NHSN SIRs analyzed here had baselines from 2008, with declines reflecting both improvements in care and NHSN definition changes. NHSN will use 2015 data to re-baseline SIRs in January 2017.²⁶ 1,875 hospitals (86.1%) received a penalty under HRRP in 2015, and 582 (26.7%) were penalized for HAC. Compared to hospitals declining SPS, those providing SPS were larger ($p<0.001$) and more for-profit ($p=0.001$). CAUTI and CLABSI SIRs and penalization rates did not vary significantly by SPS provision. However, hospitals that provided SPS scores were graded significantly higher than hospitals that **declined**; 510 (46.5%) hospitals providing SPS received an “A” grade, compared to 193 (17.9%) hospitals **declining** SPS ($p<0.001$).

Objective 1: Do Leapfrog SPS measures predict publicly-reported outcomes and penalties?—Bivariate correlations between SPS measures and outcomes were consistently weak (range -0.05 to 0.05, Supplemental Table 3).

CLABSI and CAUTI SIRs

Figure 2, left panel presents standardized regression coefficients and 95% confidence intervals from linear regression models predicting CAUTI and CLABSI SIRs, controlling for hospital characteristics (full model results in Supplemental Table 4). Neither individual nor Total SPS were significant predictors of CLABSI or CAUTI SIRs.

As sensitivity analyses, negative binomial models **of observed infections** were also estimated with an exposure for number of catheter days. These models also revealed no associations. We also compared the CAUTI/CLABSI SIRs **self-reported** in Leapfrog Hospital Survey with these same hospitals' CAUTI/CLABSI SIRs reported on Medicare's Hospital Compare. Note that Leapfrog uses CLABSI and CAUTI SIRs reported in the Leapfrog Hospital Survey as the primary data source for the HSS, and Hospital Compare SIRs as a secondary data source. This analysis revealed similar CLABSI SIRs, but significantly lower CAUTI SIRs, even after accounting for Leapfrog's trimming of extreme values, with a mean CAUTI rate 0.47 reported in the Leapfrog Hospital Survey, compared to 1.05 in Hospital Compare (Supplemental Figure 2).

Penalties

Figure 2, right panel presents odds ratios and 95% confidence intervals from binary logit models predicting penalization under HRRP or HACRP, controlling for hospital characteristics (full model results in Supplemental Table 5). No SPS were significantly associated with penalization under HRRP, net hospital characteristics. One SPS (Culture of Measurement, Feedback and Intervention) was significantly associated with penalization under HACRP, with a standard deviation increase in measure score decreasing odds of penalization by a factor of 0.87 (CI: 0.76, 0.97). **On** average, this equates to a 2.7 percentage point decrease in probability of penalization. Sensitivity analyses used censored linear regression models to examine associations between SPS and HRRP RAF (range: 0.97-1.00) and HACRP Total HAC Score (range: 1-10). Correlations remained very small (range: -0.01-0.06) and only one SPS measure showed a significant association in either model (Supplemental Table 6).

Objective 2: How much can voluntary SPS measures impact Leapfrog's HSS grades?—With lowest SPS (1st percentile; Figure 3, Panel A) imputed, hospitals saw grades decline by 0.8 points (out of 4), on average. 1,062 (98%) of hospitals' grades declined by one or more letter grades and very few hospitals (N=16; 1.5%) received a grade higher than D. Imputing 10th percentile grades for SPS (Figure 3, Panel B) resulted in a 0.25-point decline in score, with 588 (54%) of hospitals' grades declining by one or more letter grade. Alternatively, 9 hospitals' (8%) grades improved by one letter grade.

Imputing median SPS (Figure 3, Panel C) resulted in a small improvement of 0.16 points, on average, in HSS, which improved grades for 528 hospitals (49%) by one or more letter. Imputing highest SPS (Figure 3, Panel D) resulted in only marginally more improvement, improving scores by 0.18 points, on average, and improving grades by one or more letter grades for 586 hospitals (54%).

Discussion

The Leapfrog Group has been a vanguard in developing and publicizing novel measures to inform patient choice. As the market of measures has grown more crowded, their niche is increasingly delineated by two proprietary measures: eight NQF-inspired SPS measures; and the HSS and grade, **with** Leapfrog SPS as its sole proprietary component. This study reports two major findings. First, there is a lack of meaningful association between voluntary SPS measures and compulsory-reported patient outcomes and Medicare penalties for complications and readmissions. Second, the highly positively-skewed voluntary SPS measures strongly impact the Leapfrog HSS beyond compulsory scores, so that imperfect SPS scores often result in lower grades.

Several mechanisms could underlie the lack of association between SPS and outcomes and penalties, yet lack of variation within these measures (Table 1) is responsible for much of the limited predictive ability. The observed lack of variation, meanwhile, could be due to selection effects; hospitals able to reliably report high scores may be more likely to volunteer. Alternatively, and given that hospitals have a clear incentive to score themselves highly, participating hospitals may inflate their SPS reports, resulting in the skewed distributions and undermining the measures' predictive value. As Leapfrog's SPS' focus on processes and protocols linked to accountability (e.g., protocols for handwashing for SP #19) rather than hard outcomes (e.g., handwashing compliance), hospitals also have a strong incentive to produce minimal protocols that signal compliance but may do little to impact clinical practice.

Even with accurate data, however, SPS measures may not reflect the outcomes highlighted in this study. Although prior work has argued that SPS measures are more likely to be associated with complications than mortality,¹⁴ hospital variation in validity of CLABSI and CAUTI reports potentially correlates meaningfully with SPS measures. For example, hospitals with better reporting might also have higher SPS, which could cancel out more conventional negative associations.

Our analyses also show that Leapfrog SPS measures, when provided, can substantially impact a hospital's HSS and grade—however, again due to the highly skewed distributions of the SPS measures, on average, there is more potential for low scores to negatively impact a hospital's grade than for high scores to improve a grade. Indeed, as most hospitals report perfect scores for **most** SPS measures, hospitals accurately reporting scores that fall in the lower half of the potential distribution end up with z-scores for these measures that are strongly negative (up to the trim point of -5). Given the composite weight of these measures—nearly ¼ of the total HSS—low (or even lower than perfect) SPS can take a hospital's grade from “A” to “B”, or even “C”. For hospitals that are uncomfortable with or unable to report very high SPS, *the current Leapfrog methodology thus presents a strong incentive against reporting SPS.*

Alternatively, hospitals that improve SPS and/or report high, or even **perfect**, scores gain relatively modest advantages in their HSS. Perversely, there were 24 hospitals whose HSS *declined* after the highest SPS were imputed. This result is a function of the Leapfrog

methodology converting highly skewed distributions into z-scores—in these cases, the most positive z-scores allowable by the SPS distribution were lower than the positive z-scores they had received for other Process measures; including SPS resulted in downweighting of these larger z-scores, and thus a lower **grade**. Leapfrog's methodology, in tandem with the highly skewed SPS, results in a system that punishes hospitals whose scores fall at the lower end of the distribution far more significantly than it rewards those hospitals falling at the highest end.

Our study has several important limitations. First, we assess associations only amongst hospitals with all metrics of interest available; **broad**er inclusion may have revealed more associations between SPS and outcomes. Second, we assess relationships between SPS and outcomes at one time point, thus ignoring potential for association over time, or correspondence between change in SPS and change in patient safety outcomes. Third, our simulations rely on an implied counterfactual that all other observed process and outcome measures would remain the same in presence of imputed levels of SPS.

Leapfrog has faced prior criticism for employing methods that advantage HSS for hospitals participating in the Leapfrog Hospital Survey in ways unrelated to representations of valid hospital safety.²⁷ This study revealed another way that Leapfrog Hospital Survey participation potentially advantaged hospitals. Rather than use Hospital Compare's publicly-reported CLABSI and CAUTI SIRs for the HSS for all hospitals, these SIRs were only used for hospitals who *did not complete* the 2013 Leapfrog Hospital Survey; **participating** hospitals were allowed to use self-reported rates instead. Our comparisons of these self-reported SIRs with the Hospital Compare SIRs found that **while** CLABSI SIRs were largely similar across data sources for hospitals participating in the Leapfrog Hospital Survey, self-reported CAUTI SIRs were substantially lower than Hospital Compare CAUTI SIRs. This resulted in an advantage for hospitals that participated in the Leapfrog Hospital Survey, as they received credit for a lower SIR; it also disadvantaged hospitals that did not participate in the Leapfrog Hospital Survey by artificially deflating the mean of the distribution with which these hospitals' SIRs were compared.

Improving the Leapfrog HSS

Leapfrog's mission to grade hospitals in a manner that is both methodologically rigorous and results in accessible comparisons is undoubtedly laudable. However, the lack of association between Leapfrog's proprietary, and voluntary, SPS and the compulsory metrics reported on Medicare's Hospital Compare website raises questions about the internal consistency of Leapfrog's HSS. Recent press releases highlighting Fall 2016 Leapfrog grades^{28, 29} illustrate the Score's two audiences: for consumers attempting reconciliation of safety-related metrics, the HSS offers a comprehensive measure incorporating proprietary process measures and important outcomes; for hospital administrators, an “A” grade from Leapfrog offers consumer-friendly marketing opportunities. For both groups, however, the composite is only meaningful if it is internally consistent—i.e., if process measures correlate in meaningful ways with important outcomes. For consumers, important outcomes reflect personal health needs and concerns; if SPS' do not provide a direct pathway from experience to outcome, its value is unclear. For administrators, important outcomes are increasingly defined by policies

that incentivize or penalize certain metrics; SPS that add more noise than signal to composite measures undermine any value-added proposition.

Some of the deficiencies of the Leapfrog HSS have straightforward remedies. For example, Leapfrog should use Hospital Compare's CLABSI and CAUTI SIRs for all hospitals, rather than self-reported rates. Other deficiencies will require Leapfrog to align broader incentive structures with reporting accuracy, rather than opportunity for leniency. In the context of the HSS, where nearly all inputs now stem from compulsory, standardized measures, voluntary SPS self-reports represent a rare locus of hospital control.

Although Leapfrog currently incorporates methods for encouraging data accuracy, including requiring a letter of affirmation and flagging potentially erroneous or misleading reports,³⁰ auditing processes are crucial for ensuring that variation in these measures reflects true differences in process best practice. Just as we would not expect drivers to turn themselves in for speeding, we should not expect hospitals to accurately self-report failure to **protocolize** safe practices. Leapfrog has recently implemented new efforts to externally validate data,³⁰ which may help to incentivize accurate reporting. As a further step, Leapfrog should consider asking hospitals to report information about the survey completion process, including potential conflicts of interest—for example, which administrators spearheaded Leapfrog survey response? What direct access to clinical practice do they have? And what stake (if any) do they have in the hospital's grade? To the extent that mechanisms of safe practices go beyond minimally-implemented protocols, Leapfrog may also want to consider adding more objective safe practice measures to their survey.

Finally, Leapfrog should ensure that 'honest' hospitals are not unfairly disincentivized to report less-than-ideal SPS measures. Given the strongly skewed distributions observed in recent SPS data, methods other than z-scores should be considered for making data commensurate.

Conclusion

In dissecting Leapfrog's Safe Practice Scores and HSS and grades, our study finds little association between self-reported SPS measures and publicly-reported outcomes and penalties data. Further, we find that **Leapfrog's** current methodologies, in combination with strongly positively skewed self-reports of SPS measures, punish low SPS reports substantially more than they reward high SPS. These concerns cast doubt on the utility of SPS and, more generally, the HSS and grades.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

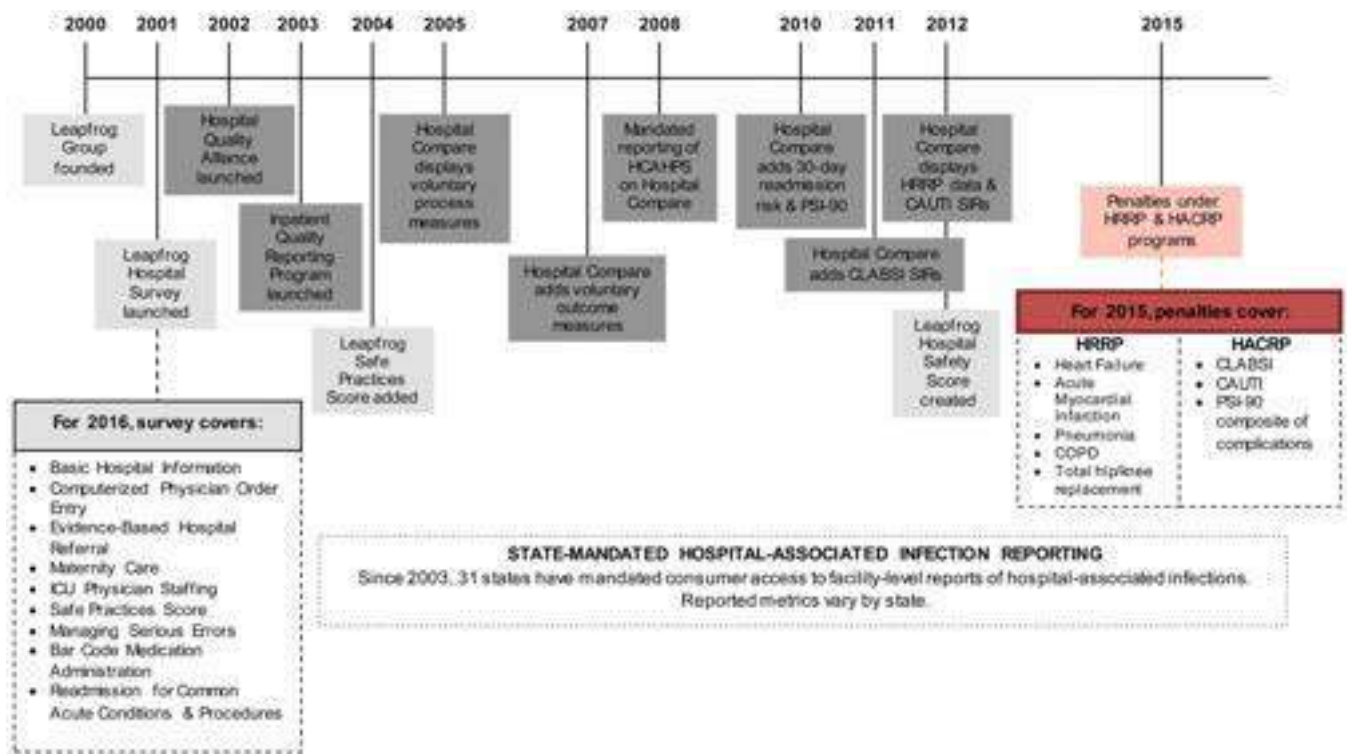
Conflict disclosure: Dr. Meddings has reported receiving honoraria from hospitals and professional societies devoted to complication prevention for lectures and teaching related to prevention and value-based purchasing policies involving catheter-associated urinary tract infection and hospital-acquired pressure ulcers. Dr. Meddings's research has also been recently supported by AHRQ grant P30HS024385, a pilot grant from the University of Michigan's Claude D. Pepper Older Americans Independence Center funded by the National Institute on Aging, and

grants from the VA National Center for Patient Safety and the Centers for Disease Prevention and Control. Dr. Meddings's research is also supported by contracts with the Health Research & Education Trust (HRET) involving the prevention of CAUTI in the acute-care and long-term care settings that are funded by AHRQ, the Centers for Disease Prevention and Control, and the Centers for Medicare and Medicaid Services. Dr. Meddings was also a recipient of the 2009–2015 National Institutes of Health (NIH) Clinical Loan Repayment Program.

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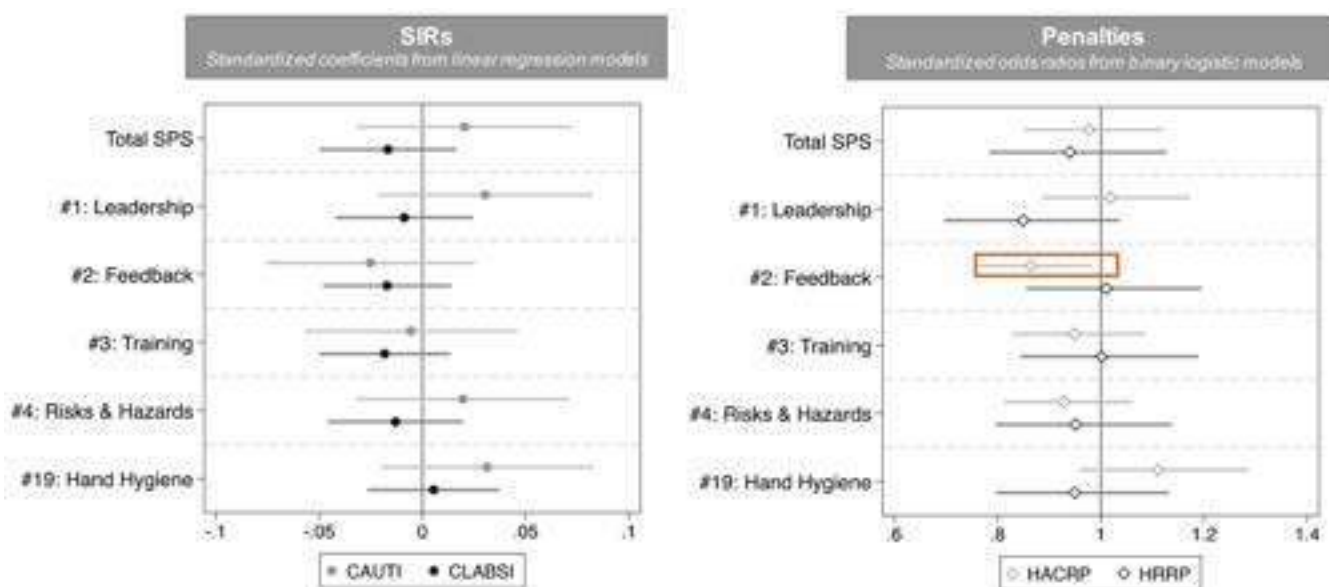
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**Figure 1.**

Timeline for collection of voluntary and compulsory patient safety metrics and content overview.

CLABSI: Central line-associated bloodstream infections; CAUTI: Catheter-associated urinary tract infections; HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems; HRRP: Hospital Readmission Reduction Program; HACRP: Hospital-Acquired Condition Reduction Program; PSI-90: Patient Safety Indicators #90; SIR: Standardized infection ratio

**Figure 2.**

Is there an association between Leapfrog Safe Practices Score (SPS) and rates of CLABSI and CAUTI reported by Hospital Compare, or penalization for excessive readmission or hospital-acquired conditions? Coefficients and 95% confidence intervals from multivariate regression models, by individual and total SPS

SIR = Standardized Infection Ratio; CAUTI = Catheter-associated urinary tract infection; CLABSI = Central line-associated bloodstream infection; HACRP = Hospital-acquired Complication Reduction Program; HRRP = Hospital Readmission Reduction Program. Standardized coefficients presented for all SPS measures, indicating the change in dependent variable for a standard-deviation change in SPS measure. SIR models estimated as linear regression models. Penalty models estimated as binary logistic models, with odds ratios presented here. All models include controls for hospital size, ownership, teaching status, and safety net status.

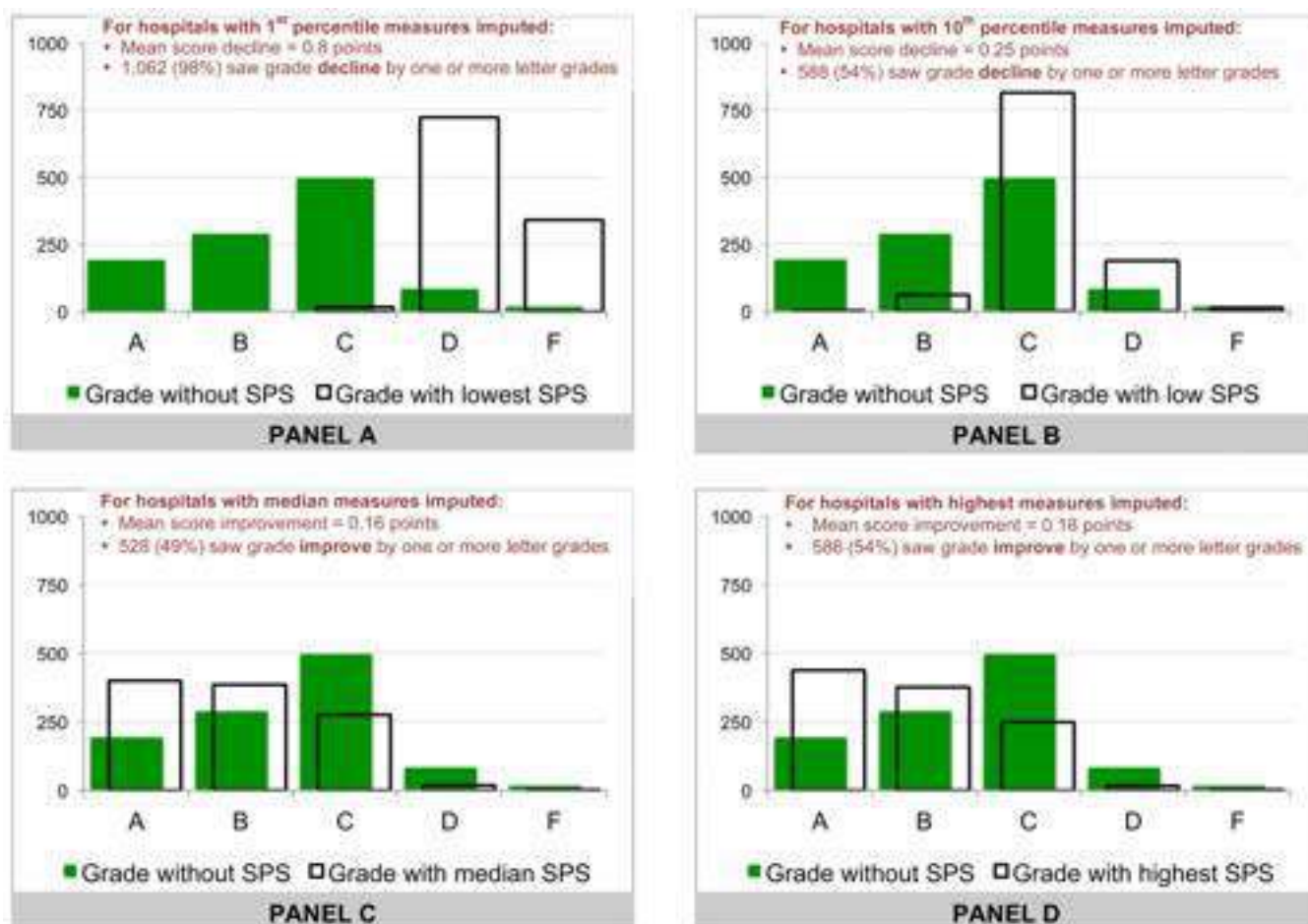


Figure 3.
How much impact do voluntary SPS have on Leapfrog Hospital Safety Score Grades?
Change in grades after imputing 1st percentile, 10th percentile, median and highest SPS scores

Table 1
Descriptive statistics and distributions for Leapfrog Safe Practices Score measures

Safe Practices Score (SPS) Measures			Distribution (Scores used for imputation in Objective 2)
	Mean (SD)	Potential Range	
#1: Culture of Safety <u>Leadership Structures & Systems</u>	111.28 (12.72)	0-120	
#2: Culture Measurement, <u>Feedback</u> & Intervention	18.09 (4.56)	0-20	
#3: Teamwork <u>Training</u> & Skill Building	34.97 (8.55)	0-40	
#4: <u>Risks & Hazards</u>	110.30 (17.31)	0-120	
#9: Nursing Workforce	92.31 (14.02)	0-100	
#17: Medication Reconciliation	31.93 (5.34)	0-35	
#19: <u>Hand Hygiene</u>	27.65 (4.54)	0-30	
#23: Healthcare-Associated Complications in Ventilated Patients	18.42 (2.88)	0-20	
Total SPS	444.40 (54.47)	0-485	Total score not used in imputations

Note: Measures in **red** are examined as predictors or publicly-reported outcomes and penalties under Objective 1; all SPS measures except Total are used for simulating new Hospital Safety Scores under Objective 2. Underlined terms correspond to SPS measure descriptors displayed in Figure 2.

Table 2
Descriptive statistics for hospital characteristics, Hospital Compare CLABSI & CAUTI
SIRs, penalization, and Hospital Safety Score grades for Spring 2014, overall and by
provision of Leapfrog Safe Practices Scores

	Overall (N=2,178)	Provided Safe Practices Score (N=1,098) N (%) or Mean (SD)	Declined Safe Practices Score (N=1,080) N (%) or Mean (SD)	Test statistics & p-value for difference
American Hospital Association Hospital Characteristics				
Teaching hospital? (I=Yes)	279 (12.8)	150 (13.7)	129 (11.9)	$X^2(1)=1.43$ p=0.23
Bed size				$X^2(2)=21.09$ p<0.001
<50	18 (0.8)	9 (0.8)	9 (0.9)	
50-200	837 (38.4)	370 (33.7)	467 (43.2)	
>200	1363 (60.7)	719 (65.5)	604 (55.9)	$X^2(2)=34.31$ p=0.001
Ownership				
Public	249 (11.4)	94 (8.6)	155 (14.3)	
Private, not for profit	1,531 (70.3)	761 (69.3)	770 (71.3)	$X^2(1)=0.92$ p=0.34
Private, for profit	398 (18.3)	243 (22.1)	155 (14.4)	
Safety net hospital? (I=Yes)	305 (14.0)	146 (13.3)	159 (14.7)	
OUTCOME VARIABLES				
Hospital Compare Standardized Infection Ratios (SIR)				
Central Line-Associated Bloodstream Infections (CLABSI)	0.55 (0.51)	0.55 (0.50)	0.56 (0.52)	t=-0.23 p=0.82
Catheter-Associated Urinary Tract Infections (CAUTI)	1.03 (0.88)	1.05 (0.87)	1.01 (0.89)	t=1.08 p=0.28
Penalized in 2015 under...				
Hospital Readmissions Reduction Program (HRRP)	1,875 (86.1)	942 (85.8)	933 (86.4)	$X^2(1)=0.16$ p=0.69
Hospital Acquired Conditions Reduction Program (HACRP)	582 (26.7)	306 (28.0)	276 (25.7)	$X^2(1)=1.45$ p=0.23
HOSPITAL SAFETY SCORE GRADES ASSIGNED IN SPRING 2014				
A	703 (32.3)	510 (46.5)	193 (17.9)	z=15.79 p<0.001
B	588 (27.0)	299 (27.2)	289 (26.8)	
C	748 (34.3)	251 (22.9)	497 (46.0)	
D	119 (5.5)	35 (3.2)	84 (7.8)	
F	20 (0.9)	3 (0.3)	17 (1.6)	

Note: Test statistics include X^2 (with degrees of freedom) for nominal variables, t-tests for continuous variables, and nonparametric trend tests (z-distribution) for ordinal variables.

EXHIBIT 45



Rating the Raters: An Evaluation of Publicly Reported Hospital Quality Rating Systems

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Karl Y. Bilimoria, MD, MS, John D. Birkmeyer, MD, Helen Burstin, MD, MPH, Justin B. Dimick, MD, MPH, Karen E. Joynt Maddox, MD, MPH, Allison R. Dahlke, MPH, John Oliver DeLancey, MD, MPH & Peter J. Pronovost, MD, PhD

Northwestern Medicine; Sound Physicians; Council of Medical Specialty Societies; University of Michigan; Washington University in St. Louis; University Hospitals

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Introduction

The numerous currently available public hospital quality rating systems frequently offer conflicting results, which may mislead stakeholders relying on the ratings to identify top-performing hospitals. Given that there is no gold standard for how a rating system should be constructed or perform and no objective way to compare the rating systems, we evaluated the strengths and weaknesses of four major public hospital quality rating systems based on our experience as physician scientists with methodological expertise in health care quality measurement.

No rating system received an A or an F. The highest grade received was a B by U.S. News & World Report. The Centers for Medicare and Medicaid Services' (CMS) Star Ratings received a C. The lowest grades were for Leapfrog, C-, and Healthgrades, D+. Each rating system had unique weaknesses that led to potential misclassification of hospital performance, ranging from inclusion of flawed measures, use of proprietary data that are not validated, and methodological decisions.

More broadly, there were several issues that limited all rating systems we examined: limited data and measures, lack of robust data audits, composite measure development, measuring diverse hospital types together, and lack of formal peer review of their methods. Opportunities to advance the field of hospital quality measurement include the need for better data subject to robust audits, more meaningful measures, and development of standards and robust peer review to evaluate rating system methodology.



Given the importance and need for health care quality transparency, we set out to fill this gap by undertaking a Rating the Raters process to evaluate and compare several major publicly reported hospital quality rating systems in the United States.”

In this *Rating the Raters* initiative, we found that the current hospital quality rating systems should be used cautiously as they likely often misclassify hospital performance and mislead. These results can offer guidance to stakeholders attempting to select a rating system for identifying top-performing hospitals.

Over the past decade, publicly reported hospital quality rating systems have proliferated. These rating systems may be used in many ways: by patients when selecting where to receive care, by clinicians when deciding where to refer patients for care, by payers and purchasers interested in directing patients to certain hospitals or establishing contracts with high-quality hospitals, by payers in pay-for-

performance programs, and by hospital leaders to identify opportunities for improvement and to market their own performance.

However, it is unclear whether current rating systems are meeting stakeholders' needs. Such rating systems frequently publish conflicting ratings: Hospitals rated highly on one publicly reported hospital quality system are often rated poorly on another. This provides conflicting information for patients seeking care and for hospitals attempting to use the data to identify real targets for improvement.

Though some of the variation may be due to differing goals and measures included, some is likely due to differences in the validity and reliability of the underlying measures and the methods by which performance across measures is summarized. Moreover, there often seems to be a considerable disconnect between the top hospitals identified by the rating systems and those thought by clinicians to be major referral centers. Thus, the potential misclassification of hospital performance is a major concern in need of evaluation. However, to our knowledge, there has been no prior systematic review or evaluation of current rating systems that could help inform patients, clinicians, and policymakers of the various systems' methodologies, strengths, and weaknesses.

Given the importance and need for health care quality [transparency](#), we set out to fill this gap by undertaking a *Rating the Raters* process to evaluate and compare several major publicly reported hospital quality rating systems in the United States: CMS [Hospital Compare Overall Star Ratings](#), [Healthgrades Top Hospitals](#), [Leapfrog Safety Grade and Top Hospitals](#), and [U.S. News & World Report Best Hospitals](#).

Given that there is no gold standard against which to compare these rating systems nor an ability to complete a formal comparative analysis of these rating systems, we sought to fill this void with an assessment of a group of experienced methodologists. Our objective was to provide users of these rating systems with insights into the relative strengths and weaknesses of each rating system, as well as to identify opportunities to improve the rating systems individually and the field as a whole. This is important because an evaluation of public hospital quality rating systems can offer guidance to stakeholders attempting to select a rating system for identifying top-performing hospitals, and the comparative evaluation may also offer the rating systems some insights on how to improve.

Approach for Rating the Raters

The diverse group of six evaluators (Bilimoria, Birkmeyer, Burstin, Dimick, Maddox, Pronovost) includes established physician scientists with methodological expertise in health care quality measurement from both academic centers and the private sector. Given their experience in this field, all evaluators currently or previously have had some relationship with one or more of the rating systems. Thus, each evaluator was required to disclose the nature, timing, and financial arrangement of any current or prior relationships.

The group of evaluators was given the information on conflicts to review independently and then in person to determine when a conflict was perceived and whether the evaluator should be recused. Moreover, each rating system was asked if they had concerns about a conflict with any of the six evaluators. Evaluators were recused from grading a particular rating system if they had a direct current or recent relationship with the rating system itself. We have noted the details of the evaluator relationships in the Acknowledgements section.



While we did score each system separately for each of our criteria, our goal was to provide an overall grade that represented a holistic evaluation of each of the ratings systems, with a particular focus on that system’s potential for misclassifying hospital quality performance.”

We informed the rating systems of our project’s intent at its outset, and asked for and received their cooperation throughout the process. This involved providing feedback at four steps of the project (described below and in [Appendix 1](#)) and answering specific questions about their rating systems by email and by phone. The rating systems were asked to review all materials that would eventually be used to grade them. Finally, leadership from each rating system attended an in-person meeting to answer specific questions about their rating system and to discuss the field of public reporting of quality measurement in general, and each rating system was interviewed independently.

Through iterative discussions with our group of coauthors, review of the literature, and discussions with leaders from each of the rating systems examined, we established six major criteria by which to assess these rating systems: Potential for Misclassification of Hospital Performance, Importance/Impact, Scientific Acceptability, Iterative Improvement, Transparency, and Usability (Table 1). We were particularly interested in assessing the potential for misclassification of hospital performance (i.e., incorrectly assessing the performance of a hospital) as we felt this was likely the most critical for avoiding unintended consequences for patients and providers.

Criteria Developed to Evaluate Hospital Quality Rating Systems	
Domain	Examples of Criteria
Potential for Misclassification of Hospital Performance	Use of measures with serious known flaws Hospitals examined (number and types) Risk adjustment Composite methodology Methodological approach Audit mechanism
Importance/Impact	Unique features that resonate with patients, referring physicians, and hospitals
Scientific Acceptability	Balanced measurement Hospitals examined (number and types) Distribution/assignment of hospital grades/stars Use of available measures Use of unique data Specific methodological concerns Stability of rankings over time Audit mechanism
Iterative Improvement	Response to stakeholder feedback and scientific advances in measurement science Review of methods prior to release Peer review of methods Expert panel level of involvement
Transparency	Detailed methods report available (transparency) Clear rationale for methodological decisions Data availability (replicability) Financial conflicts and details regarding how ratings are monetized
Usability	Ease of overall use Ability to compare hospitals easily Attention to varying health literacy and numeracy

Source: The Authors
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Table 1

Next, using information from the rating systems' websites, technical documentation, and available published literature, we created standardized Fact Sheets for each of the rating systems that included information about each rating system in a standardized format according to our evaluation criteria ([Appendix 1](#)). The information used was from the 2017 version of the rating systems. We have monitored since then for methodological changes in the rating systems, and no meaningful changes have occurred in the interim.

The Fact Sheets included objective, factual information (e.g., number of hospitals reviewed, number of elements included, risk-adjustment methodology selected). We gave each rating system the opportunity to review, provide input, and correct issues on their respective Fact Sheets; they all were responsive. These Fact Sheets served as guidance for our evaluation, along with detailed review of the rating system websites, their available technical and methodological documentation, and discussions with the leadership from each rating system. While all six evaluators reviewed all rating systems, two evaluators and two staff were assigned to each rating system to do a detailed review.

The *Rating the Raters* group then met in person to discuss each rating system in detail. From this discussion, we generated a Strengths and Weaknesses Summary, which described and categorized what we found beneficial and concerning for each of the publicly reported hospital quality rating systems based on our six evaluation criteria (Table 2; [Appendix 2](#)). We reviewed the Summary to ensure that critiques were applied consistently across the rating systems. The Strengths and Weaknesses Summary of our evaluation was then shared with each rating system to clarify certain points, obtain additional details, and engage in discussion on specific areas of concern. Each system responded, and their feedback was again incorporated where appropriate.

Characteristics of Rating Systems

CMS Hospital Compare Overall Star Ratings	Healthgrades Top Hospitals	U.S. News & World Report Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
Composite Description			
Composite score star rating (1 to 5 stars)	Distinguished Hospital Award for Clinical Excellence (DHACE) and America's 50 and 100 Best Hospitals Award	National "Honor Roll" and "Best Hospitals" (includes 16 specialties and 9 procedures/conditions)	- Hospital Safety Grade; Composite letter safety grade - Top Hospitals: Highest performing hospitals on the Leapfrog Hospital Survey
Data Source(s)			
CMS claims, NHSN, HCAHPS, CMS reporting system (CASPERs, Joint Commission, CMS Abstraction and Reporting Tool, CMS Clinical Data Warehouse)	- CMS inpatient claims - All-payer state data for ratings in Obstetrics/Gynecology, Bariatric Surgery, and Appendectomy	CMS inpatient claims, AHA Annual Survey, Hospital Compare for HCAHPS, public websites (STS, ACC, Magnet), Proprietary hospital reputation survey	- Hospital Safety Grade: Leapfrog Hospital Survey; CMS measures publicly reported on Hospital Compare (e.g., AHRQ PSIs, NHSN HAI, HACs, HCAHPS), AHA Annual Survey and Information Technology Supplement - Top Hospitals: Leapfrog Hospital Survey
Measures			
- Process: Best Practice Measures, Appropriateness of Medical Imaging - Outcomes: Hospital-Acquired Infections (NHSN), 30-Day Readmissions and 30-Day Mortality, Surgical Complications, PSIs - Patient Experience	Outcomes: Proprietary 30-day Mortality and Inpatient Complications Measures for Selected Procedures and Conditions	Specialty Rankings: - Structural: Volume, Hospital Staffing, Clinical Technologies, External Recognition/Accreditations, Patient Services, Nursing Magnet Status, STS and ACC Transparency - Outcomes: Mortality, PSIs - Reputation Procedures and Conditions: - Structural: Volume, Nurse Staffing, Nursing Magnet Status, Intensivists, STS Clinical Registry, Participation and Performance, Cardiac ICU, Heart Failure Program - Process: VTE-2, noninvasive ventilation - Outcomes: Mortality, Readmissions, Length of Stay, Surgical Complications (SSI, joint revision) - Patient Experience	Hospital Safety Grade: - Structural: Computerized Physician Order Entry, ICU Physician Staffing - Outcomes: Hospital-Acquired Infections (NHSN, PSIs, Hospital-Acquired Conditions (e.g., falls, air embolism, retained foreign object)) - Patient Experience - Safe Practices Top Hospitals: - Structural: ICU Physician Staffing, Never Events policy - Safe Practices Survey (Maternity Care, Infections and Injuries, Inpatient Care Management, Medication Safety) - Value Score - Hospital Safety Grade - Qualitative component (evaluation of CMS mortality measures)
Composite Updated			
Twice per year	Annually	Annually	- Hospital Safety Grade: Twice per year - Top Hospitals: Annually
Measure Selection			
Technical Expert Panel and vetted through public comment	Internal steering committee, external quality advisory board, and review of submitted comments	Measure selection is reviewed annually and determined by U.S. News and its data contractor RTI International with annual latent variable modeling, expert panel, and ongoing discourse with stakeholders	- Safety Grade: Expert panel - Top Hospitals: Committee

Abbreviations: NHSN: National Healthcare Safety Network, NTSV: Nulliparous Term Singleton Ventricle, AHA: American Hospital Association, HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems, HAI: Hospital-Acquired Infections, HAC: Hospital-Acquired Condition, PSI: Patient Safety Indicator

Source: The Authors.

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Table 2

We then met in person a few months later with leaders and/or methodologists from each of the ratings systems to further clarify issues and learn more about their systems, methodological decisions, and barriers, as well as have a robust discussion about how to advance the field in general. Our group of evaluators agreed unanimously on most of the points noted in the Strengths and Weaknesses Summary; however, the rating systems did not always agree with our opinions or conclusions.

Finally, each eligible evaluator independently assigned letter grades to each of the publicly reported hospital quality rating systems examined, and then the grades were averaged. We discussed the best way to present our findings, which are based on objective and subjective criteria, and determined that a point-by-point analysis of the strengths and weaknesses of each rating system, plus an explicit letter grade, would be most effective for this opinion piece. Those who had a conflict with a particular rating system were recused from assigning a grade for that particular rating system.



These results offer a guide to stakeholders who are looking to assess hospital quality and wonder which rating system they should use.”

The grading was done after our initial in-person review of each rating system. Once the Strengths and Weaknesses Summary was compiled, each evaluator then reviewed their grading again for each rating system. Then, the evaluators also had the chance to review their grades again following the in-person interviews with each rating system.

While we did score each system separately for each of our criteria, our goal was to provide an overall grade that represented a holistic evaluation of each of the ratings

systems, with a particular focus on that system’s potential for misclassifying hospital quality performance. We likened this to scoring federal grants at a study section. The decision was made to give straight grades without a curve (i.e., we did not require giving any group an A or an F). The following anchors were used: An A would be an ideal rating system with little chance of misclassifying hospital performance, while an F would be a poor rating system that is more likely to misclassify a hospital’s performance than assign it correctly. C would suggest a mediocre rating system where a fair bit of misclassification of hospital performance is thought to occur. While the Consumer Reports hospital quality rating system was included in our evaluation, we have deleted mention of it in this manuscript as Consumer Reports is no longer conducting or posting its hospital quality evaluations.

Rating the Hospital Quality Rating Systems

There were no hospital quality rating systems meriting an A or A-. The highest grade received was a B by U.S. News. The CMS Star Ratings received a C. The lowest grades were for Leapfrog (C-) and Healthgrades (D+) (Table 3). We qualitatively agreed that the U.S. News rating system had the least chance of misclassifying hospital performance. There was considerable agreement in overall grade assignments among the six individuals who performed the ratings.

Overall and Criteria-Specific Grades for the Hospital Quality Rating Systems			
	Average Grade	Grade Range	
		High	Low
CMS Hospital Quality Star Ratings			
Overall Grade	C	B-	C
Potential for Misclassification	D	C	D
Importance/Impact	C+	B	C
Scientific Acceptability	C+	B	C
Iterative Improvement	C-	B	D
Transparency	B	A	B
Usability	B	A	B
Healthgrades Top Hospitals			
Overall Grade	D+	C-	D
Potential for Misclassification	D	C	F
Importance/Impact	B	A	C
Scientific Acceptability	D+	C	D
Iterative Improvement	C	B	D
Transparency	D+	B	D
Usability	C	C	C
U.S. News & World Report Best			
Overall Grade	B	B	B-
Potential for Misclassification	B	B	B-
Importance/Impact	B	A	B
Scientific Acceptability	B	B	B-
Iterative Improvement	B+	A	B
Transparency	B	A	C
Usability	B	B+	C
Leapfrog Safety Score and Top			
Overall Grade	C-	B-	D
Potential for Misclassification	C-	C	D
Importance/Impact	C+	B	C
Scientific Acceptability	C	B	D
Iterative Improvement	B-	A	C
Transparency	C	B	D
Usability	C+	B-	C

Notes: The "Overall Grade" for a rating system was a separate category assigned by each rater, not an average of the individual criteria for a rating system. "Potential for Misclassification" refers to the likelihood that the rating system incorrectly estimates true hospital performance.

Source: The Authors.

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Table 3

COMMON ISSUES ACROSS MOST RATING SYSTEMS

In reviewing the rating systems and discussing the issues with their leaders, we found several limitations to public reporting of hospital quality relevant to the field in general, resulting in a similar critique being applicable to all rating systems examined.

Data and Measurement Limitations

Many of the rating systems use the same underlying data as the basis for their ratings. Some groups simply use the analyzed data CMS reports on [Hospital Compare](#) to capture already generated process, outcome, and [patient experience](#) metrics and build them into their own composites; others use the raw Medicare claims data to perform their own selected analyses of [patient outcomes](#).

Unfortunately, these administrative data, collected for billing rather than clinical purposes, have notable, [well-described shortcomings](#). The data used are generally limited to those 65 and older who participate in the Medicare Fee-for-Service program. The data often lack adequate granularity to produce valid risk adjustment. Moreover, outcomes reported in administrative data have been shown to have [high false-negative and false-positive rates](#). There are also notable ascertainment or surveillance bias issues that [invalidate some of these measures](#) (e.g., the [PSI-12 VTE outcome measure](#)). Most of the rating systems we reviewed include the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSIs); these were developed for internal hospital surveillance purposes, not to compare hospitals to one another. Several [notable problems have been identified](#) with their use to compare hospital performance.

Most rating system methodologies smooth or shrink the rates, essentially pushing lower-volume hospitals toward the mean. This results in smaller hospitals being essentially unable to be identified as poor performers or good performers."

Similarly, the [National Healthcare Safety Network \(NHSN\) measures](#) from the Centers for Disease Control and Prevention (CDC) address important, clinically relevant, and [potentially preventable hospital-acquired infections](#); however, ascertainment bias impacts these measures when it comes to comparing performance between hospitals. There are differences in identification of events (e.g., technologies available to abstractors, thoroughness and training of abstractors), (i.e., hospitals not reporting events that may not meet the intent of the measure, but technically qualify as an event), and concerns surrounding inadequacy of the risk adjustment (i.e., very few if any patient factors included). Undoubtedly, there is value in hospitals tracking their own rates of hospital-acquired infections, but serious limitations arise when comparing hospitals on the basis of these measures.

Lack of Robust Data Audits

Many of the items used in the rating systems lack meaningful data audits. For example, there is not a robust audit performed for the data used in the PSI and NHSN measures. The Office of Inspector General has previously stated that CMS needs to improve its audit process to identify gaming (inappropriate intentional data manipulation) and inaccurate reporting of quality data. Similarly, when the rating systems generate their own data through surveys, these data are not always made available publicly for analysis to allow for independent assessment of validity and reliability. These data also need robust audits when self-reported by hospitals, and this is currently lacking.

Composite Measure Development

The methods the rating systems use for compiling measures into composites to create an overall hospital score or grade vary tremendously, and there is often limited rationale for the selection and weighting of different elements in the composite. Moreover, there are frequently measures or domains that are weighted equally, though they are definitely not equal in the eyes of any stakeholder.

For example, readmissions and mortality were weighted equally in some rating systems. There is no question that experiencing a readmission is better than a death for all involved stakeholders. Mortality should be weighted much more heavily than a resource-use measure. Similarly, other composites inappropriately equate serious complications (e.g., mortality, hospital-acquired infections) with structural measures (e.g., computerized physician order entry), patient experience measures (e.g., communication about medicines), and CT-scan appropriateness measures.

Handling Diverse Hospitals Together

A related issue is that of small hospitals. Rating systems often have difficulty handling outcomes measurement at smaller hospitals, which have lower volumes and therefore less reliable performance estimates. Currently, most rating system methodologies smooth or shrink the rates, essentially pushing lower-volume hospitals toward the mean. This results in smaller hospitals being essentially unable to be identified as poor performers or good performers. This masks hospital performance, may not reveal opportunities for improvement, and may mislead patients. Conversely, unsmoothed rates may be noisy and unfairly reward or penalize low-volume hospitals (i.e., if only four patients qualify for a measure, one death results in the highest mortality rate in the country, whereas no deaths results in the best mortality rate).



Many rating sites claimed they were transparent by publishing their methods, but that is not the same as the transparency of reproducibility.”

One straightforward solution would be stratifying hospitals into similar groups (e.g., large academic centers or small community hospitals). Stratifying ratings by hospital type is a reasonable approach, but patients may want to identify the best hospitals in their geographic area or nationally, not just the best critical access hospital or best community hospital. Though not used in any of the current systems, there is a potential opportunity to advance the field by shrinking a hospital’s performance estimates to that particular hospital’s

peer volume group or subtype’s prior average performance. This allows incorporation of information when there is a volume-outcome relationship and does not assume that small hospitals are average. Another option to handle the small numbers problem is to rely more heavily on process and patient experience measures as they are less affected by lower volumes than outcome measures.

Lack of Formal Peer Review

The rating systems examined generally do not publish research on their measure testing and composite measure development methods, nor do they submit their methods to journals for formal, rigorous external peer review. All the groups use expert panels to varying degrees, but typically expert panels provide input intermittently and without detailed methodological review. This is quite different than the rigorous peer review of well-respected journals. The field as a whole would benefit from this type of rigor.

Potential Financial Conflicts

Monetizing ratings — that is, having hospitals pay the rating systems to be able to display their performance or to allow use of their ratings for hospital marketing or advertising — may create unfortunate incentives. Specifically, there is a concern that the business of selling these ratings leads to a model that encourages multiple rating systems to intentionally identify different “best hospitals.” By using different measures, analytic methods, and composite development approaches, the rating systems can identify very different hospitals as the top hospitals. Thus, most hospitals in the country can purchase a “best hospital” emblem of some type from at least one of these rating systems.

ISSUES SPECIFIC TO INDIVIDUAL RATING SYSTEMS

While there are several issues that affect the field of hospital quality measurement in general, we need to separate these from specific methodological decisions made by individual rating systems ([Appendix 2](#)). Where there is heterogeneity among the four rating systems in use of a measure (e.g., the PSI-12 VTE outcome measure) or in the methodological approach to composites, then that is a decision the rating systems have made and could elect to do differently.

CMS Star Ratings

The CMS Star Ratings have some unique strengths. The ratings carry considerable weight as they are put forth by a federal agency and the largest payer in the country. Other rating systems noted that they often included measures or methods “because CMS does,” so the CMS Star Ratings have an important influence on other rating systems. CMS has assembled multiple Technical Expert Panels to guide their decision-making. They have made their code available to allow replication of much of their analyses. They do not monetize their rating system. Their website is also to be commended for usability and facilitating comparisons between hospitals.

A major shortcoming in many current rating systems continues to be the lack of external peer review and validation of the methods.”

However, there were several weaknesses regarding the CMS Overall Hospital Quality Star Ratings. First, there is likely a high rate of misclassifying hospital performance given the inclusion and comparison of a heterogeneous collection of hospitals into a single group. Large academic medical centers that report nearly all component measures are compared to critical access hospitals and specialty hospitals reporting less than half of the component measures.

Second, the weighting appears fairly arbitrary, so there would be value in bringing some rigor to weighting of measure domains and component measures. Third, there are few, if any, diagnosis- or procedure-specific measures for elective conditions. Many of the disease-specific measures are for nonelective admissions like myocardial infarction, for which patients do not have the liberty to compare hospitals ahead of time. Fourth, one of the most heavily weighted measures in the Star Rating composite is PSI-90, the AHRQ patient safety and adverse events composite. This measure has been improved recently, but it still has several flaws that should preclude such heavy emphasis in the rating systems.

Finally, CMS continues to use several measures that other rating systems have deemed not valid for comparing hospital quality and excluded from their rating system (e.g., PSIs). CMS has statutory limitations that preclude changing some aspects of its Star Ratings, but there is considerable opportunity and need to improve multiple aspects of this highly visible and influential federal rating system from the largest payer in the country.

Healthgrades

Healthgrades had some unique strengths. They include procedure- and condition-specific rankings that offer more granular information to patients in selecting a hospital and to hospitals seeking to identify improvement targets. Also, Healthgrades does not use the CDC's NHSN measures; that is a strength because Healthgrades insists on being able to run its own analyses rather than reusing aggregated data from others.

There were some notable weakness regarding the Healthgrades composite measure. First, the composite only contains outcome measures. Our group emphasized the need for balanced measurement with the inclusion of all domains of quality. This is particularly important here given the concerns with administrative data for outcomes measurement. Moreover, some of the data they use in their composite are only available for certain states, which precludes equitable comparisons nationally.

Importantly, their methods are not sufficiently described to allow replication and evaluation. An arbitrary 90% confidence interval is employed to identify outliers on individual measures. They still include a number of flawed PSIs. Healthgrades also evaluates all hospital types together leading to misclassification concerns. There also appear to be some important inconsistencies in the codes they count as complications, as many of these would be unrelated to the primary diagnosis or procedure. We also noted that their Expert Panel does not include any methodologists with expertise in the science quality ratings.

Leapfrog

Leapfrog has some important strengths. They take a balanced measurement approach that includes all domains of quality (structure, process, outcomes, and patient experience). Moreover, no other rating system includes an assessment of the culture of safety, and the coauthors believed that was an important, unique feature. While many rating systems had fairly arbitrary weighting approaches, Leapfrog uses an approach that incorporates expert evaluation of measure impact, opportunity, and evidence basis. Hospitals also receive a calculator to replicate or predict scores.

However, there were several important weaknesses for the Leapfrog rating systems, specifically with the Safety Score and the Top Hospitals designation. The greatest concerns were with their internally developed and modified Safety Survey. The survey is self-reported and there is not a robust audit in place; the audits are done on very few hospitals. During our discussion, Leapfrog leadership stated that they had only done a formal audit for approximately five hospitals of about 2,600 in the past year, and only 72 hospitals underwent an electronic audit. Concerns were also raised about the value of many of the items on the survey as they may not truly reflect patient safety efforts or be currently meaningful to stakeholders (e.g., computerized physician order entry).

In addition, many other important aspects of quality are excluded from their rating system. For example, the Leapfrog rating system excludes mortality, as their team believes it is “not a safety metric.” The coauthors disagreed with this assessment and noted that the exclusion of mortality was a notable oversight.

The assessment of all hospital types together for the Safety Score was an issue, but when Leapfrog denotes “Top Hospitals,” they do collect separate hospitals into peer groups (e.g., general, academic, rural). Leapfrog continues to use most PSIs; whereas, other groups have dropped certain PSIs based on evidence and validity concerns.



PROs, which are distinct from patient experience measures, are important measures of successful health care management, but they are completely absent from all current publicly available hospital quality rating systems.”

Another major area of concern was how Leapfrog assesses hospitals that do not answer their Safety Survey. When hospitals do not report the survey, the missing data are filled in from other secondary sources. However, hospitals that answer the survey and those that do not are assessed in the same way despite not having the same measures upon which to base the ratings. Approximately 50% of hospitals answer their survey, so a good deal of the rankings are based on missing or inconsistent data.

Leapfrog uses unadjusted, internally developed central line infection and urinary tract infection measures rather than other more standard measures. While flawed for hospital

quality comparisons, the NHSN measures are at least somewhat standardized and have some minimal risk adjustment. Finally, when Leapfrog assembles the list of Top Hospitals, they noted that they have a subjective component that allows elimination of the hospital from the Top Hospitals list if they are poor performers on the mortality rates reported by CMS (even though mortality is excluded from their Safety Grade), but no defined criteria were articulated (e.g., poor performance on 1 of 6 vs. all 6 mortality metrics). While we acknowledge that mortality is a very important measure, this subjective component seemed antithetical to an objective hospital quality rating.

U.S. News

This rating system was thought by the authors to be the most responsive to changes in measurement science and feedback from stakeholders. They revise their rating system annually to address measurement issues that have come to their attention from experts, the literature, hospitals, or their internal investigations. This is largely beneficial, although it limits year-to-year comparisons, as hospitals that shift ranks may be unable to determine whether the change was due to change in performance or ranking methodology.

Some notable recent changes for the U.S. News rating system include eliminating all NHSN measures and most PSIs, weighting volume for proportion of Medicare Advantage patients, improving outcome measures with exclusion of external transfers, and adding risk adjustment for sociodemographic factors. One important needed improvement would be to release these changes and supporting evidence further in advance of releasing the new rankings to allow time for more widespread input and peer review. Although we liked the incorporation of patient experience into the procedure/condition-specific rankings, the patient experience scores are not specific to that specific group; they reflect all specialties combined and only come from the inpatient survey.

A unique feature of the U.S. News ranking that is in some ways both a strength and a weakness is the inclusion of the “reputation” domain. This component is ascertained through surveys of practicing providers in 16 specialties by asking them where they would send their most challenging cases. Respondents can select up to five hospitals, including their own. The Reputation Survey is worth 27.5% of the score for overall ranking for 12 specialties for which most of the score is based on data, and 100% for the four specialties (ophthalmology, psychiatry, rehabilitation, and rheumatology) that are assessed solely on the reputational surveys.

The inclusion of reputation in the U.S. News rankings is widely debated, but our group of coauthors concluded that this is generally a beneficial component. It serves as the question that we would ask as physicians when referring patients or that patients would ask us when deciding where to go for complex care. The Reputation Survey is also a surrogate for measures that are currently not readily available or collected, such as availability of expert services and specialists, unique technologies and innovation, and clinical trials.



There is no acknowledged gold standard for misclassification of hospital performance, nor for assigning grades to hospital rating systems.”

There are, however, some important concerns about how U.S. News conducts the survey, and we believe there may be opportunities for bias and gaming of the survey. Specialties where reputation is the only metric are not a balanced representation of quality care (i.e., no inclusion of outcomes or patient experience), and additional metrics in those specialties are needed. Finally, U.S. News does not make any of their Reputation Survey data available publicly for external analysis and validation. Until they do, reputation data will

be a source of controversy. That said, as a group, we felt that the Reputation Survey offers valuable information to patients until better measures are available to reflect this concept.

Another feature that was beneficial about the U.S. News system was its inclusion of volume as a quality measure, which none of the other rating systems include. While a surrogate, volume remains an important and valuable measure of quality, particularly where more specific quality assessments are not available. This is an easy measure that others should consider including in their rating systems.

U.S. News also includes specialty- and procedure-specific rankings, so patients can ascertain information about their particular needs, rather than just a global overall hospital evaluation. High-acuity, high-complexity conditions and procedures are included, as well as common procedures. However, side-by-side comparisons of hospitals on overall and specific components of the rating system were not easily done. U.S. News incorporates Society of Thoracic Surgeons registry data into its rankings; the database includes components that focus on cardiothoracic surgery. This strengthens the U.S. News rating system, but there are many other registries that should be considered for inclusion.

Opportunities to Advance the Field

As an individual hospital's performance can be rated quite differently between seemingly similar public hospital quality rating systems, we sought to assess the four major rating systems to provide insights about their relative strengths and weaknesses. Given that an empirical comparison is not possible due to lack of a gold standard and availability of all underlying data and methods, a thorough evaluation by experienced methodologists may offer the best way to compare these rating systems. We were particularly focused on the potential for misclassification of hospital performance as this could have important adverse consequences and mislead stakeholders seeking to use a rating system to assess hospital quality. We found that there were many limitations to the field of public reporting, but there were also several methodological decisions that rating systems made that resulted in better or worse assessments of hospital quality.

These results offer a guide to stakeholders who are looking to assess hospital quality and wonder which rating system they should use. This is certainly important for patients and referring doctors, but payers and purchasers are increasingly using these rating systems to direct their patients or establish contracts. Finally, hospitals themselves often use one of these rating systems to assess their performance and set goals. Thus, providing a comparison of these rating systems may be beneficial to those seeking to use one of these ratings systems.

We have identified several opportunities that can advance the field of hospital quality rating systems.

BETTER DATA

The field definitely needs better data: All rating systems rely on administrative data or self-reported data, which have numerous limitations. All rely heavily on Medicare claims data, which represents an important part of the population, but using all-payer data would present a more accurate and complete representation of quality. Incorporation of registry data would be helpful, understanding that this requires a partnership with and permission from the registry owners. Nonetheless, while registries would in many ways be an ideal alternative to overcome the limitations of administrative data, the abstraction required is laborious and expensive, and this results in only a fraction of hospitals participating in most registries with only a fraction of a hospital's relevant cases being captured by the registry. Thus, we need to make major strides in moving toward new methods of obtaining data directly from the electronic health record to support valid, meaningful quality metrics. While there is much discussion of interoperability, little has been translated to meaningful national quality measures.

BETTER MEASURES

We need to leverage the data to create quality measures that are valid, valuable, and timely. The currently available measures fall far short in many domains and suffer from inadequate risk adjustment, questionable relationship to outcomes, and unacceptable lag times. There are also areas of quality that are entirely missing from the rating systems, such as collection, analysis, and patient-reported outcomes (PROs). PROs, which are distinct from patient experience measures, are important measures of successful health care management, but they are completely absent from all current publicly available hospital quality rating systems. Similarly, no long-term measures are included, such as cancer recurrence and survival, undoubtedly important measures for assessing health care quality. Finally, rating systems must become nimble and adapt more rapidly to changes in measurement science.



Stakeholders want, need, and deserve comparative public data on hospital quality, and rating systems play an important role in providing such information. However, there are improvements needed to advance the field as a whole and opportunities to improve.”

MEANINGFUL AUDITS

We need to ensure that all data used in these ratings systems are subject to a strong audit program to ensure the data are valid and allow for fair comparisons of providers. In no other industry undertaking high-stakes public reporting and pay-for-performance would the lack of a meaningful audit be tolerated. Detailed audits should be required before the data and resulting rating systems will be widely accepted. The results of the audits must be made public and available for analysis. Until this is addressed, there will continue to be real questions about the validity of these rating systems. Moreover, all data sources and methods used in rating systems must be transparent and available publicly. Many rating sites claimed they were transparent by publishing their methods, but that is not the same as the transparency of

reproducibility. The actual underlying data need to be available for there to be reproducibility allowing external analysis and validation.

EXTERNAL PEER REVIEW

A major shortcoming in many current rating systems continues to be the lack of external peer review and validation of the methods. In this *Rating the Raters* initiative, our group of coauthors served as an unsolicited peer review of the methodology of these rating systems, but if we were reviewing a manuscript of a rating system's methodological changes for publication in a journal, we would require much more description of the statistical methods, better validation of underlying data, many more sensitivity analyses, and more justification of the rationale for methodological decisions before we could even begin to render a decision on whether to accept or reject the study.

We encourage all rating systems to submit studies of their analytical approach, decisions, and periodic modifications for real peer review and publication, preferably well ahead of employing them in public ratings. This would encourage innovation and improvement over time. Moreover, an independent standing group could be set up to establish standards and evaluate public rating systems based on requirements and criteria, similar to the approach the National Quality Forum (NQF) uses for individual measures or as in the financial sector by the Financial Accounting Standard Board.

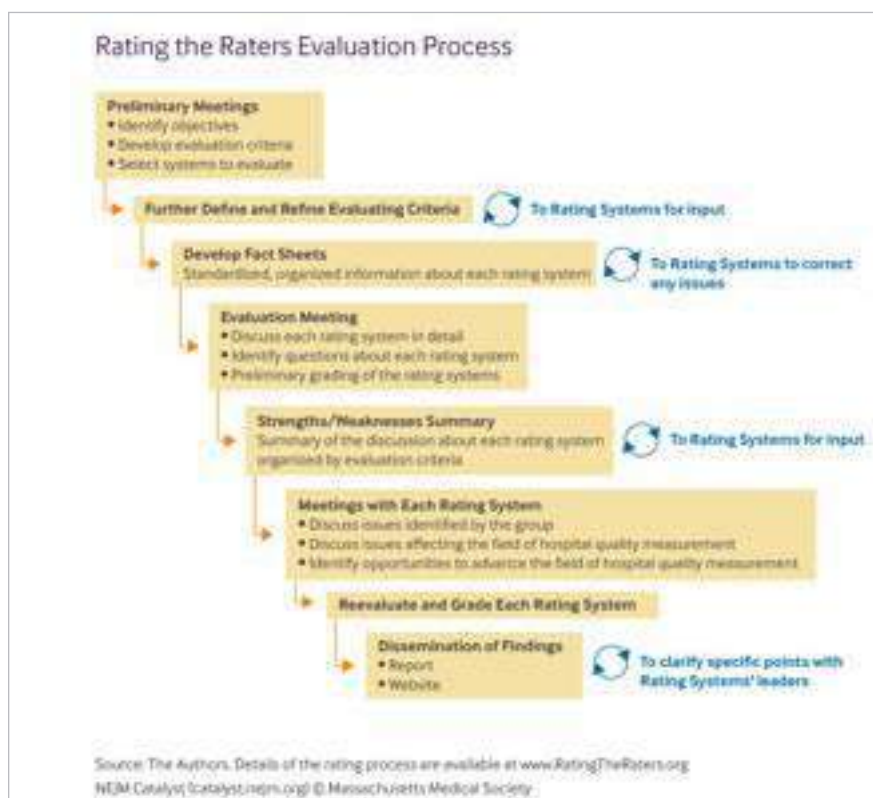
Limitations

This evaluation has some important limitations. First, there is no acknowledged gold standard for misclassification of hospital performance, nor for assigning grades to hospital rating systems — this was the reason we took on the process in the first place, but we consider these findings to be a starting point rather than a definitive last word on the matter. Because stakeholders' priorities and preferences may differ, a different group of people could have come to alternative conclusions. Second, we did not evaluate every publicly available rating, nor did we evaluate every rating put out by these four rating systems. Finally, most of the evaluators have worked at academic medical centers, which may influence our grading. However, many of us have or previously had positions where we also have some responsibility for community hospitals.

Next Steps for Hospital Quality Rating Systems

Stakeholders want, need, and deserve comparative public data on hospital quality, and rating systems play an important role in providing such information. However, there are improvements needed to advance the field as a whole and opportunities to improve each of these four hospital quality rating systems before these ratings will truly meet the needs of stakeholders. Until then, these rating systems should be interpreted very cautiously, as most seem likely to misclassify hospital performance and may mislead patients, referring doctors, payers, purchasers, and hospitals themselves.

Appendix 1



Appendix 2

Rating the Raters – Strengths and Weaknesses Assessment of the Four Public Hospital Quality Rating Systems

The comments in the table below reflect the discussion that the Rating-the-Raters group had about each rating system. These comments for each rating system were provided to the leaders of that rating system to solicit feedback.

Importance/Impact

(CMS) Hospital Compare Overall Star Ratings	Healthgrades Top Hospitals	USNWR (U.S. News & World Report) Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
Pro			
• Compiled by largest payer in U.S.	• Procedure- and condition-specific rankings	• Overall, specialty and procedure/condition rankings are helpful • Useful and rigorous rating system overall • High-complexity and high-acuity measures where quality tends to vary, but also focuses on more common procedure areas • Measures generally have high face validity • Inclusion of registry data (STS data for CABG and AVR) in procedure/condition rankings	• Focus on safety • Includes assessment of culture of safety
Con			
• Very few elective condition- or procedure-specific measures (most are less common conditions or not elective admissions)		• Paucity of clinically meaningful and rigorous outcomes data (e.g., mortality considered quality metric and not safety metric) • No information for individual common elective procedures/conditions • Safety focused, but misses a lot of other important measures for quality and should be more balanced	

Source: The Authors. Details of the rating process are available at www.RatingTheRaters.org
 NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Rating the Raters—Strengths and Weaknesses Assessment of the Four Public Hospital Quality Rating Systems

The comments in the table below reflect the discussion that the Rating the Raters group had about each rating system. These comments for each rating system were provided to the leaders of that rating system to solicit feedback.

Scientific Acceptability

ICM Hospital Compare Overall Star Ratings	Healthgrades Top Hospitals	US News & World Report's Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
- Incorporates process, outcomes, and Patient Experience measures - The star rating is typically updated twice/year	- Does not use NPQ measures - Data updated annually - Volume-based weighting of performance	- Incorporates structure, process, outcomes, reputation - Compares hospitals in different ways to allow grouping of similar types of hospitals - Eliminated most PSQ - Eliminated all NPQ measures - Structure measure, e.g., volume, mitigable score of the measurement issues with outcome metrics - Reputation measure offers some information about there is a lack of more granular measures capturing the same construct - Risk adjustment for socioeconomic status in 1) mortality rates - Excluded external transfers from outcome measures - Adjusted volume in each specialty to account for regional differences in Medicare Advantage Enrollment	- Incorporates structure, process, outcomes, and Patient Experience measures - Scientifically rigorous composite methodology - Weighted Score for weighting approach is available and equitably applied based on expert evaluation of impact, opportunity, and evidence base of measure - Z-scores are used to standardize data from measures with different units and are applied to measures available for each hospital - Calculator available to hospitals to replicate measures scores, weights, and total score - The Safety Grade rating is updated twice/year - Hospital must complete all applicable sections of survey to be included in Top Hospitals - Top hospitals ratings dependent peer groups (General, Rural, Teaching)
- Some concerns regarding measure weighting approach - Attempts to measure diverse hospital types together may result - Concerns regarding approach for weighting stars (e.g., is intent clustering?) - Use of PSQ, particularly PSQ-90 and PSQ-9 - PSQ-90 and readmission weighted too heavily - Use of NPQ collection measures - No inclusion of clinical registry measures - Inclusion relatively unimportant imaging measures - No robust data audit process - Data lag can be up to 3 years from collection to release - Administrative data and NPQ data are not rigorously audited	- Not balanced measurement. No process measures or patient experience composite relies only on outcome measures - Patient experience scores not included – shown as a separate rating - Measures rely on state availability - Evaluating all hospital types together is a major issue - Proprietary methodology is not transparent and cannot be replicated and thoroughly evaluated - Assigning best hospitals based on percentiles of the scores is a major concern - Geography threshold, top 5% - No statistical testing done in "linked ranking" report for 5% of hospitals - Inclusion of PSQ, particularly PSQ 3, 4, 7, 12, 13 - Outcome measures and clinical cohorts (e.g., what lower education) are not conditions where patients typically can use the comparisons to decide where to go for care - No registry data included - Some complications are not related to relevant to the condition (e.g., Long-term's disease is a complication for AAA repair) - Administrative data are not rigorously audited	- Still uses some flawed PSQ - Patient experience measures (Patient Experience score only for Procedures and Conditions rankings) - Rankings done on hospitals of different types together (e.g., critical access, teaching) - Some concerns in their "regulation" measurement methodology with respect to sampling and ranking even institutions highly (e.g., getting) - Some specialties are limited in regulation alone without any other measures of quality (Orthopedics, Pediatrics, Rehabilitation, Rheumatology) - Limited use of registry data, except to give credit for participation in certain registries (but missing other major registries) - Hospitals missing patient safety data are assigned median patient safety score (PSQ) for all hospitals - Administrative data are not rigorously audited - Risk adjustment different for procedures/conditions - Some data is developed in-house but not been scientifically vetted in a robust fashion	- Voluntary, self-reported survey data account for 25% of score, and the survey data are not rigorously validated. This is a major concern - Concerns about handling of hospitals not reporting in 2020 and about the corresponding missing data - Evaluating all hospital types together is a major issue - Very few clinically meaningful and rigorous outcome data (exclusion of mortality is a major issue) - Inclusion of PSQ - Some particularly weak composite measures (e.g., CPQ) - Hospitals still included if they don't answer - Lack of survey methodology report does not comment on how outside the primary and secondary data sources are with one another used when primary not reported by hospital - Use of legacy NQF Safe Practices not implemented anywhere, not intended to be scored, but rather intended to be used as an improvement tool - Administrative data are not rigorously audited - Use of NPQ collection measures - NPQ data are not rigorously audited - Linking audits sample is very small number of hospitals annually - Audit results not released publicly - Voluntary, self-reported survey data account for 100% of score for Top Hospitals, but the survey data are not rigorously validated or reviewed. This is a major concern - Use of non-risk adjusted infection measures

Source: The Authors. Details of the rating process are available at www.RatingTheRaters.org
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Rating the Raters – Strengths and Weaknesses Assessment of the Four Public Hospital Quality Rating Systems

The comments in the table below reflect the discussion that the Rating-the-Raters group had about each rating system. These comments for each rating system were provided to the leaders of that rating system to solicit feedback.

Potential for Misclassification of Hospital Performance

(CMS) Hospital Compare Overall Star Ratings	Healthgrades Top Hospitals	USNWR (U.S. News & World Report) Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
Pro			
Some data integrity checks in place to determine anomalous data		Least likely of the major rating systems to misclassify hospital performance	Some data integrity checks in place to determine anomalous data
Con			
- High potential for misclassification - Inclusion of PSIs - Use of NHSN measures - High risk of misclassification due to the inclusion and comparison of heterogeneous hospital types that do not report the same numbers and types of measures. (e.g., Critical Access Hospitals and Specialty hospitals do not report most of the measures used) - Concerns regarding adequacy of risk adjustment with administrative data - Many measures lead to paradoxical misclassification, and thus likely demonstrate the inverse of quality (PSI-3, PSI-12) - NHSN data are not rigorously audited	- High potential for misclassification - Inclusion of PSIs - Evaluating all hospital types together is a major issue - A lot of potential misclassification and noise in codes included in outcomes measures - Concerns regarding adequacy of risk adjustment with administrative data - Administrative data are not rigorously audited - Many measures lead to paradoxical misclassification, and thus likely demonstrate the inverse of quality (PSI-3, PSI-12)	- Lower likelihood of misclassification - Inclusion of some PSIs - Some rankings based on "reputation" only - Administrative data are not rigorously audited - Concerns regarding adequacy of risk adjustment with administrative data	- High potential for misclassification based on issues with self-reported Leapfrog survey (gaming, lack of robust audit) and some outcomes subject to surveillance bias and ascertainment issues - Inclusion of PSIs, particularly PSI-12 - Use of NHSN measures - Concerns about self-report of process measures - Administrative data are not rigorously audited - Concerns regarding adequacy of risk adjustment with administrative data - Many measures lead to paradoxical misclassification, and thus likely demonstrate the inverse of quality (PSI-3, PSI-12) - NHSN data are not rigorously audited - Use of non-risk adjusted infection measures

Source: The Authors. Details of the rating process are available at www.RatingTheRaters.org.
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Rating the Raters – Strengths and Weaknesses Assessment of the Four Public Hospital Quality Rating Systems

The comments in the table below reflect the discussion that the Rating-the-Raters group had about each rating system. These comments for each rating system were provided to the leaders of that rating system to solicit feedback.

Iterative Improvement

(CMS) Hospital Compare Overall Star Ratings	Healthgrades Top Hospitals	USNWR (U.S. News & World Report) Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
Pro:			
Have assembled multiple Technical Expert Panels of diverse stakeholders	They have become more transparent over time	- Has been very responsive generally to feedback from stakeholders and scientific advances - Most responsive of the various rating systems to changes in measurement science, recent literature, and stakeholder feedback - Uses expert panel effectively - Ranking for specific specialty or condition will not be shown if data are missing	- Safety Grade: Uses national expert panel - Top Hospitals: Uses Technical and Content Experts for measure selection
Con:			
- No robust peer review of methods prior to release - Some concerns regarding incorporation of feedback in recent literature and from Technical Expert Panels	- No robust public or peer review/comment of methods prior to release - Some concerns about lack of incorporation of stakeholder feedback and advances in science - Lack of expert methodologies to Advisory Panel	- No robust public or peer review/comment of methods prior to release - Frequently releases changes without opportunity for public comment well in advance	- No robust public or peer review/comment of methods prior to release - Concerns regarding lack of responsiveness to the issues raised by their Expert Panel, hospitals, scientific advancements, and other stakeholders

Source: The Authors. Details of the rating process are available at www.RatingTheRaters.org
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Rating the Raters – Strengths and Weaknesses Assessment of the Four Public Hospital Quality Rating Systems

The comments in the table below reflect the discussion that the Rating-the-Raters group had about each rating system. These comments for each rating system were provided to the leaders of that rating system to solicit feedback.

Transparency

(CMS) Hospital Compare Overall Star Ratings	Healthgrades Top Hospitals	USNWR (U.S. News & World Report) Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
Pro			
• Data and statistical code made available for some ability to replicate analyses • Extensive methodology description • No monetization of ratings	• None discussed	• Extensive methodology description • Detailed scores and rankings are published in methodology report for top hospitals	• Public information on website about how they monetize their product (costs of using emblems, promotional materials, etc.)
Con			
• Important details missing from methodology report (e.g., details on weighting approach) • Not transparent how all measures are weighted; weighting is vetted by Technical Expert Panel and stakeholders, but no further details • Unclear rationale for some methodological decisions	• Much less transparent than other systems • Proprietary models that are not transparent • Inadequate information to judge validity and appropriateness of methodological decisions • No public information on how they monetize their product (e.g., costs of using emblems, promotional materials, etc.)	• Reputation survey data are not made available for analysis and verification • No public information how they monetize their product (e.g., costs of using emblems, promotional materials, etc.)	• None discussed

Source: The Authors. Details of the rating process are available at www.RatingTheRaters.org.
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Rating the Raters – Strengths and Weaknesses Assessment of the Four Public Hospital Quality Rating Systems

The comments in the table below reflect the discussion that the Rating-the-Raters group had about each rating system. These comments for each rating system were provided to the leaders of that rating system to solicit feedback.

Usability

(CMS) Hospital Compare Overall Star Ratings	Healthgrades - Top Hospitals	USNWR (U.S. News & World Report) Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
Pro			
• User friendly • Easy to find a hospital • Allows for comparisons of multiple hospitals • Website indicates how current data are • Uses graphical displays	• Easy to find a hospital • Ratings searchable based on specific procedures and conditions • Video explaining what stars mean	• Patients can readily identify which procedure /specialty-specific ranking are most applicable to their clinical circumstance	• Easy to use • Color coding is helpful • Multiple ways to sort and compare hospitals • Grade is displayed prominently and is very apparent to user • Has a "how to use Leapfrog hospital Safety Grade" video tool posted to website • Top Hospitals ratings breaks up hospitals' rankings by hospital type
Con			
• None discussed	• Not easy to compare hospitals • Uses 3 options only on a 5-star scale (1, 3, 5) • Each measure category is displayed differently (e.g., Stars, percentage better/average/worse, or overall "patient safety" score)	• No comparison tool; difficult to compare hospitals • A lot of information, many clicks needed • Underlying hospital data not shown in user-friendly format • Detailed display tables were helpful to understanding and were removed in recent iteration • Filled with distracting hospital advertisements • Only summary data ("Average," "Good," "Very High," "Best") provided on public website. Would prefer layering of information for those interested in more detail	• No feature to navigate to detailed measure scores from list of Top Hospitals • Does not rank hospitals within state

Source: The Authors. Details of the rating process are available at www.RatingTheRaters.org.
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Audit Information

(CMS) Hospital Compare Overall Star Ratings	Healthgrades Top Hospitals	USNWR (U.S. News & World Report) Best Hospitals	Leapfrog Hospital Safety Grade and Leapfrog Top Hospitals
• CMS will validate up to eight cases for clinical process of care measures per quarter per selected hospital. Cases are randomly selected from data submitted to the warehouse by the hospital. • CMS will validate up to 10 candidate hospital acquired infection (HAI) cases total per quarter per selected hospital. • Each quarter, the Clinical Data Abstraction Center (CDAC) will send hospitals a written request to Medical Records Director to submit a patient medical record for each case and candidate case that CMS selected for validation. • If a hospital does not meet the overall validation requirement, the hospital will not receive full credit.	• Not applicable (uses claims data from CMS)	• Not applicable (uses data from other sources)	• Leapfrog gives hospitals opportunity to review data, but assumes no responsibility for accuracy of data from elsewhere (CMS, AHA) • Data review/check for erroneous values completed. • An internal Leapfrog data review is conducted monthly after submission from hospitals. • Hospitals are randomly selected to submit documentation demonstrating adherence to NQF safe practices and Never Events policy. • Contracted with DHG Healthcare to conduct in-hospital data verification for selected hospitals. • Very few hospitals are audited annually and audit results are not released.

Source: The Authors. Details of the rating process are available at www.RatingTheRaters.org.
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Karl Y. Bilimoria, MD, MS

John Benjamin Murphy Professor of Surgery, Director, Surgical Outcomes and Quality Improvement Center, and Vice Chair for Quality, Department of Surgery, Feinberg School of Medicine, Northwestern Medicine; Vice President, Quality and Clinical Integration, Northwestern Medicine Health System

John D. Birkmeyer, MD

Chief Clinical Officer, Sound Physicians; Adjunct Professor, Dartmouth Institute for Health Policy & Clinical Practice

Helen Burstin, MD, MPH

Executive Vice President and Chief Executive Officer, Council of Medical Specialty Societies

Justin B. Dimick, MD, MPH

George D. Zuidema Professor of Surgery, Director, Center for Healthcare Outcomes & Policy, and Associate Chair for Strategy and Finance, University of Michigan

Karen E. Joynt Maddox, MD, MPH

Assistant Professor of Medicine, Cardiovascular Division, School of Medicine and Assistant Professor, Brown School of Social Work, Washington University in St. Louis

Allison R. Dahlke, MPH

Assistant Director, Population Sciences, University of Wisconsin Carbone Cancer Center; Former Administrative Director, Surgical Outcomes and Quality Improvement Center, Department of Surgery, Feinberg School of Medicine, Northwestern Medicine

John Oliver DeLancey, MD, MPH

Research Fellow, Surgical Outcomes and Quality Improvement Center, Department of Surgery, Feinberg School of Medicine, Northwestern Medicine

Peter J. Pronovost, MD, PhD

Chief Clinical Transformation Officer and Professor, Case Western Reserve University Schools of Medicine and Nursing, University Hospitals

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Association between hospital-reported Leapfrog Safe Practices Scores and Inpatient Mortality

[Leslie P Kernisan](#)¹, [Sei J Lee](#)¹, [W John Boscardin](#)¹, [C Seth Landefeld](#)¹, [R Adams Dudley](#)¹

[Author information](#) [Copyright and License information](#)

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See commentary "[Hospital mortality and Leapfrog Hospital Survey results](#)," in volume 302 on page 625.

Abstract

Context

The Leapfrog Hospital Survey allows hospitals to self-report the steps they have taken towards implementing the “Safe Practices for Better Healthcare” endorsed by the National Quality Forum. Currently Leapfrog ranks hospital performance on the Safe Practices Leap by quartiles, and presents this information to the public on its website. It is unknown how well a hospital's resulting Safe Practices Score correlates with outcomes such as inpatient mortality.

Objective

To determine the relationship between hospitals' Safe Practices Scores and risk-adjusted inpatient mortality rates.

Design, Setting, and Participants

Observational analysis of discharge data for all urban U.S. hospitals completing the 2006 Safe Practices Leap and identifiable in the Nationwide Inpatient Sample (NIS). Leapfrog provided a Safe Practices Score (SPS) for each hospital, as well as three alternative scores based on shorter versions of the original survey. Hierarchical logistic regression was used to determine the relationship between quartiles of SPS and risk-adjusted inpatient mortality, after adjusting for hospitals' discharge volume and teaching status. Subgroup analyses were done on patients older than 65 years old and patients with greater than 5% expected mortality.

Main Outcome Measures

Inpatient risk-adjusted mortality, by quartiles of survey score.

Results

155 of 1075 (14%) Leapfrog hospitals were identifiable in the NIS (1,772,064 discharges). Raw observed mortality in the primary sample was 2.09%. Fully adjusted mortality rates (95% confidence intervals in parentheses) by quartile of SPS, from lowest to highest, were 1.97% (1.78-2.18%), 2.04% (1.84-2.25%), 1.96% (1.77-2.16%), 2.00% (1.80-2.22%); p for linear trend = 0.99. Results were similar in the subgroup analyses. None of the three alternative survey scores was associated with risk-adjusted inpatient mortality, although p values for linear trends were lower (0.80, 0.20, 0.11).

Conclusions

In this sample of 14% of all hospitals nationally that completed the Safe Practices Leap, survey scores were not significantly associated with risk-adjusted inpatient mortality.

The Leapfrog Group is a well-known non-profit business coalition that provides information regarding hospital safety and quality to its members (large companies that purchase health care) and to consumers¹⁻³. Its primary method of evaluating hospitals is via voluntary participation in the Leapfrog Hospital Survey. Initially these annual surveys assessed hospitals' adoption of three "Leaps" that the organization believed would improve patient safety: computerized physician order entry, intensive care unit physician staffing, and evidence-based referrals for high-mortality surgeries. In 2004 a fourth section was added to the survey, the Safe Practices Leap, to allow hospitals to report efforts towards implementing the National Quality Forum's "Safe Practices for Better Healthcare".⁴

Approximately 1100 urban hospitals have completed the Safe Practices survey in recent years, and these results are reported to the public on the internet (www.leapfroggroup.org). Nevertheless, it remains unclear how well quality as assessed by the Safe Practices survey (consisting of hospitals' self-report of structural and process measures) correlates with outcomes of interest to patients and policymakers, such as mortality. To date each of the first three Leaps has been the subject of multiple peer-reviewed studies⁵⁻¹¹, and a recent study examining the first three Leaps collectively did find some positive associations between survey performance and reduced mortality¹². However little has been published regarding the Safe Practices survey, which is the most time consuming component to complete. In particular, to our knowledge it is not yet confirmed that higher scores on the survey correlate with actual outcomes. This issue is pertinent since on the internet performance on the survey is ranked by quartiles, which likely suggests to consumers that hospitals in the highest quartile provide safer care than those in lower quartiles.¹³

In this paper we present an analysis examining the relationship between urban hospitals' scores on the 2006 Safe Practices survey and risk-adjusted inpatient mortality. To address questions of generalizability and response bias we also present comparisons between hospitals that participated in the survey and those that did not.

Methods

Data and Sample

Mortality data was obtained from the most recent version of the Nationwide Inpatient Sample (NIS) available in late 2007, which was the 2005 NIS¹⁴. This database of inpatient discharge data is collected via federal-state partnership as part of the Agency for Healthcare Research and Quality's Healthcare Cost & Utilization Project. The 2005 NIS contains administrative data on all discharges

from 1,054 hospitals located in 37 States, approximating a 20-percent stratified sample of U.S. hospitals (7,995,048 discharges in total)¹⁵. 633 hospitals are classified as urban. However, only 24 states allow the release of hospital-identifying information, leaving 400 identifiable urban hospitals in the 2005 NIS. Included in the NIS data are classification and severity measures for each patient record, including an All Patient Refined Diagnosis Related Group (APR-DRG), and APR-DRG mortality risk subclass.¹⁶ The APR-DRG system is a well-known proprietary classification system developed by 3M Health Information Systems, which uses diagnosis codes, procedure codes, and other administrative data to classify patients into base disease categories, as well as assign them to 1 of 4 levels of mortality risk (minor, moderate, major, and extreme risk of dying) within each base disease category^{17, 18}.

Leapfrog provided survey data on 1075 urban hospitals that had participated in the 2006 Safe Practices survey. Of these, 679 were located within the 24 states providing hospital-identified data to the NIS. As the survey is completed by hospitals in the spring, the 2006 survey captures safety practices in place during the 2005 calendar year.

We discussed our analysis with the survey's authors before starting. They were interested in streamlining their survey, and asked us to consider an "Action SPS", obtained through a different scoring methodology. This "action-focused" methodology assigned points for a given safe practice solely on the basis of a hospital's answer to the most "actionable" item in the action portion of each Safe Practice survey section. (The original scoring methodology gave credit for establishing systems of awareness, accountability, ability (capacity building investments), and action. See Box 1.) In 2008 the survey was reduced from 27 to 13 Safe Practices.* We accordingly repeated our analyses using an "SPS-13" score and an "Action SPS-13" score based on the 13 retained practices.

The sample for the primary analysis evaluating the association between Safe Practices Score (SPS) and mortality consisted of discharges from those urban U.S. hospitals which had completed the Safe Practices survey and were also identifiable in the 2005 NIS (155 hospitals). We also planned subgroup analyses for two populations in which we hypothesized that inpatient mortality might be more sensitive to adherence to Safe Practices: patients older than 65 years old and patients with greater than 5% expected mortality.

Discharges excluded from the analysis included: patients under age 18, oncology patients, solid organ transplants, and transfers to or from another acute facility. Application of the exclusion criteria to discharges from urban hospitals in the 24 hospital-identifying NIS states reduced the number of eligible discharges from 4,873,959 to 3,672,146.. The exclusions were standard per the

recommendations of 3M Health Information Systems for use of the APR-DRG system in risk-adjustment¹⁸.

Statistical Analysis

The primary predictor of interest was each hospital's 2006 Safe Practices Score (SPS). The maximum total SPS score possible was 1000. An additional predictor of interest was each hospital's 2006 Action Safe Practices Score (ASPS). We also subsequently tested SPS and ASPS scores based on the 13 safe practices that were retained in the 2008 survey (SPS-13 and ASPS-13, respectively).

To examine the relationship between survey scores and inpatient mortality, we built hierarchical logistic regression models, known more broadly as generalized linear mixed models¹⁹, with each discharged patient as the unit of analysis and a random intercept for each hospital to capture the correlation of patients within a hospital. Because the distribution of survey scores was heavily skewed, we categorized the scores into quartiles prior to using them as a predictor in our models. Categorizing the score into quartiles also seemed appropriate as Leapfrog itself rates hospitals on its website based on which quartile of survey score they fall into.

To adjust for mortality risk, we used the population of discharges from urban hospitals in the 24 hospital-identifying NIS states (3,672,146 discharges) to calculate the observed mortality rate for each combination of APR-DRG and APR-DRG mortality risk score. We then assigned to each patient the mortality risk associated with his or her APR-DRG and APR-DRG mortality risk category and used this expected mortality risk as an adjustor in our logistic regression models.

Additional hospital characteristics included in the model were volume of discharges and whether the hospital was a teaching hospital. These were treated as control variables to account for the possibility that a hospital's Safe Practices Score may indicate better quality of care through mechanisms not mediated by hospital size and teaching status. Rural hospitals were excluded from our analysis because: 1) Leapfrog does not target these hospitals, and 2) the co-linearity of rural location and hospital discharge volume would have rendered our models extremely unstable. (Rural hospitals participating in the survey collectively only accounted for 71,169 discharges in the NIS.)

In our models, survey quartile categorizations were entered as three dummy variables with the highest quartile as reference group to produce odds ratios for mortality versus the highest SPS

quartile, as well as adjusted mortality rates. A test for linear trend of the log-odds of mortality was conducted using a likelihood ratio test with the linear orthogonal polynomial contrast.

A post-analysis power calculation was done to assess the difference in mortality that our data would permit us to detect. Data were available on 1,772,064 admissions clustered in 155 hospitals of interest. Using a conservative estimate of intrahospital correlation of risk-adjusted mortality of 0.025 (others have estimated this correlation to be below 0.01²⁰) would imply an effective sample size of 6000. Assuming an overall mortality rate of 2%, we calculated that we had 80% power to detect a one percentage point linear increase in mortality from the 1st to the 4th quartiles Safe Practices Score, assuming two-tailed alpha=0.05. We also calculated that to have 80% power to detect a mortality increase from 1.9% (Q1) to 2.1% (Q4) would require data from 500 hospitals.

As the human subjects data used for this study was completely de-identified and not collected for the purpose of this research, this study was considered exempt from institutional review board approval, per the policies of the University of California San Francisco's Committee on Human Research. All analyses were performed using StataMP version 10.0 (StatCorp, College Station, Texas), except for the power calculations which were performed using nQuery version 6.02. A two-sided significance level of 0.05 was used for all hypothesis tests.

Results

Of the 155 urban hospitals in the NIS which had completed the Safe Practices survey, 34% were teaching hospitals and 66% were non-teaching hospitals ([Table 1](#)). Within the NIS, hospitals participating in the survey tended to have higher volumes of discharges than hospitals that had not participated in the survey. Survey scores for participating hospitals identifiable in the NIS were similar to survey scores for participating hospitals not identifiable in the NIS ([Table 1](#)). The distribution of survey scores was heavily skewed, with most hospitals scoring above 770/1000, regardless of the scoring methodology used.

Table 1.

Urban Hospital Characteristics in 24 States* That Identify Individual Hospitals in the NIS

	Hospitals in the Nationwide Inpatient Sample (NIS)			Leapfrog Hospitals not in NIS
	NIS overall (n=400) [†]	Hospitals not participating in Leapfrog (n=243)	Leapfrog hospitals participating in Safe Practices survey (n=155)	Leapfrog hospitals participating in Safe Practices survey (n=524)
Type				
No. (%)				
teaching	111 (28)	59 (24)	52 (34)	193 (37) ¹ _—
non-teaching	289 (73)	184 (76)	103 (66)	331 (63) ¹ _—
Region				
No. (%)				
Northeast	108 (27)	72 (30)	36 (23)	83 (16) ¹ _—
Midwest	84 (21)	53 (22)	31 (20)	116 (22) ¹ _—
South	85 (21)	63 (26)	22 (14)	65 (12) ¹ _—
West	123 (31)	55 (23)	66 (43)	260 (50) ¹ _—
Total discharges				
median (IQR)	9315 (4309-17592)	7215 (2383-14452)	12987 (7344-20683)	--
Total SPS score (out of 1000)				
median (IQR)	--	--	905 (848-963)	927 (847-970)
Total ASPS score (out of				

	Hospitals in the Nationwide Inpatient Sample (NIS)		Leapfrog Hospitals not in NIS	
	NIS overall (n=400) [†]	Hospitals not participating in Leapfrog (n=243)	Leapfrog hospitals participating in Safe Practices survey (n=155)	Leapfrog hospitals participating in Safe Practices survey (n=524)
1000)				
median	--	--	919 (808-963)	921 (820-961)
(IQR)				
Total SPS-13 score (out of 1000)				
median	--	--	896 (834-962)	924 (829-972)
(IQR)				
Total ASPS-13 score (out of 1000)				
median	--	--	911 (777-976)	917 (800-966)
(IQR)				

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*States providing hospital identifying information in the NIS are: AZ,CA, CO, CT, FL, IA, IL, KY, MA, MD, MN, MO, NC, NH, NJ, NV, NY, OR, RI, UT, VT, WA, WI, WV

[†]Includes 2 hospitals that participated in Leaps 1-3, but not Leap 4

¹Data obtained from 2006 American Hospital Association Annual Survey

IQR: Interquartile Range (25-75th percentiles); SPS: Safe Practices Score; ASPS: Action Safe Practices Score; SPS-13: Safe Practices Score based on 13 safe practices; ASPS-13: Action Safe Practices Score based on 13 safe practices

In 2005 there were 1,772,064 discharges from the 155 hospitals of interest, of which 37,033 resulted in an inpatient death (2.09%). Quartiles of Safe Practices Score (SPS) were not a

significant predictor of mortality whether or not we adjusted for expected mortality rate; or added volume of discharges and teaching status to our models (Table 2). From lowest to highest quartiles of Safe Practices Score, inpatient mortality rates adjusted for patient and hospital characteristics were (95% confidence intervals in parentheses) 1.97% (1.78-2.18%), 2.04% (1.84-2.25%), 1.96% (1.77-2.16%), and 2.00% (1.80-2.22%); p for trend across four quartiles = 0.99. Similarly, quartiles of performance using the SPS-13 (which assesses hospitals regarding the 13 Safe Practices retained in the 2008 survey) did not predict inpatient mortality: fully-adjusted mortality rates from lowest to highest quartile were 1.99% (1.80-2.21%), 2.00% (1.81-2.21%), 2.02% (1.82-2.24%) and 1.95% (1.75-2.16%); p for trend across four quartiles = 0.80.

Table 2.

Inpatient Mortality Rates, by Quartiles of Performance on Safe Practices Survey

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- Adjusted*%, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**%, (95% CI)	Od Rat (95 CI
SPS								
123-848 (lowest 25%)	1.86 (1.65 - 2.10)	0.99 (0.83 - 1.18)		2.02 (1.83 - 2.24)	0.98 (0.85 - 1.14)		1.97 (1.78 - 2.18)	0.9 (0.8 - 1.1)
848-905 (second 25%)	2.20 (1.96 - 2.47)	1.17 (0.99 - 1.39)	0.55	2.12 (1.92 - 2.34)	1.03 (0.89 - 1.19)	0.98	2.04 (1.84 - 2.25)	1.0 (0.8 - 1.1)
905-963 (third 25%)	1.83 (1.62 - 2.05)	0.97 (0.82 - 1.15)		2.00 (1.80 - 2.21)	0.97 (0.84 - 1.12)		1.96 (1.77 - 2.16)	0.9 (0.8 - 1.1)
963-1000 (highest 25%)	1.88 (1.67 - 2.12)	Referent		2.06 (1.86 - 2.29)	Referent		2.00 (1.80 - 2.22)	Referent
ASPS								
274-808 (lowest 25%)	1.96 (1.74 - 2.21)	1.09 (0.92 - 1.30)		2.13 (1.93 - 2.36)	1.12 (0.97 - 1.3)		2.08 (1.87 - 2.30)	1.1 (0.9 - 1.2)

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- Adjusted*%, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**%, (95% CI)	Od Rat (95 CI)
808-919 (second 25%)	2.04 (1.81 - 2.29)	1.14 (0.96 - 1.35)	0.28	2.09 (1.89 - 2.31)	1.1 (0.95 - 1.27)	0.14	2.02 (1.83 - 2.23)	1.0 (0.9 - 1.2)
919-963 (third 25%)	1.96 (1.74 - 2.21)	1.10 (0.92 - 1.30)		2.08 (1.88 - 2.30)	1.1 (0.95 - 1.27)		2.02 (1.83 - 2.24)	1.0 (0.9 - 1.2)
963-1000 (highest 25%)	1.80 (1.59 - 2.03)	Referent		1.90 (1.72 - 2.11)	Referent		1.86 (1.68 - 2.06)	Referent
SPS-13								
97-834 (lowest 25%)	1.90 (1.69 - 2.14)	1.00 (0.85 - 1.19)		2.05 (1.85 - 2.27)	1.03 (0.89 - 1.19)		1.99 (1.80 - 2.21)	1.0 (0.8 - 1.1)
834-896 (second 25%)	2.15 (1.91 - 2.42)	1.14 (0.96 - 1.35)	0.50	2.08 (1.88 - 2.30)	1.04 (0.9 - 1.2)	0.72	2.00 (1.81 - 2.21)	1.0 (0.8 - 1.1)
896-962 (third 25%)	1.82 (1.62 - 2.05)	0.96 (0.81 - 1.14)		2.07 (1.87 - 2.29)	1.03 (0.89 - 1.2)		2.02 (1.82 - 2.24)	1.0 (0.8 - 1.1)
962-1000 (highest 25%)	1.89 (1.68 - 2.13)	Referent		2.00 (1.81 - 2.22)	Referent		1.95 (1.75 - 2.16)	Referent

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- Adjusted*%, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**%, (95% CI)	Od Rat (95 CI
ASPS-13								
132-777 (lowest 25%)	1.99 (1.76 - 2.25)	1.13 (0.94 - 1.34)		2.17 (1.96 - 2.40)	1.15 (1 - 1.34)		2.12 (1.91 - 2.35)	1.1 (0.9 - 1.3)
777-911 (second 25%)	1.98 (1.76 - 2.22)	1.12 (0.94 - 1.33)	0.24	2.08 (1.89 - 2.30)	1.11 (0.96 - 1.28)	0.07	2.01 (1.82 - 2.22)	1.0 (0.9 - 1.2)
911-976 (third 25%)	2.01 (1.78 - 2.26)	1.13 (0.95 - 1.35)		2.06 (1.87 - 2.28)	1.1 (0.95 - 1.27)		2.01 (1.82 - 2.22)	1.0 (0.9 - 1.2)
976-1000 (highest 25%)	1.77 (1.57 - 2.01)	Referent		1.89 (1.70 - 2.09)	Referent		1.85 (1.66 - 2.05)	Referent

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SPS: Safe Practices Score; ASPS: Action Safe Practices Score; SPS-13: Safe Practices Score based on 13 safe practices; ASPS-13: Action Safe Practices Score based on 13 safe practices

* Adjusted for each patient's expected risk of mortality (based on APR-DRG classification)

** Adjusted for each patient's expected risk of mortality, for hospital discharge volume, and for hospital teaching status

Quartiles of survey performance using the action-based scoring methodology (ASPS) also did not significantly predict inpatient mortality. Fully-adjusted inpatient mortality rates from lowest to highest quartile of ASPS were 2.08% (1.87-2.30%), 2.02% (1.83-2.23%), 2.02% (1.83-2.24%), and 1.86% (1.68-2.06%); p for trend across all quartiles = 0.20. Using ASPS-13, fully-adjusted inpatient mortality rates from lowest to highest quartile were 2.12% (1.91-2.35%), 2.01 (1.82-2.22%), 2.01% (1.82-2.22%), and 1.85% (1.66-2.05%); p for trend across four quartiles = 0.11.

To see if survey scores might be more predictive of mortality in patients who might be at higher risk of death, we repeated our analyses with two subgroups of patients: those age 65 and older ($n=721,497$) and those with 5% or greater expected mortality risk ($n=163,138$). Overall in-hospital mortality rates in these populations were 3.9% and 18.3%, respectively. Quartiles of survey score were not predictive in these subgroups ([Tables 3 & 4](#)).

Table 3.

Inpatient Mortality Rates in Patients ≥65 years, by Quartiles of Performance on Safe Practices Survey

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value (trend)	Mortality Rate, Risk- Adjusted*%, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**%, (95% CI)	Od Rat (95 CI)
SPS								
123- 848 (lowest 25%)	3.70 (3.35 - 4.09)	1.02 (0.88 - 1.18)		4.01 (3.61 - 4.45)	0.96 (0.83 - 1.13)		3.90 (3.51 - 4.33)	0.9 (0.8 1.1)
848- 905 (second 25%)	3.93 (3.57 - 4.33)	1.09 (0.94 - 1.26)	0.48	4.23 (3.83 - 4.68)	1.02 (0.88 - 1.19)	0.88	4.08 (3.68 - 4.51)	1.0 (0.8 1.1)
905- 963 (third 25%)	3.56 (3.22 - 3.93)	0.98 (0.84 - 1.14)		3.97 (3.57 - 4.40)	0.95 (0.82 - 1.11)		3.89 (3.51 - 4.31)	0.9 (0.8 1.1)
963- 1000 (highest 25%)	3.63 (3.28 - 4.02)	Referent		4.16 (3.73 - 4.62)	Referent		4.03 (3.62 - 4.50)	Referent
ASPS								
274- 808 (lowest 25%)	3.89 (3.53 - 4.30)	1.15 (1.00 - 1.34)		4.23 (3.81 - 4.69)	1.12 (0.96 - 1.30)		4.13 (3.72 - 4.59)	1.1 (0.9 1.2)

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value (trend)	Mortality Rate, Risk- Adjusted*%, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**%, (95% CI)	Od Rat (95 CI)
808- 919 (second 25%)	3.87 (3.51 - 4.26)	1.14 (0.99 - 1.32)	0.04	4.21 (3.80 - 4.66)	1.11 (0.96 - 1.30)	0.15	4.07 (3.67 - 4.50)	1.0 (0.9 1.2)
919- 963 (third 25%)	3.69 (3.34 - 4.06)	1.09 (0.94 - 1.26)		4.12 (3.72 - 4.56)	1.09 (0.93 - 1.27)		4.00 (3.61 - 4.43)	1.0 (0.9 1.2)
963- 1000 (highest 25%)	3.39 (3.07 - 3.76)	Referent		3.80 (3.42 - 4.23)	Referent		3.74 (3.36 - 4.16)	Referent
SPS-13								
97-834 (lowest 25%)	3.78 (3.42 - 4.17)	1.06 (0.91 - 1.23)		4.06 (3.66 - 4.51)	1.02 (0.87 - 1.18)		3.94 (3.55 - 4.38)	1.0 (0.8 1.1)
834- 896 (second 25%)	3.83 (3.47 - 4.22)	1.07 (0.93 - 1.24)	0.35	4.14 (3.74 - 4.59)	1.04 (0.89 - 1.21)	0.87	3.98 (3.59 - 4.41)	1.0 (0.8 1.1)
896- 962 (third 25%)	3.65 (3.30 - 4.04)	1.02 (0.88 - 1.19)		4.16 (3.75 - 4.61)	1.04 (0.89 - 1.21)		4.07 (3.66 - 4.51)	1.0 (0.8 1.2)
962- 1000 (highest 25%)	3.57 (3.23 - 3.95)	Referent		4.00 (3.60 - 4.45)	Referent		3.91 (3.51 - 4.35)	Referent

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value (trend)	Mortality Rate, Risk- Adjusted*%, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**%, (95% CI)	Od Rat (95 CI)
ASPS-13								
132-777 (lowest 25%)	3.95 (3.57 - 4.36)	1.19 (1.03 - 1.38)		4.32 (3.89 - 4.79)	1.15 (0.99 - 1.35)		4.21 (3.79 - 4.68)	1.1 (0.9 - 1.3)
777-911 (second 25%)	3.81 (3.46 - 4.18)	1.15 (0.99 - 1.33)	0.02	4.19 (3.79 - 4.63)	1.12 (0.96 - 1.30)	0.07	4.04 (3.65 - 4.47)	1.0 (0.9 - 1.2)
911-976 (third 25%)	3.75 (3.41 - 4.13)	1.13 (0.98 - 1.31)		4.10 (3.70 - 4.53)	1.09 (0.94 - 1.27)		4.00 (3.62 - 4.42)	1.0 (0.9 - 1.2)
976-1000 (highest 25%)	3.33 (3.01 - 3.69)	Referent		3.76 (3.38 - 4.19)	Referent		3.70 (3.32 - 4.12)	Referent

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SPS: Safe Practices Score; ASPS: Action Safe Practices Score; SPS-13: Safe Practices Score based on 13 safe practices; ASPS-13: Action Safe Practices Score based on 13 safe practices

* Adjusted for each patient's expected risk of mortality (based on APR-DRG classification)

** Adjusted for each patient's expected risk of mortality, for hospital discharge volume, and for hospital teaching status

Table 4.

Inpatient Mortality Rates in Patients with >5% mortality risk, by Quartiles of Performance on Safe Practices Survey

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value (trend)	Mortality Rate, Risk- Adjusted*%, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**%, (95% CI)	Od Rat (95 CI)
SPS								
123- 848 (lowest 25%)	17.59 (16.35 - 18.90)	0.96 (0.85 - 1.09)		18.03 (16.62 - 19.53)	0.93 (0.81 - 1.07)		17.63 (16.24 - 19.11)	0.9 (0.8 1.0)
848- 905 (second 25%)	18.58 (17.34 - 19.90)	1.03 (0.91 - 1.16)	0.89	18.88 (17.47 - 20.38)	0.99 (0.86 - 1.13)	0.51	18.33 (16.94 - 19.81)	0.9 (0.8 1.1)
905- 963 (third 25%)	17.36 (16.15 - 18.63)	0.95 (0.84 - 1.07)		18.00 (16.61 - 19.48)	0.93 (0.81 - 1.07)		17.71 (16.35 - 19.17)	0.9 (0.8 1.0)
963- 1000 (highest 25%)	18.17 (16.89 - 19.52)	Referent		19.09 (17.6 - 20.67)	Referent		18.52 (17.03 - 20.12)	Referent
ASPS								
274- 808 (lowest 25%)	18.33 (17.07 - 19.67)	1.09 (0.96 - 1.23)		18.62 (17.18 - 20.16)	1.06 (0.93 - 1.22)		18.25 (16.82 - 19.77)	1.0 (0.9 1.2)

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value (trend)	Mortality Rate, Risk- Adjusted*, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**, (95% CI)	Od Rat (95 CI)
808- 919 (second 25%)	18.78 (17.52 - 20.11)	1.12 (0.99 - 1.27)	0.08	19.00 (17.56 - 20.52)	1.09 (0.95 - 1.25)	0.35	18.55 (17.15 - 20.05)	1.0 (0.9 1.2)
919- 963 (third 25%)	17.52 (16.31 - 18.80)	1.03 (0.91 - 1.17)		18.65 (17.21 - 20.17)	1.07 (0.93 - 1.22)		18.18 (16.75 - 19.70)	1.0 (0.9 1.2)
963- 1000 (highest 25%)	17.08 (15.89 - 18.35)	Referent		17.71 (16.32 - 19.19)	Referent		17.37 (15.98 - 18.85)	Referent
SPS-13								
97-834 (lowest 25%)	17.77 (16.52 - 19.09)	1.00 (0.89 - 1.13)		18.15 (16.73 - 19.67)	0.97 (0.85 - 1.12)		17.73 (16.34 - 19.23)	0.9 (0.8 1.1)
834- 896 (second 25%)	18.33 (17.07 - 19.65)	1.04 (0.92 - 1.18)	0.85	18.70 (17.27 - 20.22)	1.01 (0.88 - 1.16)	0.74	18.18 (16.78 - 19.67)	0.9 (0.8 1.1)
896- 962 (third 25%)	17.86 (16.62 - 19.17)	1.01 (0.89 - 1.14)		18.54 (17.11 - 20.06)	1.00 (0.87 - 1.14)		18.16 (16.74 - 19.67)	0.9 (0.8 1.1)
962- 1000 (highest 25%)	17.74 (16.50 - 19.05)	Referent		18.59 (17.15 - 20.12)	Referent		18.13 (16.70 - 19.66)	Referent

	Mortality Rate, Raw %, (95% CI)	Odds Ratio (95% CI)	p- value (trend)	Mortality Rate, Risk- Adjusted*%, (95% CI)	Odds Ratio (95% CI)	p- value for trend	Mortality Rate, Risk- and Hospital- Adjusted**%, (95% CI)	Od Rat (95 CI
ASPS-13								
132- 777 (lowest 25%)	18.54 (17.24 - 19.92)	1.11 (0.98 - 1.26)		18.91 (17.43 - 20.49)	1.09 (0.95 - 1.26)		18.53 (17.07 - 20.09)	1.0 (0.9 1.2
777- 911 (second 25%)	18.36 (17.13 - 19.65)	1.10 (0.97 - 1.24)	0.08	18.75 (17.35 - 20.24)	1.08 (0.94 - 1.24)	0.25	18.27 (16.89 - 19.74)	1.0 (0.9 1.2
911- 976 (third 25%)	17.78 (16.57 - 19.06)	1.05 (0.93 - 1.19)		18.68 (17.27 - 20.18)	1.07 (0.94 - 1.23)		18.26 (16.86 - 19.74)	1.0 (0.9 1.2
976- 1000 (highest 25%)	17.03 (15.81 - 18.32)	Referent		17.62 (16.21 - 19.11)	Referent		17.26 (15.86 - 18.75)	Referent

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SPS: Safe Practices Score; ASPS: Action Safe Practices Score; SPS-13: Safe Practices Score based on 13 safe practices; ASPS-13: Action Safe Practices Score based on 13 safe practices

* Adjusted for each patient's expected risk of mortality (based on APR-DRG classification)

** Adjusted for each patient's expected risk of mortality, for hospital discharge volume, and for hospital teaching status

Finally, we also examined the data to see if hospitals that had chosen to participate in the Safe Practices survey had fewer inpatient deaths than other hospitals in the NIS (within the 24 states providing hospital-identifying information). Fully adjusted mortality (with 95% confidence intervals in parentheses) among hospitals participating in the survey (1,772,064 discharges within 155 hospitals) was 1.96% (1.83-2.09%) compared to 2.06% (1.94-2.19%) among hospitals not participating (1,892,725 discharges within 243 hospitals), $p = 0.45$.

Discussion

On the internet, hospital performance on the Safe Practices survey is ranked by quartiles, which may suggest to consumers that hospitals in higher quartiles are safer than hospitals in lower quartiles. In this first study of the relationship between Safe Practices survey scores and hospital outcomes, we studied a national sample of hospitals and found no relationship between quartiles of score and in-hospital mortality, regardless of whether or not we adjusted for expected mortality risk and certain hospital characteristics ([Table 2](#)).

A hospital's performance on each Safe Practice is evaluated in the survey via several questions assessing institutional systems to promote awareness, accountability, ability (capacity-building investments), and action (see Box 1). Part of the rationale for designing the survey this way originally may have been to provide “training wheels” and give hospitals credit for creating systems that could eventually support full implementation of a given Safe Practice. However, awarding survey points for hospital administrative structures raises the possibility that the survey is capturing excessive noise, which may be overwhelming an important signal.

It seemed plausible that inpatient mortality could relate to whether actions were being taken to implement the Safe Practice. For this reason the survey's creators proposed the alternative “action-based” scoring method which assigned all points for a Safe Practice based on whether or not the hospital indicated that it had implemented the key action for the practice. In our analysis, using this “action-based” scoring method slightly improved the ability of the survey ranking to predict in-hospital mortality, although the association was not statistically significant. Focusing on actions in the future may improve the survey's ability to discriminate between high-quality and low-quality hospitals.

The Safe Practices survey has recently been shortened from 27 to 13 Safe Practices, largely in response to feedback regarding the considerable time required to complete the survey. Our findings indicate that Safe Practices scores based on the 13 retained practices are unlikely to be significantly associated with inpatient mortality even if scoring is limited to actions taken, as was

done in the ASPS-13. The findings do not rule out a modest association between the ASPS-13 and hospital mortality. As presented in our results ([Table 2](#)), the difference in risk-adjusted mortality between the best and worst quartiles determined by ASPS-13 was 0.27% (p -value for trend = 0.11). This difference in absolute mortality risk corresponds to a “number needed to treat” of approximately 370, which some would find clinically significant. Nonetheless, the likelihood that the observed difference arose by chance is increased by the facts that multiple statistical tests were performed and that associations were not observed in the high risk groups in which they were most strongly hypothesized.

Given the voluntary nature of this self-reported survey, it is also plausible that a lack of correlation with mortality might be due to confounding associated with a “healthy volunteer” effect. Hospitals that have already engaged in improving quality of care may be more likely to want to participate in the Safe Practices survey. However, in our study we found that participation in the survey was not predictive of lower risk-adjusted mortality. This would suggest that our negative findings are unlikely to be due to safer hospitals being more likely to participate in the survey.

To our knowledge, this is the first peer-reviewed analysis that has sought to assess whether better performance on the Safe Practices survey correlates with outcomes that are indicative of improved patient safety. Given that two recently published analyses^{[21](#), [22](#)} in the business/medical literature used Leapfrog's Safe Practices survey as the metric of hospital quality, it seems clear that additional efforts to explore the validity and value of this well-publicized^{[1](#), [23](#), [24](#)} quality measure are needed. As the patient-safety movement grows in importance, hospitals face increasingly complex choices regarding improvement and reporting to the public. Likewise, consumers are faced with multiple sources of information on hospital quality, and are encouraged to choose a facility based on this information. Despite a lack of evidence demonstrating the validity of the Safe Practices survey, the survey is well-known and is influential. For this reason, validating the survey rankings as a measure and as a source of accurate information for consumers and researchers is important.

Our findings suggest, however, that the survey as currently designed does not discriminate between hospitals with higher and lower inpatient mortality. Some will question our choice of overall inpatient mortality as the outcome of interest. We acknowledge that very valid concerns about use of mortality rates as a measure of hospital quality of care have been raised^{[25-27](#)}. Despite this, risk-adjusted mortality rates remain among the most commonly reported outcomes in both the published literature and in public reports of hospital quality. Furthermore, the Institute of Medicine has cited prevention of inpatient deaths as an important reason to focus on patient safety.^{[28](#)} Until consumer-oriented hospital quality reports become explicit as to what benefits

consumers can expect from a “safer” hospital, consumers will almost certainly assume a safer hospital is one in which a patient is less likely to die.²⁹ Thus, our analyses are consistent with the most likely consumer interpretation of the data presented on the internet.

Our study results suggest several points regarding the Safe Practices survey that would be valuable for the greater patient safety community to consider. An important issue is whether the SPS is measuring what needs to be measured. Many of the Safe Practices are processes to improve care, yet in its current form the survey is measuring the “processes around the process”. This often gives hospitals credit for what essentially may be good intentions. This also gives points for having structures that may support implementation of a Safe Practice, rather than only awarding credit when the Safe Practice is being consistently followed. Such a scoring system likely is vulnerable to inflation of scores. Of note, most hospitals score quite well on the survey ([Table 1](#)). It may be that all hospitals truly are doing well on the Safe Practices; however, it seems more likely that the survey as currently designed is unable to discriminate between truly high and low adherence to the Safe Practices.

It may also be that too much is being measured. Steps have already been taken to address this by reducing the survey to 13 practices, but our results suggest that this alone is unlikely to improve the survey's ability to correlate with inpatient mortality.

Finally, it is unknown how well a hospital executive's report of actions being taken to support and implement safety practices correlate with actual activity within that hospital. It may not be reasonable to assume that hospitals are doing what their executives say they are. Our study results call into question the use of a lengthy unaudited survey as a tool for measuring adherence to Safe Practices. Further research to examine how well self-reported activities regarding hospital safety practices correlate with actual activities within the hospital will be helpful in determining the value of self-reported safety data.

Our study has important limitations. The most significant limitation is that our main analysis only had enough power to detect 1% or greater differences in mortality. Although at a policy and epidemiology level the observed 0.2% difference in mortality rate between the first and fourth quartiles of performance using ASPS scoring is potentially important, we calculated that we would have needed on the order of 11 million admissions grouped in 500 hospitals to conclude statistical significance for a difference of this magnitude. Such an analysis was not feasible given the data available from the largest hospital data set in the nation. Furthermore, even if a statistically significant association were to be found with a larger sample, our results indicate that the overall

magnitude of the relationship between survey score and mortality would almost certainly remain quite small, and would be of unclear utility to individual consumers.

A second limitation is that we did not study other outcomes that might be responsive to adoption of the Safe Practices, such as complications. It is possible that high performance on the survey does correlate with decreased complication rates, or other outcomes of interest to purchasers and policymakers. However, complication rates are difficult to accurately measure using administrative data. Finally, our primary analysis examines 155 of the 1075 urban hospitals that participated in the Safe Practices survey, raising the question of whether our findings can be generalized to the many survey participants which were not in the Nationwide Inpatient Sample (NIS). However, the NIS is designed to approximate a stratified random sample of U.S. hospitals, and individual hospitals cannot choose whether or not to be included, so there is no reason to believe that survey participants that were included in the NIS differed in any systematic fashion from those that were not in the NIS. Furthermore, we found that survey participants had similar survey scores whether or not they were in the NIS. Hence, although we cannot exclude the possibility that our findings are not generalizable to other hospitals participating in the survey, we have not identified any specific reason to question the generalizability of our findings.

In summary, although a recent study has found that hospitals performing well on the first 3 Leaps of the Leapfrog Hospital Survey do have lower risk-adjusted mortality¹², our analysis was unable to find a correlation between better performance on the 4th Leap (the Safe Practices survey) and lower risk-adjusted mortality. It is possible that inviting hospitals to self-report on their patient safety practices and then assigning them to quartiles of Safe Practices Score is not an effective way to assess hospital quality and safety. Our findings should not be interpreted, however, as indicating that the Safe Practices are not important, or that the Safe Practices cannot be measured in an informative and valid way. Rather, future work should seek to establish valid methods for assessing adherence to the Safe Practices. Further research is needed to determine how performance on the Safe Practices survey or other instruments designed to measure Safe Practices performance may correlate with other outcomes of interest to patients and policymakers.

Supplementary Material

2

[NIHMS187140-supplement-2.xls](#) (23KB, xls)

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Footnotes

Conflicts of interest and financial disclosures: Dr. Dudley is an occasional consultant for the Leapfrog Group but is not paid for this work. He serves on the Leapfrog Group's Hospital Rewards Program Steering Committee. Work on this article was not financially supported by the Leapfrog Group. Drs. Kernisan, Lee, Boscardin, and Landefeld report no financial or other conflicts of interest.

Role of the Sponsor: The Leapfrog Group was involved in the design of the study and provided data, but was not involved in the analysis or interpretation of the data. The Leapfrog Group was not involved in the preparation of the manuscript. They did review the manuscript and provided minor corrections of factual statements about their survey program. They were not asked to approve the final manuscript. The Robert Wood Johnson Foundation was not involved in the design of the study, the analyses performed, or the preparation of the manuscript.

* A list of the 27 and the 13 Safe Practices is available in an online [Appendix](#).

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Associated Data

This section collects any data citations, data availability statements, or supplementary materials included in this article.

Supplementary Materials

2

[NIHMS187140-supplement-2.xls](#) (23KB, xls)

EXHIBIT 47



Catalyst

| Innovations in Care Delivery

ARTICLE

Health Care Measurements that Improve Patient Outcomes

Robert S. Kaplan, PhD, MS, Lara Jehi, MD, MHCDS,
Clifford Y. Ko, MD, MS, MSHS, FACS, FASCRS, Andrea Pusic, MD, MHS, FACS, FRCSC,
Mary Witkowski, MD, MBA

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This article describes the challenges and solutions in determining whether a patient's treatment has been successful. Such an assessment depends on multiple factors, including the patient's pretreatment status; the qualifications of personnel performing the treatment; the treating facility's infrastructure and culture; the use of evidence-based clinical processes; the baseline incidence of treatment complications; and, most challenging, the ability to measure the outcomes that matter to patients. Recent advances in IT and the development of validated measurement instruments now enable consistent collection and analysis of metrics that capture all the relevant dimensions of a patient's treatment. These data can be mobilized for learning that improves clinical and administrative processes, optimization of care pathways, shared decision-making, accountability, and payment contracting. Providers can now have access to the tools and technology that allow them to be transparent about and accountable for the outcomes that their patients experience.

Introduction

Measurement in health care delivery has made slow progress during the 100-plus years since Dr. Ernest Amory Codman urged every hospital to "follow every patient it treats, long enough to determine whether or not the treatment has been successful."¹ In this article, we describe recent developments in measuring patient pretreatment conditions, which include social determinants, adherence to clinical processes, incidence of treatment complications, and patient-reported outcomes that now enable universal measurement of whether a treatment has been successful to become an achievable goal.

At first glance, measuring the outcomes of health care treatments should not have taken more than a century to realize. Medicine is a science, and science requires measurement. As noted by 19th century British physicist Lord Kelvin, “When you can measure what you are speaking about and express it in numbers, you know something about it. When you cannot express it in numbers, your knowledge is of a meager and unsatisfactory kind.”² Measurement is also foundational for improving the management of health care delivery, as expressed in a popular quote, “If you can’t measure it, you can’t manage it.”

Of course, health care already collects many measurements. The National Quality Forum (NQF) has helped to create “a portfolio of endorsed performance measures that can be used to measure and quantify health care processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality care.”³ Yet a careful examination of the NQF metrics reveals that few meet Codman’s standard of informing whether a patient’s treatment has been successful. Most of the NQF metrics relate to compliance, to the processes used to treat patients and to complications arising from the treatment, or to whether the treatment had to be repeated.⁴ With the dominance of compliance and process metrics, payers and regulators hold health care professionals accountable only to surrogate metrics rather than to the results that a properly functioning health care system should deliver: better outcomes for patients achieved at lower total cost.

Admittedly, measuring health care outcomes is much more difficult than measuring the outcomes from manufacturing and most other service delivery processes. Many outcomes that matter to patients are subjective and dependent on their specific circumstances. But the increased availability of electronic health records (EHRs), sophisticated data analytics, and patient-friendly technologies now empowers clinicians to measure condition-specific outcomes, adjusted for patient-specific circumstances.

Health Care Measurement Across a Patient’s Treatment Cycle

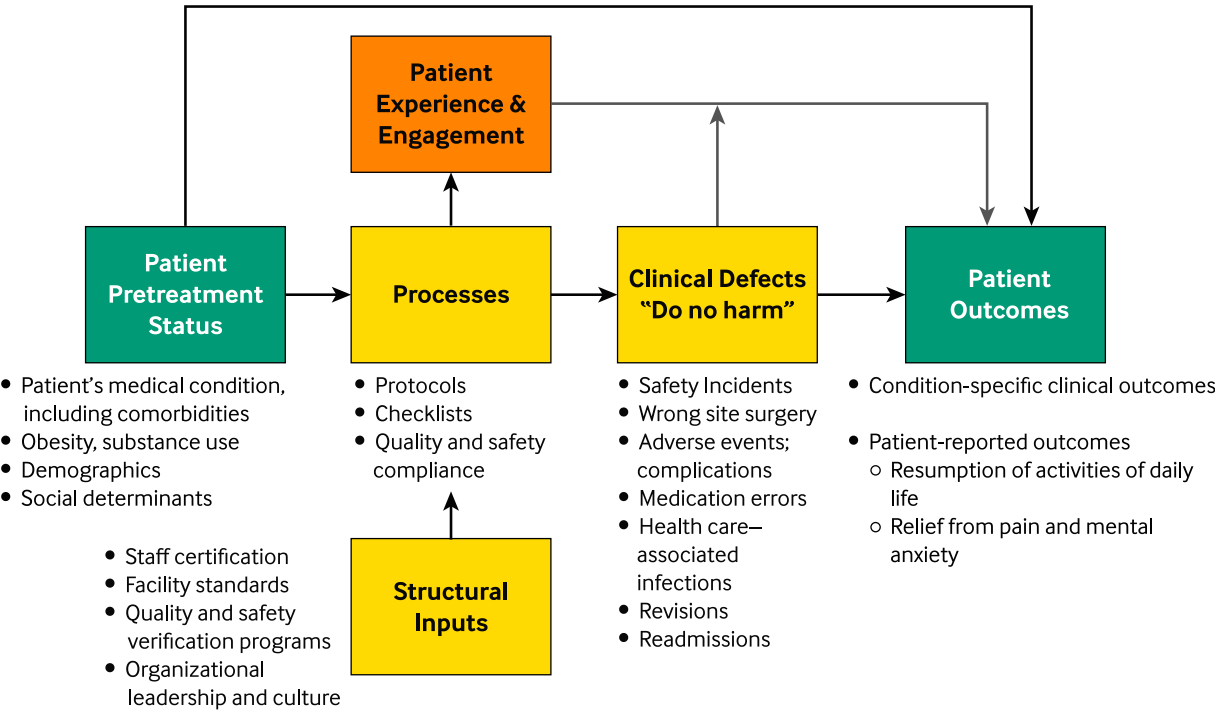
Measurement can occur at all stages of a patient’s treatment cycle (Figure 1).

The treatment cycle starts with information about the patients themselves, including their medical, demographic, and socioeconomic conditions. The other inputs to the treatment process are the health care facility’s clinical and management personnel, physical assets, and infrastructure, all of which are measurable. The cycle continues with metrics about the clinical and administrative processes used to treat patients, followed by clinical outcomes, usually measured by defects and adverse events from the treatment. The treatment cycle concludes with metrics reported by patients about the outcomes they experienced. These outcomes, as shown in Figure 1, are influenced by both the patients’ pretreatment status and the processes used to treat them.

FIGURE 1

Measuring Performance over a Patient’s Treatment Care Cycle

The patient, with multiple measures of pretreatment status, is treated by providers, with measurable characteristics of staff, equipment, facility, organizational culture, and quality and safety capabilities. The treatment consists of clinical processes and pathways, yielding both clinical outcomes, quantified by the incidence of defects and complications, and patient outcomes. Patient outcomes are also influenced by the patient’s experiences during pretreatment, treatment, and recovery processes.



Source: Adapted from Porter ME. Value-based health care delivery: Core concepts. Presentation slide 12: Measure outcomes for every patient. January 15, 2020. Accessed December 19, 2020. <https://www.isc.hbs.edu/Documents/pdf/2020-intro-vbhc-porter.pdf>.⁵
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Measures of a Patient’s Pretreatment Status

Manufacturing companies can specify the characteristics of the materials they use as production inputs. In contrast, health care professionals treat patients who have widely different characteristics, including age, obesity, substance use, disease severity, comorbidities, and demographics, including social determinants. These patient-specific characteristics, which describe the initial conditions for any health care delivery process, lead to variability in the potential outcomes that can be achieved. To properly interpret health care outcomes, leading health care institutions have begun to measure the specific characteristics of the patients they treat.

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For example, new primary care patients at Cleveland Clinic complete an online survey ahead of the clinic visit or in an outpatient waiting room. In addition to standard data from the Patient-Reported Outcomes Measurement Information System (PROMIS)-10 survey instrument⁶ on patient demographics, family history, medications, and medical comorbidities, the survey includes depression screening measures from Patient Health Questionnaire-9⁷ and metrics on social determinants of health, such as financial resource strain, transportation needs, stress, intimate partner violence, housing stability, alcohol use, food insecurity, and physical activity. Cleveland Clinic integrates these patient-reported data into the patient's EHR, where they are curated by a dedicated scientific team, supported by an extensive analytics infrastructure, to risk adjust the patient's outcome measures collected during and after treatment.

Measures of Personnel and Organizational Inputs

People, equipment, and facilities are structural inputs used to treat patients. Donabedian's structure-process-outcome model⁸ asserts that a necessary condition for consistently delivering superior patient outcomes is having patients treated by qualified clinicians, using appropriate equipment, in facilities with a strong culture and infrastructure. Initially, hospital quality was measured by the qualifications of its clinical personnel, such as licensure and board certification of physicians, and nurse qualifications.

The American College of Surgeons' (ACS) Quality Verification Program introduced measurements of the structural inputs at a hospital for implementing and sustaining facility-wide surgical quality programs.⁹ Examples of such structures and capabilities are organizational management and communication, effective leadership at multiple levels, a culture of safety and high reliability, organization of care delivery through integrated practice units, standardized pathways across surgical care cycles, and the use of actionable and reliable quality metrics. The ACS developed metrics of these structural inputs for specific surgical programs, including trauma, cancer surgery, metabolic bariatric surgery, and geriatric and children's surgery. An ACS team assesses a hospital's performance on these multiple dimensions during a verification site visit to hospitals. Research has found that hospitals with structural components meeting the ACS standards are associated with higher-quality patient care.¹⁰⁻¹²

The Center for Medicare and Medicaid Innovation, in collaboration with the ACS, is now developing a structural quality metric for the U.S. Centers for Medicare & Medicaid Services' (CMS) Bundled Payments for Care Improvement (BPCI) initiative. This would be a composite measure, calculated by aggregating six structural standard metrics.

Measuring patient-specific initial conditions and providers' structural capabilities are important advances in health care measurement. They are not, however, by themselves the answer to Codman's request for patient-centered outcome metrics.

Measures of Compliance, Conformance, and Process Excellence

U.S. manufacturing companies began to adopt a total quality management (TQM) approach in the 1970s as a competitive response to the process innovations of Japanese companies. TQM eventually reached the health care sector in the late 1980s.¹³ The underlying principle of TQM was continuous improvement of processes (often described by the Japanese term *kaizen*). This pursuit required measurement, both to assess the current performance of processes and to quantify whether, and by how much, performance improved over time. In principle, applying the TQM approach to health care, based on satisfying the needs of customers, would have included patient outcome measures, such as restored functionality and lower levels of pain. But, as many clinicians immediately pointed out, such outcome measures failed to account for underlying differences in patients, such as their illness severity and health and socioeconomic status. At the time, the state of IT and data analytics limited both the measurement of patient outcomes and the causal linkages between patient-specific factors and patient outcomes. But rather than allowing these limitations to force abandonment of the TQM approach, health care professionals compromised by choosing to measure what they could, which was compliance and process quality. In effect, they adopted a principle often used by accountants: if you can't measure what you want, want what you can measure.

As observed by Brent James, MD,¹⁴ a leader of the quality movement in health care, a consistent and reliable care process is essential to improve quality.¹⁵ The CMS introduced 10 metrics of process quality in 2005 as part of Hospital Compare.¹⁶ The medical literature had shown that these process measures were associated with better patient outcomes. The CMS metrics became the standard for quality measurement throughout the industry, leading to widespread adoption of process metrics such as care coordination, compliance with evidence-based assessments and practices, efficiency of resource usage, readmission rates, patient and family engagement, and patient satisfaction.

“*Measuring patient-specific initial conditions and providers' structural capabilities are important advances in health care measurement. They are not, however, by themselves the answer to [Ernest Amory] Codman's request for patient-centered outcome metrics.*”

A principal goal of TQM was to reduce variation that did not lead to improved patient outcomes. Such undesirable variation occurs when clinicians do not consistently follow practices known to reduce the likelihood of adverse patient events. Peter Pronovost, MD, showed that rigorous use of a checklist reduced central line infections, then associated with more than 30,000 U.S. deaths a year, to near-zero incidence.^{17,18} None of the items on the checklist were new; the items simply codified procedures that doctors and nurses already knew they should be doing but were not performing

reliably on each occasion. Atul Gawande, MD,¹⁹ helped spread the message about checklists to a wide audience, including the World Health Organization.²⁰ To ensure that procedures specified in checklists were followed consistently, new conformance metrics related to checklist use were promulgated and widely adopted.

Brent James, as head of quality at Intermountain Healthcare, formed committees of doctors, nurses, and administrators to identify treatment variations for high-volume conditions. Each committee used quality metrics to detect which variations were not working. Intermountain could then measure compliance with the preferred evidence-based pathways, while allowing individual physicians to depart from the guidelines on the basis of specific patient circumstances. The teams modified the pathway when better variations emerged. Intermountain's demonstrated success led to the use, by other institutions and the CMS, of metrics on the incidence of noncompliance to evidence-based pathways. While these metrics were all desirable for improving consistency in care delivery, several studies found that they had only weak linkages to better patient outcomes. Such work would be improved by evaluating treatment variations against patient outcomes to determine which variation is actually clinically superior.

A specific variant of TQM was Lean management, based on the Toyota Production System.²¹ Lean's explicit goal was to eliminate waste, defined as any activity that did not add to the value experienced by the customer. Typical sources of waste in manufacturing were overproduction, defects, and high levels of inventory. When applied to health care, wasteful activities included defects, patient waiting times, and underutilization of personnel and equipment. Advocates of Lean management, such as Virginia Mason Hospital, introduced metrics of defect rates and cycle times for clinical and administrative processes, patient wait times, idle times for hospital personnel and equipment, and travel distance.

Lean management's disciplined focus on process improvement and process excellence certainly improved the reliability and safety of health care processes. Unlike in the production of automobiles, cameras, and appliances, however, eliminating waste and improving operational processes have been difficult to translate into stable or decreasing prices for health care services or into demonstrable improvements in outcomes that matter to patients.

Measures of Clinical Defects

Every physician takes the Hippocratic Oath to "first, do no harm." More than 2,300 years after the origin of this oath, the incidence of patient harm, unfortunately, remains far from zero. Consistent with the mantra that "if you don't measure, you can't manage," health care has introduced many metrics of the incidence of patient harm, such as safety incidents, wrong-site surgery, adverse event complications, medication errors, and health care-associated infections.

Health care has also introduced metrics such as the incidences of readmissions, re-treatments, and revision surgeries that signaled when the initial (index) treatment had been wasted by failing to adequately address the patient's condition. In these cases, the clinical defect represents both a negative outcome for the patient and an increase in treatment costs to remedy it.

The National Surgical Quality Improvement Program (NSQIP) from the ACS introduced systematic measurement and benchmarking of the risk-adjusted incidence of quality defects in surgical care. NSQIP, a nationally validated multispecialty program, started in the Veterans Affairs (VA) health system in response to a government mandate that surgical outcomes in the VA system be compared with those in the private sector for quality assurance. NSQIP helped the VA system realize significant improvements in risk-adjusted complication and mortality rates.²²

“*A patient seeking care for breast cancer cares not only about avoiding complications and her survival and duration of remission, but also about how she looks and feels, her level of pain, the length of the treatment cycle, and the empathy shown her during the treatment process.*”

The ACS subsequently modified the measurement of complication and mortality and extended it to the private sector. The program now has strict, clinically relevant, and meaningful definitions of surgical complication metrics such as thromboembolisms; reintubation; pneumonia; infections of wound, urinary tract, and central line; bleeding; and anastomotic leak. The metrics are collected for thousands of operative procedures across most surgical specialties, including general surgery, orthopedics, urology, and neurosurgery. Data collection is performed through multiple means, including direct uploads from the electronic record and by trained and annually certified abstractors. The NSQIP program is currently implemented in more than 800 hospitals across the United States and in 10 other countries.²³ Risk and reliability adjustments are performed to produce longitudinal, national benchmarking reports.

The accurate measurement of clinical defects reveals the problems that exist and whether improvement initiatives have succeeded in reducing their incidence and sustaining the reductions over time.

Measures of Patient Outcomes

Metrics on the quality of structure and inputs, compliance and conformance, process quality, and clinical defects are useful and necessary. But, collectively, they still fall short of providing evidence about the effectiveness of medical treatments. After all, patients do not seek treatment to have qualified physicians deliver standardized care with checklists and evidence-based pathways, while avoiding medical errors, defects, complications, and readmissions; patients seek care to have their condition cured or, at least, alleviated. For example, a patient seeking care for breast cancer cares not only about avoiding complications and her survival and duration of remission, but also about how she looks and feels, her level of pain, the length of the treatment cycle, and the empathy shown her during the treatment process.

We can view the differences among inputs, processes, and defect metrics versus outcome metrics through the lens of automobile design and production, the origin of the quality and Lean management movements. Let us stipulate that Toyotas today are produced perfectly, with no defects, low

maintenance and repair costs, high gasoline mileage, and exceptional longevity. The company has learned how to produce vehicles that conform to all its design specifications. Yet even a perfectly built Toyota Camry does not deliver the high-speed, comfortable, and responsive ride of an elegantly designed BMW, Audi, Mercedes, or Porsche. These vehicles deliver superior performance in addition to a reliable and consistent driving experience. Like Toyota, medicine must continue to use checklists and standardized pathways around evidence-based treatments so it can achieve better quality and avoid inflicting harm on patients. But providers need to supplement process excellence and “do no harm” metrics with outcomes metrics that quantify whether interventions have addressed patients’ goals for their conditions, which include enabling them to live well without pain and limitations.

Patient-Reported Outcomes (PROs)

Historically, medical and surgical care focused only on saving lives, a relatively straightforward outcome to measure. Today, however, many health care interventions, such as knee and hip replacements, are performed not to extend survival but to improve the quality of patients’ lives. The focus of measurement should similarly shift to assess whether and by how much the treatments, techniques, and technology have accomplished this goal. For example, physicians treating patients with cancer want to not only decrease mortality, but also achieve a longer life span with the least negative impact on the patient’s quality of life. As an example, surgeons performing nerve-sparing prostatectomies on patients with prostate cancer strive to eliminate all malignant tissue while also preserving sexual function and urinary and bowel continence. The successful outcome to plastic surgery for breast reconstruction after a mastectomy includes a patient’s confidence in her body image. Outcomes such as posttreatment physical function, relief from pain, and improved mental health are known only to patients and, hence, must be reported only by them. Achieving success with PROs should drive many treatment decisions and become an important aspect of accountability for the physician’s performance.

Despite the importance of a patient’s posttreatment quality of life, health care providers have been slow to adopt PROs because they considered the metrics too subjective or too “soft” to be reliable, especially when compared with clinical metrics used in the NSQIP program. But major advancements have been made over the past two decades in the field of psychometrics, the scientific discipline underlying the development and measurement of psychological constructs such as an individual’s satisfaction and quality of life.²⁴ PRO measures (PROMs), assessment tools that use a combination of qualitative and quantitative methods, have been developed to provide rigorous, reliable metrics of patient outcomes. An example is PROMIS, a set of person-centered measures for the evaluation and monitoring of the physical, mental, and social health of adults and children.²⁵

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Outcomes such as posttreatment physical function, relief from pain, and improved mental health are known only to patients and, hence, must be reported only by them.”

A Cleveland Clinic team of orthopedic surgeons, statisticians, and database/web programmers has built OrthoMiDaS Episode of Care (OME), a comprehensive, research-grade clinical outcomes

evaluation system.²⁶ OME measures outcomes and develops predictive models, with risk adjustments, for orthopedic surgeries ranging from arthroscopy to every knee, hip, and shoulder arthroplasty performed at Cleveland Clinic facilities in northeast Ohio and Florida. OME collects data at three time points. Prior to surgery, patients complete a health assessment comprising general and joint-specific validated PROMs totaling approximately 50 questions. Following the procedure, surgeons document disease severity, accurate diagnosis, major risk factors for outcomes, implants, and other technical details. One year after surgery, patients complete a follow-up assessment comprising the same PROMs issued at baseline plus a few follow-up items.

For breast cancer treatment, one of this paper's coauthors (A.P.), while working at Memorial Sloan Kettering Cancer Center (MSK), introduced the BREAST-Q PROs to personalize and optimize the care of each patient.²⁷ The BREAST-Q PROM was created by a team of surgeons, quality-of-life researchers, and experts in psychometrics to evaluate the outcomes of women undergoing breast cancer treatment. The clinical teams at MSK achieved response rates of nearly 95% by collecting PROs via cell phones, text messaging, on-site iPads, and email. This PROM is now available in more than 30 languages and used in routine clinical care, published studies, and national quality improvement initiatives involving more than 100,000 women.

The Patient-Reported Outcomes, Value, and Experience (PROVE) Center at Brigham Health has created a platform to systemically measure and analyze PROMs for the full cycle of breast cancer care. The platform contains specific patient-facing reports as well as IT interfaces for providers and department leaders to chart, display, and compare PROMs. A team of surgeons, medical and radiation oncologists, personnel from other clinical services (such as social work), and patient representatives selected the set of PROMs, together with appropriate risk adjustments, to use for all patients with breast cancer. The PROVE center is now expanding the platform to measure PROMs for other medical conditions.

Outcomes Metrics Serve Multiple Purposes

Outcomes measurement enables health care organizations to perform five essential functions:

1. Learn and Improve

The introduction of NSQIP's clinical defect metrics illustrates how consistent and widespread measurement can drive improvements in patient care. Ranking hospitals by valid outcome metrics identified the opportunities to learn from hospitals that have the lowest rate of surgical defects: 80% of hospitals that were early adopters of NSQIP significantly lowered their complication rates, and two-thirds significantly reduced their mortality.²⁸ Later studies documented fewer complications, shorter hospital stays, and reduced readmissions.^{29,30}

Aggregate-level PROs inform quality improvement initiatives, provide system-level feedback for health care management, and identify best practices across organizations. In a large, randomized trial, patients with cancer who provided PROMs while undergoing chemotherapy had better outcomes than did patients treated with only routine collection of clinical data.³¹

Systematic measurement of the outcomes from kidney transplant surgery in the United States has been required since 1990. With the higher accountability for performance because of mandatory reporting of outcomes, physicians performing kidney transplants adopted new technologies and formed multidisciplinary care teams that helped increase 1-year graft survival rates from 80% to 95%.³²

2. Research to Optimize Care

As clinical teams experiment with different treatment methods, care pathways, personnel teams, diagnostic tests, drugs, and devices, they can assess the benefits by measuring improvements in their patients' quality of life. A surgeon may believe that a new procedure is superior; its effectiveness, however, should be assessed by whether patients believe that the outcomes from the procedure are superior in meeting their unique needs. PROMs for individual patients enable providers to benchmark treatment progress and, when various treatment options exist, to use aggregate PROMs data to guide decisions and select the pathway most likely to lead to outcomes preferred by the patient.

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In a large, randomized trial, patients with cancer who provided PROMs while undergoing chemotherapy had better outcomes than did patients treated with only routine collection of clinical data.”

For example, MSK clinicians used the BREAST-Q PROM and associated cost data to compare silicone with own-tissue reconstruction. Silicone implants offered lower initial surgical costs and shorter operating room times. But own-tissue reconstruction led to superior PROMs, including better sexual well-being; higher psychosocial outcomes; greater patient satisfaction; and fewer long-term complications, office visits, and reoperations.³³ The superior patient outcomes, even with a more resource-intensive surgical process, led MSK to introduce own-tissue reconstruction as an optimal treatment pathway for many patients.

Cleveland Clinic's Quantitative Health Sciences (QHS) department team leveraged the institution's extensive database on patients' EHRs and clinical outcomes to generate a patient-specific prediction of the risk of hospital readmission within 30 days of discharge after pneumonia.³⁴ The risk calculator displayed better discrimination when compared with a standard CMS model between the higher- and lower-risk patients over 65 years of age. With this initial success, the QHS team helped other departments develop readmissions risk calculators for diseases. The prediction for each patient, together with its main risk drivers, is embedded in the patient's EHR, allowing the inpatient treating team to customize care according to the patient's specific and evolving needs.

3. Shared Decision-Making

Physicians need to get beyond telling patients only about the range of adverse events associated with their treatment. Patients should know the likely outcomes on quality-of-life issues that matter to them if they are to be truly informed and capable of making shared decisions with their physicians about treatment options. PROMs have allowed improved communication between patients and providers, leading to better clinical outcomes, self-management (e.g., symptom monitoring), patient engagement, resource utilization, and referrals to supportive care services.

Additionally, the collection of PROMs prior to a clinic encounter enables the clinicians to focus on issues of most concern to the patient. Cleveland Clinic, which has been routinely collecting PROMs with every outpatient visit since 2007, has found that provider review of the PROMs with the patient during the clinic visit was associated with significantly higher positive responses to all questions pertaining to ease of use of the PROM collection system, appropriateness of survey length, and patient-perceived benefit to their care overall.³⁵

4. Accountability

Patients, their families, employers, policy makers, regulators, and society are entitled to information on the specific outcomes that health care providers achieve. Currently, large variations in patient outcomes are invisible not only to the treating clinicians, but also to those receiving the treatment and those paying for it. While patients are generally unaware of differential health outcomes scores across providers, the lack of transparency may be especially burdensome to vulnerable populations and to those with socioeconomic disparities if they also lack access to informed referrals to the high-quality providers for their medical condition.^{36,37} Therefore, accountability and transparency of outcomes should also help reduce current inequities in health care delivery.

Cleveland Clinic began reporting the clinical outcomes of its cardiac patients to referring physicians in 1989. In 2004, CEO Toby Cosgrove, MD, expanded outcomes reporting to other clinical areas, and now outcomes books for 14 clinical areas are published annually.³⁸ The organization finds that the transparency and accountability of outcomes reporting are a catalyst for improving patient care and outcomes (essential functions 1 and 2, as mentioned previously). Since 2012, Hoag Orthopedic Institute has published an annual outcomes book that includes process metrics, clinical defects, and PROs.³⁹

5. Contracting

Value-based payment models, such as bundled payments, enable payments to be linked to outcomes achieved.⁴⁰ Fee-for-service (FFS) payments, in contrast, are made independently of outcomes achieved. In fact, FFS rewards poor outcomes when hospitals get paid again for revision treatments and certain types of readmissions. Initial bundled payment contracts, such as the CMS BPCI program and many commercial contracts, could not make the payments contingent, in some way, on patient outcomes because providers were not collecting and reporting risk-adjusted outcome metrics for the procedures they performed. As noted in the multiple examples in this paper, we now have the capability of measuring outcomes that patients care about and adjusting the outcomes for patients' pretreatment status, setting the stage for the introduction of outcomes-contingent bundled payment contracts.

Standardizing Outcome Measures

It would be extraordinarily inefficient for each provider organization, payer, and regulator to devise its own set of clinical and patient-reported outcomes for each medical condition. Additionally, when different outcome metrics are used for the same medical condition, meaningful comparisons among providers are impossible and patients are unable to determine their best treatment options. To maximize the benefits of measuring and reporting outcomes, standardization of metrics by medical condition must occur.

“Physicians need to get beyond telling patients only about the range of adverse events associated with their treatment. Patients should know the likely effect of outcomes on quality-of-life issues that matter to them if they are to be truly informed and capable of making shared decisions with their physicians about treatment options.”

The ACS NSQIP system has now standardized the definitions of surgical defects across a range of procedures. The nonprofit International Consortium for Health Outcomes Measurement (ICHOM), founded in 2011, has published (as of mid-2020) standard sets for 27 medical conditions encompassing more than 60% of the global disease burden.⁴¹ ICHOM convenes international multidisciplinary working groups of clinical experts and patients in an iterative process to reach consensus on the 10 to 15 outcomes that matter most to patients for each condition. ICHOM's outcome metrics are available online and have been published in peer-reviewed medical journals. Standard sets include PROMs, and case-mix variables, and they measure definitions and specify different collection points in time throughout the condition's cycle of care. More than 650 organizations in 32 countries, including Boston Children's Hospital, the Mayo Clinic, and the United Kingdom's National Health Service, have adopted ICHOM standard sets. For the collaborative ACS-Harvard Business School [THRIVE project](#), colorectal surgeons drew upon the ICHOM standard set and peer-reviewed literature to select the MSK Bowel Function Index⁴² and the PROMIS Global Health-10 survey for measuring colon cancer surgery outcomes.

Displaying Outcome Measures

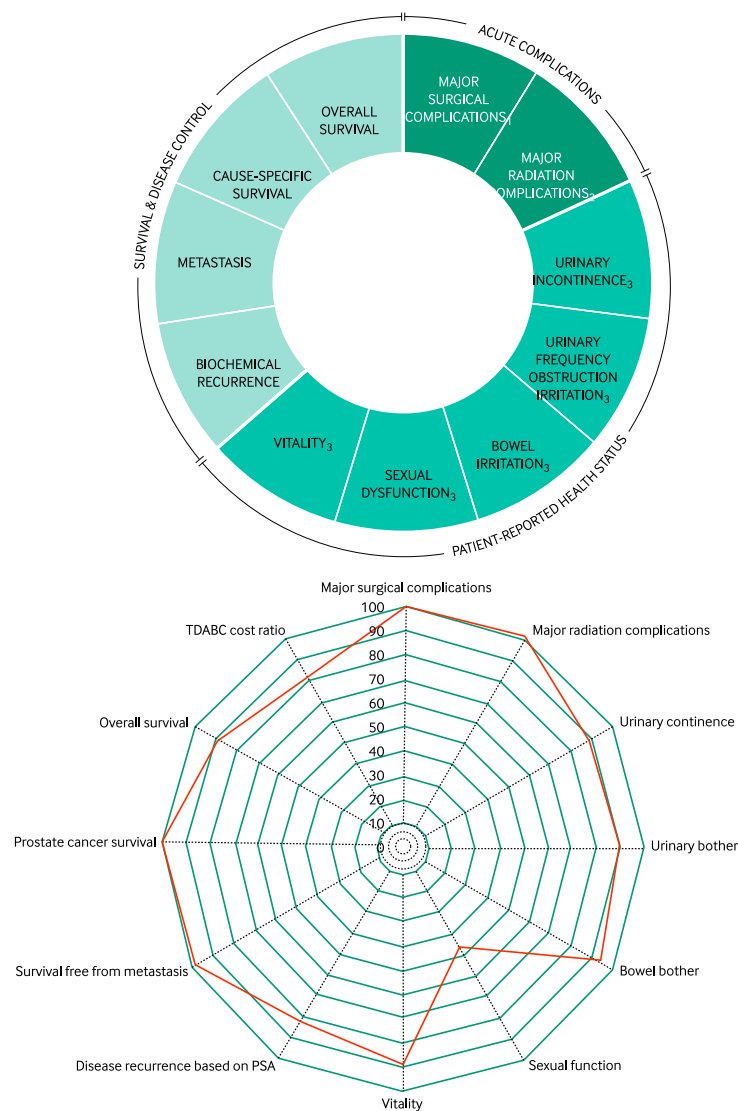
A challenge is how to communicate multidimensional outcome measures in a high-impact, accessible way. We have found that radar charts provide an excellent visualization tool (Figure 2).⁴³

Constructing a radar chart starts by selecting the relevant outcome dimensions for the medical condition. The top diagram in Figure 2 shows the ICHOM metrics for prostate cancer. The data for the radar chart on the bottom of Figure 2 come from the Expanded Prostate Cancer Index Composite survey instrument. The outcome data points are graphed on separate axes, all of which are scaled from 0 to 100, in which 0 represents the worst national or international performance and 100 represents perfect or ideal performance. The radar chart also contains an axis to measure the cost, as calculated by time-driven activity-based costing, of treating the condition.⁴⁴ The radar chart enables clinicians, patients, and payers to compare the outcomes from and cost for alternative treatments for the same condition. In the case of low-risk prostate cancer, these would be brachytherapy, robotic prostatectomy, intensity-modulated radiation therapy, and proton therapy.⁴⁵ The chart can also be used to compare the outcomes from different hospitals or clinicians treating the same condition using the same clinical pathway. The multi-axis radar chart enables outcomes data to be accessible to all stakeholders, promoting learning, improvement, and better decision-making in the continual effort to deliver better outcomes to patients.

FIGURE 2

Plotting Prostate Cancer Outcomes on a Radar Chart

The International Consortium for Health Outcomes Measurement Standard Set for localized prostate cancer (LPC) (top image) includes the outcomes that matter most to patients with LPC. It was produced by an international group of leading physicians, measurement experts, and patients. Below, the radar chart shows 6-month complications, 4-year patient-reported outcomes, 10-year survival, and provider costs for brachytherapy treatment of LPC. A score of 100 represents ideal performance on the measure. PSA = prostate-specific antigen, TDABC = time-driven activity-based costing (a measure of the cost incurred by the provider of the treatment).



Sources: Top chart based on information from the International Consortium for Health Outcomes Measurement. Localized Prostate Cancer. The Standard Set. Accessed November 11, 2020. <https://www.ichom.org/portfolio/localized-prostate-cancer/>. Bottom chart based on information from Thaker NG, Ali TN, Porter ME, Feeley TW, Kaplan RS, Frank SJ. Communicating value in health care using radar charts: A case study of prostate cancer. J Oncol Pract 2016;12:813-20 <https://ascopubs.org/doi/10.1200/JOP.2016.011320>.⁴⁵
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Barriers to Adoption of Outcome Measures

Despite the many benefits of health care outcome measures, several barriers limit their adoption and use. Technical challenges need to be overcome to allow outcome metrics to be collected from providers and patients and integrated into the EHR in a user-friendly, low-cost way. For PROMs, clinics must invest in hardware such as iPads in the clinic or rely on patients' use of a home computer or smartphone. This will also require administrative support to assist patients, hand out tablets, train patients on smartphones, answer questions, and support data submission.⁴⁶ The data from these new platforms are often incompatible and difficult to embed into legacy IT systems and EHRs. These technical challenges are well known and are not insurmountable, but low-cost solutions to data collection and integration have been elusive. As telehealth (virtual visits and home monitoring) gains in utilization and achieves a greater share of health care delivery platforms and as innovative IT vendors expand capabilities, we should solve the technical issues and begin to integrate PROMs into the digital care delivery model.

Despite the efforts of organizations such as ICHOM and the ACS, many medical conditions still lack scientifically validated and risk-adjusted measure sets and measurement instruments. This leads to the perception, among many clinicians, that valid outcomes measurement remains infeasible. Medical education at all levels does not emphasize clinical outcomes and PROMs. Much work remains to be done to educate clinicians about the core concepts of PROMs. Studies must continue to demonstrate the importance and validity of PROMs.

Additional barriers to PROM collection are the burden on patients to complete surveys and the additional work required of providers. These barriers, however, can be lowered. We have found that when patients are asked questions that are relevant to their care, easy to understand, and not repetitive, even long surveys get high response rates. Clinicians respond well when they can easily access and interpret PROMs that are well targeted to the clinical condition, with data easy to access and interpret, to significantly improve the effectiveness and efficiency of their clinical treatments.

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We have reached the point at which being accountable for patient outcomes must be seen as the table stakes for continuing to deliver care.”

The cost of initiating and sustaining PROM data collection may be a higher barrier for smaller organizations that do not have the necessary personnel, infrastructure, and financial resources to maintain PROM collection. National programs, such as NSQIP and THRIVE, have the potential to lower these barriers by providing turnkey solutions that can be used by even small-practice organizations.

PROMs must be integrated into EHRs and clinical pathways so that clinicians can respond quickly to anomalies or emerging problems. For example, a clinical team asking a patient to submit a score on a suicidal ideation scale should be able to mobilize rapidly for a patient submitting an extreme

response. Collaborations with other departments may be necessary for patients who identify a concern that is not best addressed by the core team. Patients need to easily access and understand PROs if they are to participate in the decision about which clinician, primary care, or specialty center can best meet their specific health care needs. For shared decision-making, patients will likely need clinician guidance on how to interpret PROMs and the range of potential outcomes from treatment. Many national disease registries lack PROMs, have restricted access to data, and have limited or nonexistent patient involvement. Willingness to bring patients into the definition and coproduction of their outcomes remains a novel concept. But the potential benefits are great because introducing PROMs into a national registry, which several countries have already begun to do, allows for early detection of adverse events and device problems; this practice has been implemented, with text messaging, by the Australian Breast Device Registry.^{47,48}

While many clinicians and health care administrators may agree, in principle, with all the benefits from outcome measures, they may be reluctant to be the pioneers in their collection, use, and public reporting. A provider may be wary of being the first to report full sets of validated outcome measures, including PROMs, because users will not have benchmarks to determine whether the reported metrics are strong or weak. Government and private payers can help overcome this barrier by mandating that those they pay to treat patients must submit timely and accurate outcome metrics on their performance.⁴⁹

Looking Ahead

Achieving Dr. Codman's goal of measuring whether a patient's treatment has been successful, an apparently simple and straightforward target, has been challenging for health care providers to implement. Whether a treatment can be considered successful depends on multiple factors, including the patient's pretreatment status; the qualifications of the personnel performing the treatment; the facility's infrastructure and culture; the use of evidence-based clinical processes; the baseline incidence of treatment complications; and, finally, the challenges of measuring outcomes that matter to patients. Yet the multiple benefits from valid outcomes measurements — learning, improvement, shared decision-making, accountability, and payment contracting — have stimulated many important measurement advances during the past 25 years. These measurement advances have benefited from parallel advances in IT and artificial intelligence. We have reached the point at which being accountable for patient outcomes must be seen as the table stakes for continuing to deliver care. While continued development and utilization is needed, providers now have all the tools required to complete the journey of offering transparency in and accountability for their patients' outcomes.

Robert S. Kaplan, PhD, MS

Senior Fellow and Marvin Bower Professor of Leadership Development, Emeritus, Harvard Business School, Boston, Massachusetts, USA

Lara Jehi, MD, MHCDS

Chief Research Information Officer, Cleveland Clinic, Cleveland, Ohio, USA

Associate Professor of Neurology, Cleveland Clinic Lerner College of Medicine, Cleveland, Ohio, USA

Clifford Y. Ko, MD, MS, MSHS, FACS, FASCRS

Director, Division of Research and Optimal Patient Care, American College of Surgeons, Chicago, Illinois, USA

Robert and Kelly Day Professor of Surgery, UCLA David Geffen School of Medicine and Fielding School of Public Health, Los Angeles, California, USA

Andrea Pusic, MD, MHS, FACS, FRCSC

Chief, Division of Plastic and Reconstructive Surgery, and Director of Patient-Reported Outcomes, Value, and Experience (PROVE) Center, Brigham and Women's Hospital, Boston, Massachusetts, USA

Joseph E. Murray Professor of Surgery, Harvard Medical School, Boston, Massachusetts, USA

Mary Witkowski, MD, MBA

Fellow, Institute for Strategy and Competitiveness, Harvard Business School, Boston, Massachusetts, USA

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EXHIBIT 48

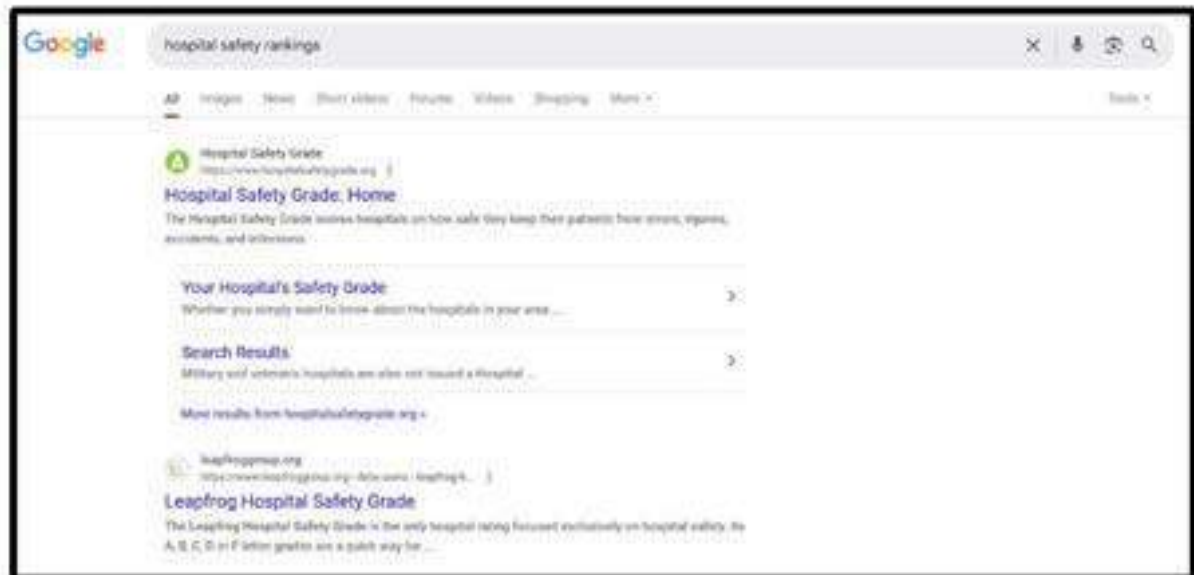


EXHIBIT 49

Follow-Up Statement from Leapfrog President and CEO Leah Binder on Tenet Healthcare Hospitals' Lawsuit to Suppress Poor Safety Grade Performance

May 2, 2025

Yesterday, when The Leapfrog Group announced its [Spring 2025 Hospital Safety Grades](#), five Tenet Healthcare hospitals in the Palm Beach area of Florida sued Leapfrog to try to suppress publication of their grades. The hospitals are:

- [Delray Medical Center](#) (Hospital Safety Grade: F)
- [Good Samaritan Medical Center](#) (Hospital Safety Grade: D)
- [Palm Beach Gardens Medical Center](#) (Hospital Safety Grade: F)
- [West Boca Medical Center](#) (Hospital Safety Grade: F)
- [St. Mary's Medical Center](#) (Hospital Safety Grade: D)

Patient safety concerns at these hospitals

Leapfrog does not want hospitals to earn poor Safety Grades. However, these hospitals are performing far worse than other hospitals across the country in protecting their patients from preventable errors and accidents. This is critical information for the public they serve.

Using data from CMS, the agency that runs Medicare and Medicaid, the Hospital Safety Grades reveal many concerns about the safety of patients at these hospitals.

All five hospitals fall well below the national average in patient reports about communication with doctors, nurses and other staff, as well as communication about their medications and discharge. Patient experience surveys, collected through a questionnaire during or after their stay, have closely correlated with patient safety outcomes including actual rates of accidents, errors and injuries.

Delray Medical Center –

Significantly worse than the national average in rates of infection in the blood (CLABSI), surgical site infections after colon surgery and sepsis after surgery.

Good Samaritan Medical Center –

Significantly worse than the national average in rates of infection in the urinary tract (CAUTI), surgical site infections after colon surgery and in falls and injuries.

Palm Beach Gardens Medical Center –

Of all the hospitals in the lawsuit, this hospital performs the worst on measures of harmful events including sepsis after surgery, surgical wounds splitting open, dangerous bed sores and more.

West Boca Medical Center –

Significantly worse than the national average in rates of MRSA, infections in the blood (CLABSI) and surgical site infection after colon surgery.

St. Mary's Medical Center –

Significantly worse than the national average in rates of infections in the urinary tract (CAUTI) and in falls and injuries.

Correcting some factual errors

These hospitals owe it to their patients, their communities and their own workforce to demonstrate candor and accountability. That begins by acknowledging their deficiencies in patient safety, and then by working to improve.

The allegations these hospitals have asserted are demonstratively false.

1. Hospital Safety Grades are not automatically improved if a hospital participates in the Leapfrog Hospital Survey, nor are Safety Grades automatically lowered if a hospital declines to participate. In spring 2025, 406 hospitals declined to participate in the Leapfrog Hospital Survey and earned Safety Grades superior to those earned by the five Tenet hospitals in the lawsuit
2. The Leapfrog Hospital Survey is free for hospitals to complete. Hospitals do not pay for their Safety Grade and all of our ratings and data are free for the public to access.
3. We have never sold consulting services to hospitals or anyone else on quality improvement.
4. Hospitals that earn an "A" freely promote that achievement in the media and we support them with tools and guidance at no cost
5. Leapfrog offers a variety of opportunities for individual meetings and dialogue, and requests hospital feedback on methodological issues and changes.
6. Hospitals, researchers and businesses can license Leapfrog data for a fee. This has no influence on ratings, which is demonstrated by the fact that we publicly reveal the data and calculations used in everything we report about facilities. That level of transparency eliminates the potential for bias for, or against, any one hospital.
7. Hospitals, health plans and other health care industry players are ineligible for governance authority, such as a Board seat, within Leapfrog. Many participate on advisory committees and expert panels, for which we are grateful.
8. Our methodology is based on:
 - **Independent Expertise:** Our methodology is developed by the nation's top patient safety experts at the Johns Hopkins Armstrong Institute and reviewed by an Independent National Expert Panel.
 - **Public Data:** The majority of the data used to calculate the Safety Grade comes from publicly available Centers for Medicare & Medicaid (CMS) data. While hospitals can voluntarily report additional information about their safety annually via the Leapfrog Hospital Survey, their grade ultimately reflects their performance. There is no preferential treatment for hospitals who submit to the Survey—it only gives them more opportunity to tell their safety story.
 - **Full Transparency:** Our full methodology is publicly available for anyone to review. It is also free to search all graded hospitals on our website and see exactly how they score on every measure on the Safety Grade, as well as how they compare to the national average.

Leapfrog prevails in lawsuits like this

Leapfrog has entirely prevailed in the only two instances where hospitals have attempted to use the courts to suppress our Safety Grades:

1. In 2018, an Illinois court dismissed a lawsuit filed by Saint Anthony Hospital, citing Leapfrog's First Amendment rights.
2. In a 2019 lawsuit in Florida, the Court denied NCH Healthcare System's request to suppress Leapfrog's publication of its Safety Grade, after which NCH voluntarily dismissed the case.

Leapfrog will never stop fighting for patients. Over 50,000 lives could be saved every year if all hospitals performed at the level of "A" hospitals. We urge these hospitals to redirect their resources from litigation to what truly matters: making care safer.

The Spring 2025 Hospital Safety Grades are available now, free to the public, at hospitalsafetygrade.org. We believe in accountability, improvement and—above all—the right of every patient to make informed decisions about their care.

Leah Binder
President & CEO, The Leapfrog Group

EXHIBIT 50



Richard J. Umbdenstock
President and
Chief Executive Officer

Liberty Place, Suite 700
325 Seventh Street, NW
Washington, DC 20004-2802
(202) 626-2363 Phone
www.aha.org

June 22, 2012

Leah Binder
President and CEO
The Leapfrog Group
1660 L Street, N.W., Suite 308
Washington, D.C. 20036

Dear Ms. Binder:

On June 5, The Leapfrog Group publicly released a safety scorecard assessing the safety of more than 2,600 American hospitals. Its stated purpose was to provide a single letter grade for safety that patients could use to guide their decisions regarding where to receive hospital care. On behalf of the American Hospital Association's (AHA) more than 5,000 member hospitals and health systems, I wish to express disappointment that the scorecard's assessment was neither fair nor accurate.

The AHA has worked to make credible and reliable information on hospital quality and safety available to the public so that patients can make informed health choices. We are proud that the hospital field feels strongly that the communities we serve deserve information on our strengths and weaknesses so that patients can make informed choices about where they wish to receive care. Our members have not shied away from this kind of transparency, even when their scores were not as good as they would have expected. All that they have asked is for assurance that the measures are truly important to the quality or safety of a patient's care and that the data are collected and analyzed fairly and accurately. That is why we are raising concerns about the scorecard and whether it meets these important goals.

I am writing to highlight several methodological shortcomings in the survey, which we believe include an unfair bias toward responding to the survey, the use of unreliable measures, significant variation in the weights applied to measures for different groups of hospitals, and significant errors in the data. The attachment outlines these problems in detail. We point these out so that you and your colleagues might understand why we are critical of the scorecard, and why we believe no one should use it to guide their choice of hospitals, unless and until, a more accurate assessment method is used.



Ms. Leah Binder

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June 22, 2012

We believe the issues we raise about the survey methodology and choice of measures call into question whether the scorecard meets the criteria The Leapfrog Group has established and, therefore, whether it is tool on which patients can rely. While we respect the organization's goals, we have long advocated for, and made considerable effort in collaboration with federal agencies and other organizations toward, developing a single, reliable set of reporting measures to assess hospital quality and safety. We urge The Leapfrog Group to review its survey in light of our concerns and these important goals.

If you would like to discuss these concerns further, please feel free to call me or Nancy Foster, AHA vice president for quality and patient safety policy, at (202) 626-2337.

Sincerely,

A handwritten signature in black ink, appearing to read "Rich Umbdenstock". The signature is fluid and cursive, with the first name "Rich" being more prominent.

Rich Umbdenstock
President and CEO

Enclosure

Ms. Leah Binder

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June 22, 2012

AHA DETAILED COMMENTS ON THE LEAPFROG GROUP'S HOSPITAL SURVEY

METHODOLOGICAL ISSUES

The Leapfrog Group's hospital safety scorecard intends to give a hospital a single score for efforts to ensure the safety of patients by rolling together data that principally come from some of the measures published by the Centers for Medicare & Medicaid Services (CMS) and from The Leapfrog Group's own survey. The data published by CMS and used in the scorecard assess hospitals' performance on some steps meant to protect surgical patients from complications and some rare and potentially serious complications of care. The Leapfrog Group's survey also is intended to assess hospitals' compliance with processes or procedures believed to improve patient safety.

Bias toward The Leapfrog Group's Survey

Chief among our concerns is that the methodology The Leapfrog Group uses appears to favor its own survey over other similarly reliable sources of information. Specifically, for two of the scored questions (presence of a computerized provider order-entry (CPOE) system and intensivists in the intensive care unit (ICU)), those who provide information by responding directly to The Leapfrog Group's survey can earn up to 100 points for a fully compliant system, while those whose responses are derived from "secondary data" can earn a maximum of only 15 points.

This is surprising because the secondary data sources used are at least as reliable as the primary data source. For example, the secondary data source for the CPOE question is the American Hospital Association's (AHA) Health Information Technology annual survey, which is funded by the Office of the National Coordinator for Health Information Technology (ONC). This survey has a large, nationally representative response rate and provides great detail on hospitals' adoption and use of health information technology, including CPOE. Therefore, it is unclear why The Leapfrog Group would give so little weight to an answer to a similar question in the AHA survey.

The Leapfrog Group makes the same surprising scoring distinction for the question on intensivists. Here the secondary source from which the information can be derived is the AHA's Annual Survey (AHA survey). While not identical to The Leapfrog Group's survey, the AHA survey asks each responding hospital to indicate whether it uses intensivists in the hospital, how many full-time equivalent (FTE) intensivists it has in each ICU, and whether it runs closed units, meaning only intensivists are authorized to care for patients in the ICU. The AHA survey questions give every appearance of being sufficient to answer the question of whether all ICU patients are managed by intensivists exclusively, which is precisely what The Leapfrog Group's survey endeavors to do. Yet, once again, The Leapfrog Group allows a maximum of 15 points if the information is derived from this secondary source, whereas information derived directly from its own survey can earn more than six times that amount.

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By assigning vastly different point scores to similar information derived from reliable secondary sources, we are concerned that the scorecard can lead patients to inappropriate conclusions. For example, the Yale–New Haven Hospital has had a complete CPOE system since 1994 and was one of the pioneers in embedding its CPOE into a fully functional electronic health record (EHR) system, which has been in place for several years. It has 137 FTE intensivists on staff, and intensivists exclusively manage all of the ICU patients, except in the cardiac care unit, where cardiologists specially trained in the management of critical patients are in charge. Yale–New Haven Hospital’s data from the two surveys administered by the AHA clearly demonstrate this, but because the data are derived from secondary sources, the hospital received only 30 of the potential 200 points on The Leapfrog Group’s assessment. For Yale–New Haven Hospital and many others, this difference in points meant it was awarded a “C” by The Leapfrog Group when we believe it rightfully should have received an “A.”

Use of Unreliable Measures

The Leapfrog Group uses 15 process or structural measures, including the two structural measures discussed above. Another eight measures are derived from self-reported data on The Leapfrog Group’s survey. We are concerned these measures have not been sufficiently tested to confirm their reliability. One test of whether a measure has sufficient reliability, validity and importance to be used as a national standard for performance is to have the measure reviewed by the National Quality Forum (NQF); The Leapfrog Group’s survey has not been put to such a test. To the best of our knowledge, it has not been assessed for its reliability and validity by any independent organization.

We have similar concerns about most of the 11 outcome measures used by The Leapfrog Group; nine are proposed for retirement from the *Hospital Compare* website in 2014 because studies have shown them to be unreliable. In the case of the Hospital-Acquired Conditions (HAC) measures, the multi-stakeholder group known as the Measure Applications Partnership (MAP) recommended that they be removed after hearing how the data source, the denominators, and the lack of risk adjustment where warranted made these performance rates inappropriate for use in hospital-to-hospital comparisons. Despite this, The Leapfrog Group’s methodology gives these measures higher weights than the demonstrably more reliable measures assessing prevention of surgical complications.

Another concern with The Leapfrog Group’s methodology is the significant variation in the weights assigned to measures when data are missing. About 40 percent of hospitals responded to The Leapfrog Group’s survey questions. If a hospital did not respond to the survey, eight of the structural/process measures were eliminated from the calculation of the hospital’s grade. That means that half of a hospital’s grade was calculated on the remaining seven measures, and if the hospital did not supply data to the AHA for the surveys that are The Leapfrog Group’s secondary data source, half of the grade rested on just the five process measures that assess whether the hospital follows steps to prevent surgical complications. In describing the methodology, The Leapfrog Group indicates that the weights vary only slightly when data are not reported, but in reality as noted in the table below, the weights vary significantly. We believe this means hospitals’ grades are being calculated based on disparate weighting systems, and the results are not comparable.

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Measures Weighted Differently for Different Groups of Hospitals

Measure	Weight if All Questions Answered	Weight if Leapfrog Survey Not Completed	Weight if Leapfrog and AHA Surveys Not Completed
Antibiotic received within 1 hour prior to surgery	2.9	7.3	10.4
Antibiotic selection	2.2	5.5	7.9
Antibiotic discontinued	2.2	5.5	7.9
Timely removal of urinary catheter	3.0	7.5	10.7
Appropriate VTE prophylaxis	3.7	9.3	13.2

Significant Errors in the Data

We also believe that significant mistakes in data handling by The Leapfrog Group have resulted in misleading information being publicly displayed. Unfortunately, we do not have the same underlying data that The Leapfrog Group used, so we cannot conduct a validation of its scoring, but we are hearing from enough of our members about significant data issues that we are concerned about the manipulation of the data. For example, we know of at least one specialty hospital that was given a score when the survey's stated methodology should have excluded the hospital based on its specialty status. And in a quick check of the display, we were able to identify a number of hospitals that likely should have qualified for a score, but weren't included. We have heard from several other hospitals that have discovered that data that were reported to The Leapfrog Group or on *Hospital Compare* have somehow not been included in the calculation of this scorecard.

EXHIBIT 51

Review Article

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Neurotrauma Care, “Golden Hour” or “Golden Sixty Minutes”

Ved Prakash Maurya¹, Rakesh Mishra², Luis Rafael Moscote-Salazar³, Tariq Janjua⁴, Rafael Cincu⁵, Amit Agrawal⁶¹Department of Neurosurgery, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, India²Department of Neurosurgery, Institute of Medical Sciences, Trauma Centre and Mahamana Centenary Superspeciality Hospital, Banaras Hindu University, Varanasi, India³Neurocritical Care, Colombian Clinical Research Group in Neurocritical Care, Bogota, Colombia⁴Department of Critical Care Medicine, Physician Regional Medical Centre, Naples, FL, USA⁵Department of Neurosurgery, General University Hospital, Valencia, Spain⁶Department of Neurosurgery, All India Institute of Medical Sciences, Saket Nagar, Bhopal, India

Corresponding Author: Dr Ved Prakash Maurya, Department of Neurosurgery, SGPGIMS, Lucknow-226014 India.

Tel: +91- 8005381883/ +91- 9943039435 Email: vpmsurgery@gmail.com, vpmaurya@sgpgi.ac.in

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This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.**Abstract**Go to : 

The golden hour is the time following an injury during which appropriate medical attention carries the highest likelihood of a better outcome. The concept of a golden hour was probably derived from the French Military's World war I data for the care of trauma victims, but it is suitable for all types of acute emergencies. During these golden sixty minutes, the health care providers must focus on eliminating or mitigating the effect of critical events. If not timely addressed, these essential steps carry a maximum threat to the victim's life by causing irreversible damage to vital organs. The major challenge in applying intervention during the golden hour is correctly identifying the correctable step in the victim at the earliest. Training individuals about basic life support is the first challenge to delivering care at the scene of an accident/ or event or during transport. The advances in the diagnostic modality and the faster means of transportation have been a major driving force in decreasing mortality during the early hours following the incident. In the present review, we attempt to draw attention to the importance of golden hour and emphasize that team-building and quality improvement are crucial to providing better outcomes.

Keywords: Traumatic brain injury; Emergency; Secondary damage; Intracranial hypertension; Hypothermia.**INTRODUCTION**Go to : 

R. Adam Cowley coined the term "golden hour", which denotes the first 60 minutes after a patient sustains traumatic injury in the early 1980s (in broader perspective, any critical event related to health)^{1,2}. If the patient can get the desired or recommended interventions during this period, these will increase the chances of improved outcomes^{3,4}. The concept of the "golden hour" is widely reported in the management of trauma victims and the current trauma system concepts are primarily based on this concept of the "golden hour"³. In trauma care,

more so in neurotrauma care (more specifically in traumatic brain injury cases), the concept of the first 60 minutes or "golden hour" has been crucial as it determines the entire framework of trauma care which include pre-hospital care, patient transport, emergency room management and subsequent management protocols. This sequence of events is influenced by the "golden hour" concept and thus tries to reduce the injury to definite intervention times to the least^{3,5,6}). In literature, it is widely acknowledged that early management intervention can help to improve outcomes in a spectrum of disorders and disease conditions⁷). We try to understand the scope and implications of the concept of "Golden Hour" or "Golden sixty minutes" about imparting neurotrauma-related critical care.

"GOLDEN HOUR" OBJECTIVES AND SCOPE

Go to : 

Over a while, the concept of "golden hour" has been extended to develop and support management protocols to improve outcomes in various clinical conditions. These clinical scenarios include a few acute left ventricular failure, acute right ventricular failure, diabetic ketoacidosis, haemorrhagic as well as ischemic stroke^{8,9}), myocardial infarction, perinatal and neonatal care^{5,7,8,10-19}), poisoning²⁰), seizures (non-eclamptic), sepsis^{14,15,21}) and thyroid storm¹⁰). Across the disease conditions of clinical scenarios, the basic concepts and issues addressed largely remain the same. The basic idea is early identification of potential factors leading to irreversible damage (e.g., hypoxia, hypotension, hypertension, hyperglycaemia, hypoglycaemia, hypothermia or hyperthermia) and taking measures to interrupt the cascade of injuries and thus preventing or reducing the secondary damage^{3,8,12,16}).

The neuro-critical care of traumatic brain injury patients carries a considerable value in initial management, especially in the golden hour. Sedation and analgesia are the initial steps to relieve the anxiety and pain in these patients, which in turn will help decrease the ICP. Preferred medication should have a rapid onset and offset, predictable pharmacokinetics with minimal alteration in cerebral metabolism and intracranial pressure²²). BTF recommends seizure prophylaxis with Phenytoin to prevent early post-traumatic seizures²³). Clinical monitoring (with GCS-P) and CT findings are reliable measures to initiate the treatment for elevated ICP²⁴). Ensuring head end elevation, proper neck position, patent endotracheal tube and urinary catheters, and intracranial hematoma must be ruled out before initiating treatment for elevated ICP. Initial medical treatment includes intravenous mannitol 20% or hypertonic saline (cerebral decongestant) and sedation. For refractory intracranial hypertension, intubation and mechanical ventilation with administration of neuromuscular paralytic agents are recommended. According to brain trauma foundation guidelines, the role of aggressive hyperventilation has been questioned, but transient hyperventilation is useful. Elevated ICP significantly compromises cerebral perfusion, and urgent measures to alleviate the ICP are mandatory. ICP monitoring and drainage of CSF are helpful tools in managing severe head injuries during golden hour²⁵). Hence ICP monitoring has therapeutic and prognostic value in traumatic brain injury.

CHALLENGES

Go to : 

The foremost challenge in applying the “golden hour” concept is identifying the crucial steps and events that can result in adverse outcomes. For example, in a trauma victim, the airway can be compromised if the person is unconscious, a foreign body is in the mouth (like a broken tooth), or a person develops seizures leading to airway compromise. These examples can be many and may require minor (jaw thrust or removal of vomitus or foreign body) to major interventions (endotracheal intubation to surgical airway) but, if not addressed, can negatively impact the outcome. Additionally, the extent and combination of injuries (i.e., traumatic brain injury with spine or chest injury) can further influence the number of crucial steps and measures to be looked after in the “golden hour”^{26,27}.

Although the transport duration to the nearest trauma centre is critical in managing traumatic brain injury patients²⁷⁻³², it becomes crucial that there will be a need to develop trauma centres if not well advanced, at least with essential trauma care facilities. The transfer timings can be influenced by the availability of resources and many other factors like civilian or military conflicts^{33,34}. Additionally, the role of reduction in time delay is controversial^{4,35} and needs further studies on the subgroups of patients who will benefit from early transport thus to allocate the resources. Availability of basic and essential investigations at the scene of injury like detection of hypoglycaemia and availability of point-of-care tools like portable ultrasound to detect haemorrhages in hemodynamically unstable victims can provide a drastically improved outcome³⁶. Similarly, measures to facilitate intubations can be rewarding. However, they will need resources and efforts to train the individual to use these tools.

CONCLUSIONS

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In broader terms, the "golden hour" concept requires the injured person to receive the intended intervention at the earliest to avoid secondary injury. These corrective measures may prevent hypoxia, hypotension, hypothermia and so on. The interventions can be as simple as just clearing the airway to jaw thrust to maintain the airway, applying tourniquets to stop the bleeding to more complex like neurosurgical interventions requiring evacuation of intracranial hematoma to address the raised intracranial pressure and thus prevent secondary brain damage and its sequel. In this direction, future research needs to focus on identifying the possible scenarios where there is a need to take corrective interventions (from simple to complex), specify the available resources, and judiciously allocate the available resources to improve outcomes.

NOTES

[Go to : ▼](#)

Conflict of interest

No potential conflict of interest relevant to this article was reported.

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EXHIBIT 52



HOSPITALS

‘The patient was subsequently found unresponsive in a hallway bed’: CMS report on Mission Hospital details deaths of patients, significant delays in care

Hospital's plan of correction outlines procedural changes, staff education, increased oversight



by **Asheville Watchdog**
February 17, 2024



Asheville's Mission Hospital is in "immediate jeopardy," the U.S. Centers for Medicare & Medicaid Services told HCA Healthcare, the for-profit that runs the hospital, in an internal email obtained by The Asheville Watchdog. The finding is the most severe sanction possible for a hospital and starts a 23-day clock for Mission to produce a plan for fixing the problems or risk losing its Medicare and Medicaid funding. Credit: Asheville Watchdog

By Andrew R. Jones

Asheville Watchdog

At least three patients died and others were endangered at Mission Hospital in 2022 and 2023 following significant delays and lapses of care in the emergency department and other areas, according to a scathing U.S. Centers for Medicare & Medicaid Services report obtained Thursday by *Asheville Watchdog*.

The **384-page document** details why CMS placed the hospital in immediate jeopardy, the most serious sanction a hospital can face. It spotlights not only patient deaths and long delays in care but also a lack of available rooms, a lack of governing bodies “responsible for the conduct of the hospital,” and multiple leadership failures.

“The hospital’s leadership failed to ensure a medical provider was responsible for monitoring and ensuring the delivery of care to patients presenting to the emergency department,” the report states.

Hospital leadership also “failed to ensure emergency care and services were provided according to policy” and “failed to ensure adverse events were documented, tracked, trended, and analyzed in order to implement preventive actions and identify success of actions taken.”

While the report focuses on issues in the emergency department, it also described deficiencies in care in other areas, including the oncology unit, where it said a patient received expired chemotherapy. It also described an incident in the behavior health unit in which a child was given medication without authorization from a parent or guardian.

The report also includes Mission’s plan of correction, which it was required to submit or face loss of its Medicare and Medicaid funding, a significant threat to its financial viability.

“We are pleased that CMS has accepted our Plan of Correction,” Mission health spokesperson Nancy Lindell said Thursday. “Mission Health began implementing changes based on preliminary findings shared in December. We are pleased to hear from our EMS partners and patients that those actions are yielding positive results, including decreased wait times for care.

“Again, these findings are not the standard of care we expect, nor that our patients deserve, and we are working diligently to ensure Mission Hospital successfully serves the needs of the Western North Carolina community.”

The report chronicles numerous breakdowns and delays in care and details the deaths of at least three patients in the emergency department or intensive care unit.

1 of 384

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 340002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/09/2023
NAME OF PROVIDER OR SUPPLIER MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE		STREET ADDRESS, CITY, STATE, ZIP CODE 509 BILTMORE AVE ASHEVILLE, NC 28801	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
A 000	INITIAL COMMENTS A complaint investigation was conducted November 13, 2023, through November 17, 2023; November 27, 2023 through December 1, 2023; and December 4, 2023 through December 9, 2023 to evaluate the hospital's compliance with the Medicare Conditions of Participation. The investigation resulted in the identification of Immediate Jeopardy (IJ) to patients' health and safety on December 1, 2023, at 1200 as a result of incidents that occurred on 08/14/2023; 07/05/2022; 07/04/2022; 04/05/2022; 10/03/2023; 10/31/2023; and 10/17/2023. Specifically, pursuant to §482.13 Patients' Rights, §482.23 Nursing Services and §482.55 Emergency Services, the hospital nursing staff failed to ensure a safe environment for the delivery of care to emergency department patients by failing to accept patients on arrival to the emergency department resulting in delays or failure to triage, assess, and implement orders. A provider in the Emergency Department failed to provide safe	A 000	Mission Hospital holds the safety of all patients, staff, and visitors as its highest priority. Immediately on receipt of survey findings, the senior leadership team met and initiated intensive review and root cause analysis (RCA) of each of the findings, formulating a plan of correction to fully address all tags identified as out of compliance, resulting in system changes as identified within this report. Based on this intensive analysis including RCAs, review of medical records cited, policies, procedures, and practices currently in place, along with staff interviews, a comprehensive plan of correction was formulated and reviewed by the Quality Committee (QC), Medical Executive Committee (MEC), and Board of Trustees (BOT). A multidisciplinary leadership team formulated this Plan of Correction (POC) to fully address all CMS tags identified as out of compliance which resulted in the system changes documented in this report. Based on this intensive analysis including RCAs, review of medical records, policies, procedures, and practices currently in place, along with staff interviews, a comprehensive plan of correction was formulated and reviewed by the Quality Council Patient Safety Committee. Medical

Mission-Hospital-2567-with-POC-FINAL-DRAFT-2.12.24-1

Download

Patient #2: 'Delayed triage, care, and treatment'

The report lists a 66-year-old male as patient #2, who was brought into the ED shortly before 6 p.m. Oct. 17, 2023, with chest pain after fainting at home. A physician assistant interviewed in the report said there were no rooms available when the man arrived.

That PA “saw the patient while in the hallway and placed orders.” The PA’s interview also revealed “the patient had not been triaged, he was still in the hall,” the report states.

“The provider ordered labs at [6:41 p.m.] (48 minutes after Patient #2 arrived), and the labs were not collected by nursing staff until [7:20 p.m.] (39 minutes after the lab were ordered), after the patient was triaged at [7 p.m.] (1 hour and 7 minutes after arrival).”

Patient #2 was on a cardiac monitor and received vital signs by EMS until triage at 7 p.m., according to the report, but no hospital EKG was obtained until 7:05 p.m, 24 minutes after ordered and 1 hour and 12 minutes after the patient arrived at the hospital.

At 7:53 p.m., amid other delays, a physician responded to the patient’s bedside because the patient was having a heart attack. “CPR was started and the patient expired,” the report states. A doctor interviewed in the report said efforts to resuscitate the man lasted for about 30 minutes.

“Nursing staff failed to accept the patient upon arrival to the ED, resulting in delayed triage, care, and treatment,” the report states.

Patient #29: Left alone and unmonitored in hallway

In another case, patient #29, a 78-year-old woman, arrived at the hospital via EMS at 2:51 p.m. on April 5, 2022, with abnormal heart rhythms. She had fallen at home and had an open fracture of her right shin bone. A pulse oximetry reading in the ambulance was 94 percent, but no oxygen was administered. Another pulse oximetry reading more than an hour and a half later was even lower, at 90 percent, but again no oxygen was given.

Nurses gave her narcotic pain medication at 4:30 p.m. and 6:16 p.m., but did not take her vital signs or check her oxygen levels afterward.

Shortly after 7 p.m., “the patient was subsequently found unresponsive in a hallway bed, in “asystole” — also known as flatlined, indicating no heart activity — “and expired.” The report did not say why the patient had been left alone and unmonitored in the hallway.

“Nursing staff failed to reassess the patient after narcotic administration. Nursing staff failed to monitor and evaluate the patient for a change in condition (not breathing),” the report concluded.

MORE COVERAGE ON MISSION HOSPITAL



Mission cuts \$25 from hourly pay for weekend nurses, will require others to pick up shifts to improve staffing



by [Asheville Watchdog](#)



HCA's purchase of Mission Health did not lead to lasting improvements, Wake Forest academic report concludes



by [Asheville Watchdog](#)



Mission pharmacy program plagued by high turnover, staffing shortage



by [Asheville Watchdog](#)

Patient #83: A 'potentially life-threatening request,' then delays

A 74-year-old woman with dizziness arrived in the emergency department from her doctor's office at 12:16 p.m. on Nov. 28, 2023. A blood workup was ordered STAT, "an emergent, potentially life-threatening request," the report said. But her blood was not drawn for another hour and 40 minutes, and the results came back three hours and 14 minutes after the original order.

The patient's lab work showed a critically high glucose level. An infusion of insulin was ordered but not initiated for an hour and 13 minutes. "Orders for continuous ECG (heart) monitoring placed at [12:18 p.m] and vital signs every 2 hours ordered at [5:39 p.m.] were never initiated," the report said.

A lactic acid blood test ordered in the emergency department was not done until the patient was moved to an inpatient bed, nine hours and 41 minutes later. That test revealed a critically high level. The patient was

moved to an intensive care unit and placed on a ventilator.

She died at 1:37 p.m. on Nov. 30.

Mission issues plan of correction

Mission's plan of correction states that the hospital began to make changes on Dec. 1.

Those included a memo to all medical staff setting expectations around responsiveness to emergent patients. *Asheville Watchdog* detailed the email in an exclusive story on Dec. 12. At the time of the story, Lindell described the memo to *The Watchdog* as "a point of clarification to our team and is not new information."

The plan of correction states that the hospital is making permanent changes to procedures and has required staff to undergo training sessions. It also describes a series of new lab order processes and the deployment of additional equipment, such as a monitor to "Air Traffic Control (ATC) desk to display and allow total visibility of ER patients with unassigned beds in waiting room, EMS entrance and pre-arrivals."

The plan also states that the hospital's governing body "will provide oversight of the plan of correction implementation and sustained improvements."

Mission nurses have said for years that HCA has purposefully understaffed numerous departments and refused to provide necessary resources for the hospital to function safely.

Nurses had sent formal complaints to the North Carolina Department of Health and Human Services since early 2022, some about transfer procedures in the hospital's emergency department that they contended endangered patients, *The Watchdog* reported in late August. At that time, NCDHHS had not visited the hospital, citing its own staff shortages.

Mark Klein, a vascular nurse who serves in a leadership role with the hospital's nurses union and who helped bring several complaints about systemic and leadership failures to light in 2023, said his initial impression of the CMS report was one of "heartbreak, and, sadly validation."

Klein remains sharply critical of the leadership of Mission and HCA Healthcare, which purchased the hospital system for \$1.5 billion in 2019.

“We did the right thing by bringing HCA’s horrific, injurious, profit-centric care models to the attention of regulatory authorities,” Klein said. “I believe HCA is sincere in its desire to remove the immediate jeopardy status to ensure the protection of income streams. I do not think HCA leadership is sincere about transformative change.”

He added that “HCA egregiously understaffed the hospital, not just the ER, and it is understandable why over 50 percent of the ER nurses leave every year. Senior leaders who put the policies that imperiled and harmed patients in place need to be held accountable.”

NCDHHS inspections on behalf of CMS occurred at the hospital Nov. 13-17, Nov. 27-Dec. 1, and Dec. 4-9. Beginning Nov. 14, while inspectors were at the hospital, *The Watchdog* reported, **Mission offered extra shifts to doctors in the emergency department** and on Nov. 20, halted some patient transfers from other hospitals, which reduced the burden on staff.

As *The Watchdog* was first to report, HCA Healthcare North Carolina Division President Greg Lowe **announced the finding of immediate jeopardy** in an email to Mission’s staff Feb. 2.

Mission has until Feb. 24 to get the hospital out of immediate jeopardy. The state will visit soon to make sure the hospital is in compliance.

Immediate jeopardy is rare, according to **a 2021 study** from the National Library of Medicine, which reviewed 30,808 hospital deficiencies between 2007-2017. Only 2.4 percent, or 730, of those resulted in immediate jeopardy, according to the study.

Separately, North Carolina Attorney General Josh Stein filed a lawsuit against HCA Dec. 14, alleging it failed to comply with two of 15 commitments made when it bought the Mission Health system for \$1.5 billion in



According to Mission Hospital’s plan of correction, the hospital began to make changes on Dec. 1. Credit: Asheville Watchdog photo by Starr Sario

2019. Specifically, those commitments were related to keeping services in the emergency department and cancer care program open and running.



North Carolina attorney
General Josh Stein.

While Stein alleges that systemic breakdowns leading to exiting doctors and curbed care measures have constituted breaches of the commitments, Mission contended Thursday in a response to Stein’s lawsuit that it had upheld its end of the deal and, furthermore, wasn’t required by the purchase contract to provide quality care in the first place.

The Asset Purchase Agreement — the legal contract of the sale of Mission to HCA — is “silent as to the quantity or quality of services required” at Mission Hospital, lawyers for HCA wrote in their response. “The contractual language, as well as the underlying negotiations, demonstrate that Mission’s Hospital Service Commitments are not promises to meet subjective healthcare standards,” the response stated.

HCA maintains that it provides quality care. “Fact: The quality of care at Mission Hospital is among the best in the nation,” HCA’s website states.

Asheville Watchdog is a nonprofit news team producing stories that matter to Asheville and Buncombe County. Andrew R. Jones is a Watchdog investigative reporter. Email arjones@avlwatchdog.org. The Watchdog’s reporting is made possible by donations from the community. To show your support for this vital public service go to avlwatchdog.org/donate.

KEEP UP WITH THE LATEST

EXHIBIT 53



HEALTHCARE

Mission Hospital's Leapfrog, Healthgrade scores and rankings don't tell the whole story, draft report says

Sterling ratings come as hospital faces immediate jeopardy sanction, potential loss of Medicare and Medicaid funding



by ANDREW R. JONES

February 12, 2024



A lawsuit alleges that Mission prevented medication reconciliation supervisor Andrea Leone from making hires that would have kept her team fully staffed and then tried to silence her. // Watchdog photo by Starr Sariego

A draft of a study on HCA Healthcare's purchase of Mission Health addresses a significant question: How does Mission Hospital get such high marks from hospital ratings companies as it faces the most severe sanction the federal government can levy?

Mission Hospital received an "A" safety grade from The Leapfrog Group in fall 2023 and made Healthgrades' list of America's 50 Best Hospitals in January — even as federal investigators were determining that the quality of care at Mission was so bad that it had “caused — or is likely to cause — serious injury, harm, impairment or death to a patient.”

Leapfrog granted Mission Hospital its highest “A” safety grade even though Mission did not submit health or safety data to the semiannual survey.

Healthgrades named Mission Hospital one of the 50 Best Hospitals in America despite ranking it below the national average in every one of its measures of patient care, from patient satisfaction to staff responsiveness and cleanliness. Healthgrades also gave Mission Hospital its 2023 “Patient Safety Excellence Award” — honors that Mission and HCA advertised even as it was preparing proposed remedies for the serious problems federal and state health inspectors had documented at the facility.

HCA's website currently states: “Fact: The quality of care at Mission Hospital is among the best in the nation. We are proud to be recognized by Healthgrades as one of America's 50 Best Hospitals and we just received our 5th consecutive Leapfrog Hospital Safety Grade ‘A’.”

Safety Grade "A".

Hospital Quality Awards



America's 50 Best Hospitals Award™ (2024, 2023, 2022)

Top 1% in the nation for providing the highest clinical quality year over year



America's 250 Best Hospitals Award™ (2024, 2023, 2022)

Top 5% in the nation for consistently delivering clinical quality



Patient Safety Excellence Award™ (2023, 2022)

Top in the nation for providing excellence in patient safety by preventing infections, medical errors, and other preventable complications

Healthgrades rankings of Mission Hospital include a safety grade of “A.” The federal Centers for Medicare & Medicaid Services recently placed the hospital in immediate jeopardy, the strongest sanction a hospital can face. // Credit: healthgrades.com

On Dec. 19, after an on-site investigation, the North Carolina Department of Health and Human Services recommended to the U.S. Centers for Medicare & Medicaid Services that Mission be put in “immediate jeopardy” for nine deficiencies within the previous 19 months.

The NCDHHS action came five days after North Carolina Attorney General Josh Stein filed a lawsuit against HCA and Mission. Stein, a Democratic gubernatorial candidate, alleged they have not lived up to their commitments to maintain emergency services and cancer care.

On Feb. 1, CMS notified Mission CEO Chad Patrick that the hospital had until Feb. 24 to fix numerous deficiencies in care or lose its Medicare & Medicaid funding, which would threaten its financial viability.

A 12-page working draft of a report — written by Mark A. Hall, a Wake Forest professor of law and public health, and obtained by *Asheville Watchdog* — raises skepticism about the Leapfrog and Healthgrades rankings.

“Even crediting Mission with the full benefit of its favorable ratings under HCA, it is clear that Mission is no longer at the level of excellence it had achieved prior to HCA,” the draft report, titled “Mission Hospital’s Quality Ratings Following HCA’s Acquisition,” states. “Patients’ ratings of their hospital experience have plummeted to the lowest level, and Mission no longer regularly scores at the highest levels under the more rigorous and widely respected systems that rate overall quality.”

Quality-Ratings

Download

It does note that “[s]ome objective measures of quality and patient safety are still high, however, and others are still respectable.”

According to CMS data, 54 percent of Mission patients would “definitely recommend” the hospital to others — 16 percent lower than the national average for other hospitals. Fifty-eight percent of respondents to the Hospital Consumer Assessment of Healthcare Providers and Systems survey rated Mission a 9 or 10 on a 10-point scale of quality of care, 11 percent below the national average.

[As Asheville Watchdog reported](#) in April 2023 following that year’s “50 Best Hospitals” announcement, Leapfrog and Healthgrades ratings provide far from the full picture when it comes to hospital performance. Both companies charge hospitals a fee to participate in the ratings system. But, moreover, they are limited in scope, and medical experts interviewed by *The Watchdog* last year doubted the ratings truly inform patients.

“Assessing the many facets of hospital quality reminds me of the parable about the blind men and the elephant, each of whom thinks the beast is something different according to what they are sensing,” Hall told *The Watchdog* last week. “In this report, I aim to give a more complete picture than one that is blinded to the less positive indicators.”

When it was a nonprofit operation before HCA’s 2019 purchase, Mission was once one of the highest quality hospitals in the country, a status that numerous measures supported, according to the report.

Researchers from the Economic and Social Research Institute, a nonprofit that conducts research and policy analysis in health care, concluded in a [2004 study](#) that “Mission [was] an excellent example of how a variety of factors can come together to promote quality of care in a large institution ... [because] the drive to do whatever it takes to provide the best possible care seems to permeate the organization, from the Board to the executive levels to the bedside.”

In late 2023, however, sources interviewed for Hall’s report said that, “despite plummeting patient ratings and diminished quality metrics, HCA has no real incentive to do better than average, acceptable, or enough to ‘stay out of trouble,’ considering that doing better ‘does not matter’ if patients and physicians ‘have nowhere else to go.’”

One unidentified physician interviewed for the report said the situation under HCA ownership feels “like juggling eggs, with more being thrown at you all the time, and having to catch them just before they hit the floor. So far [we] have been able to do that, but at some point ...”

HCA and Mission spokesperson Nancy Lindell did not respond to a series of questions about details in the report, but said it was “neither a serious nor an impartial ‘study’ and it does not justify comment or response.

“It was funded by a group that is funding litigation against Mission Health, and given the financial backing of that group, it is not surprising that the ‘study’ is critical of Mission Health,” Lindell said.

She did not respond when asked for specifics about the litigation.

Hall, a member of the National Academy of Medicine, is a leading scholar on health care law, public policy, and bioethics, and the author or editor of 20 books. He recently wrote [another draft report](#) that said HCA has significantly decreased charity care for lower-income Mission patients since its purchase of the hospital.

He is an independent academic researcher whose work is funded through an Arnold Ventures grant to Wake Forest University.

Arnold Ventures is a philanthropic group headquartered in Houston “working to improve the lives of all Americans by pursuing evidence-based solutions to our nation’s most pressing problems. We fund research to better understand the root causes of broken systems that limit opportunity and create injustice,” according to its [website](#).

Arnold Ventures [is helping to fund](#) Fairmark Partners — a group pursuing antitrust lawsuits against “hospital behemoths in Wisconsin, Connecticut, and North Carolina,” according to the group’s website. Attorneys at Fairmark are representing plaintiffs in an western North Carolina [antitrust lawsuit](#) against HCA and Mission Hospital.

Why are Healthgrades and Leapfrog ratings so high?

Noting the hospital’s recent immediate jeopardy sanction, the draft report indicates Leapfrog and Healthgrades don’t include some data and facts that could draw a more complete picture of what’s going on inside Mission.



Mark A. Hall is a member of the National Academy of Medicine, a leading scholar on health care law, public policy, and bioethics, and the author or editor of 20 books. // Photo credit: Wake Forest University

Hall's report describes Healthgrades ranking of Mission as one of the country's top 50 hospitals – the only such ranking of a hospital in North Carolina – as “counterintuitive.”

“One explanation is the long eight-year “look-back” period that Healthgrades uses to classify and rank hospitals,” the report states. “This expanded window means that Mission's current ranking is still based in significant part on how it performed for several years prior to HCA's acquisition.”

Additionally, Healthgrades ranks Mission high based largely on surgical procedures and a handful of other measures rather than on the array of hospital care delivered by nurses, hospitalists, and other clinicians, the report states.

“Healthgrades' ratings indicate that, under HCA, Mission has maintained top performance selectively rather than across the board,” the report states.

Asked about the report's analysis of the Healthgrades ranking, the rating company's chief medical officer, Dr. Brad Bowman, said the group “rated hospital inpatient admissions based on objective clinical outcomes data that does not include emergency room visits,” to create the top 50 list.

“The focus of the deficiencies that HCA Mission Hospital received were tied to ED [Emergency Department] care. ER patients that experience delays in triage and care are not in the CMS inpatient data set used by Healthgrades for America's Best Hospitals,” Bowman said.

The organization measures only objective clinical outcomes (medical complications and patient deaths) to compile ratings, Bowman added.

“Healthgrades' focus on clinical performance differs from other ratings systems that look at a matrix of measures to assess hospital performance — some including reputation-based surveys, others using more fluid methodologies that include ‘peer grouping’ and academic and network affiliation adjustments,” Bowman said. “Healthgrades' transparent methodology remains committed to focusing on what matters most to patients, families, communities, and providers — clinical outcomes.”

Leapfrog's system is also limited in scope.

While it relies heavily on federal data, it does not include data reflecting patients' views or experiences, which have worsened since the HCA purchase, according to the report.

“What we have in the hospital safety grade is really a mix of a handful of patient safety focused measures from the LeapFrog hospital survey,” Leapfrog’s Vice President of Health Care Ratings Missy Danforth told *The Watchdog*. “And also, some patient experience measures from CMS. And then some patient safety outcome measures.”

Leapfrog also allows hospitals to make strategic decisions to avoid reporting certain data elements that might be unfavorable, specifically, allowing hospitals to opt into a [self-reporting survey](#) where it can provide details about things like patient-centered care, preventing patient harm, and health care-associated infections.

Mission did not submit a survey in 2023, according to Danforth. It did in 2022, 2021, and in 2020 results submitted in 2019 were carried over because of COVID-19, which was not unique to Mission.

When asked why Mission did not participate in the 2023 survey, Lindell, the Mission spokesperson, said, “The healthcare industry has seen an increase in surveys asking for inputs that don’t always focus on what matters most – clinical outcomes.

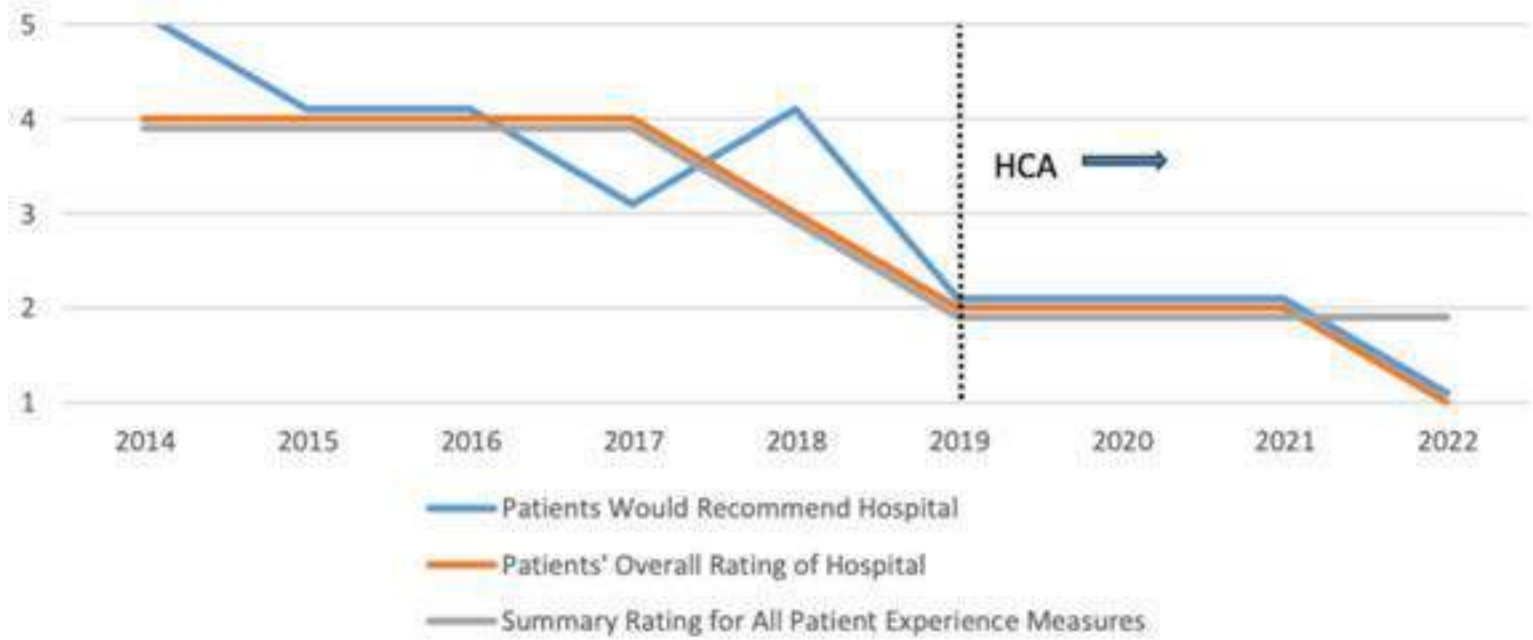
“Therefore, we have paused our submissions to Leapfrog until we determine if their measures correlate with performance in purely patient outcomes. Given that HCA Healthcare has historically been rated highly by Leapfrog, the decision to pause our submissions was a difficult one; however, we believe it is unwise to spend the precious time of our hospital clinical leaders to complete a lengthy survey and, instead, will rely on publicly available data.”

Mission received an “A” grade for the fall and spring in 2023; an “A” for the fall and spring of 2022; an “A” in the fall of 2021 and a “B” in the spring of 2021; an “A” in the fall of 2020 and a “B” in the spring of 2020; and a “C” in the [fall of 2019](#) and an “B” in the [spring of 2019](#).

More than 2,300 hospitals do a voluntary survey each year, Danforth said.

Even though Mission did not submit a survey for 2023, Leapfrog [used its response from 2022](#) to create the latest “A” grade. This will not continue if Mission continues to not complete a survey, Danforth said.

Patient Experience "Star" Ratings for Mission Hospital



A chart from Wake Forest University professor Mark A. Hall's draft report on HCA Healthcare's purchase of Mission Hospital shows patient experience "star" ratings have declined since 2019, the year of the ownership change.

Other ratings don't look good

Other ratings of Mission have not been so positive over the past five years, according to the report.

"Most strikingly, Mission's patient experience ratings have plummeted under HCA," the report states, referring to *Business North Carolina* rankings of the state's hospitals based on a systematic federal survey of the percentage of patients who would recommend the hospital to others. "In the six years prior to HCA's acquisition, Mission Hospital's state rankings ranged from 3rd to 7th on this recommend-to-others indicator, but during the first year under HCA (2019), Mission's patient-experience ranking suddenly dropped to a statewide tie for 18th to 23rd," the report states.

Business North Carolina bases its rankings on data collected and reported by the federal government and turned into [a star rating system](#), with five stars representing the highest likelihood of patients recommending a hospital.

"From 2014-2018, Mission Hospital averaged four stars. In 2019, however, the first year under HCA, this patient rating... dropped to two stars, and remained there, until 2022, when it dropped to one star," the report states.

CMS also has an overall five-star system separate from the patient survey. In the spring of 2021, which is the first year relevant data fell primarily under HCA management, the federal government downgraded Mission Hospital from five stars to four, according to the report.

“Four stars is still respectable, but it puts Mission in roughly the top half of rated hospitals in North Carolina, rather than the very top tier,” the report states. About 10 percent of hospitals nationally receive five stars, according to CMS.

“In the five years prior to HCA’s acquisition, *US News* ranked Mission from 5th to 7th statewide for overall quality,” the report states. “The first two years under HCA, when most underlying data predated the acquisition, *U.S. News* continued to rank Mission in the top 10 statewide. But since 2021, Mission has fallen out of the top 10 in the state and it currently ranks in a 4-way tie for 12th to 15th. While this is a respectable ranking, it is a distinct step down from the very top ranks that Mission occupied prior to HCA.”

Another rating system is Premier’s PINC AI hospital data platform, which publishes an annual top 100 and top 50 hospitals report. The rating system was bought from IBM Watson Health, which in 2018 concluded Mission Health was one of the top 15 systems in the nation.

Mission no longer appears on PINC AI’s 2023 top 100 hospital list or on its top 50 cardiovascular hospitals list.

Asheville Watchdog is a nonprofit news team producing stories that matter to Asheville and Buncombe County. Andrew R. Jones is a Watchdog investigative reporter. Email arjones@avlwatchdog.org.

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Don funderud

February 12, 2024 at 3:45 pm

Follow the money is the best answer for this report. Seems something changed hands under the table. Just like city/county politics.



KW

February 12, 2024 at 3:49 pm

Coded data and clinical quality reporting can be “managed.” Enough said...

**kit gruelle**

February 12, 2024 at 8:59 pm

Seems a bit like Ford investigating exploding Pintos. Please keep exposing the lies and the cozy financial relationships. If I had a heart attack in the Mission parking lot, I'd want to go somewhere else for care.

**Max Prague**

February 12, 2024 at 3:51 pm

As someone who worked in healthcare for 45 years (RN) I can tell you that HCA is and has been notorious for eviscerating quality health care in the name of profit over people. The rating agencies spoken of in this article are also not to be trusted as they rate with minimal objectivity and are highly “influenced” by the facilities they are “rating”

**Pat**

February 12, 2024 at 4:18 pm

Scary quote within the Wake Forest report link in this article— “On the whole, the decline in quality under HCA left several observers with a feeling of resignation that, over time, “things will probably stabilize and we’ll be left with a perfectly mediocre hospital,” but never one that is again “great” or “nationally ranked.” Several stressed that, despite plummeting patient ratings and diminished quality metrics, HCA has no real incentive to do better than average, acceptable, or enough to “stay out of trouble,” considering that doing better “does not matter” if patients and physicians “have nowhere else to go.” (OMG—politicians, please get rid of Certificate of Need laws to improve competition within NC.)

**Trish Koerber**

February 12, 2024 at 5:43 pm

Can we all agree that self- reporting rating agencies are useless and there’s probably not a ratings agency in existence that is immune to HCA’s bribery. High ratings certainly contribute to the high level gaslighting, politicking practiced by HCA... pursuit of power and money have demolished Mission hospital

**concerned retired physician**

February 12, 2024 at 5:43 pm

Two very nicely written articles regarding the rating systems-First Barbara Durr and now Andrew Jones. Not knowing the “little” games that are played with these rating systems makes it very hard to know what they really mean. Having Dr Hall and Andrew summarize this is very helpful and powerful. The bottom line which we all know is that the services and the hospital we knew and the services and the

hospital we now know are not on the same level. Yes many of the technical procedures done at Mission remain excellent, thankfully for the staff involved with these procedure. That said what is desired is to make the “whole” house the quality it was and keep it there. With HCA mediocrity is the level of care they are satisfied with in all of their institutions

**Voirdire**

February 12, 2024 at 5:44 pm

Leapfrog and Healthgrades are health care industry shills to a many many billions of dollars industry..... it's not very complicated.

**Robby Robinson, MD, retired.**

February 12, 2024 at 6:00 pm

I believe SC has finally ended CON (Certificate of Need) laws, thus enabling greater competition in Healthcare. Why won't NC? Conservatives are all for free markets and competition until it hits them. No CON laws and, I believe, several great non-profits will be knocking on the door.

Think UNC, Wake Forest, etc.

HCA will not improve, and will not leave, giving up very good profits, period.

**Emily Paterson**

February 12, 2024 at 7:31 pm

Thank you Dr. Robinson—100% agree!

**Carol Jordan**

February 12, 2024 at 9:36 pm

My husband was an Occupational Therapist for 34 years and worked in a variety of healthcare settings. It is not uncommon for facilities to “cherry pick” the survey results and present the most favorable ones. The facilities use the inflated high ratings to convince the unknowing public that they are top-notch, while hiding the true situation. Those who have knowledge of how the system works view these reviews with skepticism.

**Marsha Hammond**

February 13, 2024 at 1:36 am

Mark Twain: “Lies, damned lies, and statistics.”

You stated: “While it relies heavily on federal data, it does not include data reflecting patients’ views or experiences, which have worsened since the HCA purchase, according to the report.”

Contrarily, Page 12 of Leapfrog , Fall 2023 “Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Composites” : I cannot even begin to decode even with an ancient PhD utilizing statistics. I have no idea what this report means. I have never seen any of this statistics language.

Go find a stats professor: Hey! I know one. And I will go find him. I’ll get back to you. Meantime, Mark Twain, as he should, has the last say.

**James Lynch**

February 13, 2024 at 8:22 am

“Voted the #1 slots in Las Vegas!” Right. There’s always somebody, somewhere willing to tell you that you’re the best. For a price.

**Martin Dyckman**

February 13, 2024 at 9:25 am

Hospitals pay to be rated. A rating system doesn’t take emergency room care into account. Commercial ratings should never, never be taken at face value.

**Jill Rabideau, BSN, RN**

February 13, 2024 at 9:42 am

If money is no object, anything can be purchased. Mission pursued Magnet status for YEARS. During many years, bedside nurses were involved, striving for an evidence based practice model with the focus being on positive patient outcomes. Mission’s application was denied year after year. Once HCA was the owner... miraculous Magnet status “achieved”. The same time Magnet was “granted”, the bedside nurses were banding together to unionize in an effort to put some sort of buffer between the greed of HCA and the care patients receive. Anyone wanting to know the REAL truth will listen to the bedside caregivers, the patients and the community. The national accolades can obviously be purchased or politically traded. The WNC community has proven to be more intelligent and determined than HCA anticipated. Keep telling the TRUTH!!

**Janice Stevenson**

February 13, 2024 at 2:26 pm

Corporate greed and corruption has come to town. It sits like a vulture over our community, just waiting for the spoils. My apologies to the real birds!

**John Mycroft**

February 18, 2024 at 8:24 am

Universal taxpayer funded healthcare is long overdue. I recently had an operation and the sinking feeling that being checked into Mission gave me cannot be described. Fortunately, I had the op at Advent as the surgeon no longer used Mission.

Comments are closed.

EXHIBIT 54

EXCLUSIVE

HCA HOSPITALS INVESTIGATION

Roaches in the operating room: Doctors at HCA hospital in Florida say patient care has suffered from cost cutting

Doctors allege unsanitary surgical instruments, an overflowing ER, roaches in the OR and anesthesiology errors that resulted in patients waking up during surgery.



Get more news **LIVE** on NBC NEWS NOW. >

Feb. 15, 2023, 11:00 AM CST

By Gretchen Morgenson, Anna Schecter and Cynthia McFadden

On Dec. 7, 2021, more than a dozen surgeons convened a meeting at their hospital, HCA Florida Bayonet Point in Hudson, Florida. Their concerns about patient safety at the 290-bed acute care facility owned by HCA Healthcare Inc. had been intensifying for months and the doctors had requested the meeting to push management to address their complaints.

Unsanitary surgical instruments, inadequate monitoring of ICU patients, an overflowing emergency department, anesthesiology errors that resulted in patients waking up while in surgery – all were allegations ripe for discussion.

The meeting soon took an extraordinary turn, four doctors who attended told NBC News. With a hospital administration official on hand to hear the answers, the group was asked two questions. Is the hospital providing a safe environment in which to perform surgery? “No,” everyone in the group answered, according to the four doctors. Is it a dangerous place to practice? “Yes,” came the unanimous reply.



— A roach inside an operating room, leaks and various medical equipment held together with medical tape at Bayonet Point Hospital in 2022. Obtained by NBC News

The hospital administrator promised to address the doctors’ issues, attendees told NBC News. But more than a year later, little has changed, they said. A spokeswoman for the hospital declined to comment on the meeting.

HCA Healthcare Inc., owner of Bayonet Point, is America's largest hospital company, operating 182 hospitals and 125 surgery centers across the nation and in the U.K. HCA is highly profitable – last year it earned \$5.6 billion – and its stock is an investor favorite.

But HCA's laser focus on profits can put its patients at risk as it cuts costs and corners, say seven of the company's doctors in California, Florida, Texas and Virginia, some of whom reached out to NBC News [after our report last month about HCA](#). Nurses in five states concur. Most of HCA Florida's that have been rated by the federal agency responsible for Medicare and Medicaid currently rank below average, and state regulators have raised issues about patient care at Bayonet Point at least twice in the past two years.

Whistleblower says he's facing retaliation for speaking out about hospital management

05:18



Four physicians at Bayonet Point shared recent experiences for this article; three requested anonymity to discuss the hospital because they said they feared retaliation by HCA.

All four doctors said the quality of care at the facility has declined significantly since 2021, when HCA cut staff and began hiring contract workers. They said that the number of so-called sentinel events – patient safety incidents that result in death, permanent or severe temporary harm – have risen. In January 2022, there were 18 “near misses” among patients about to undergo surgery, said Dr. George Giannakopoulos, 65, a neurosurgeon and the hospital's chief of

staff at the time. One such “near miss” occurred, he said, when the wrong side of a patient was prepped for surgery – anesthetizing a left hip that should have been the right.

Even as Bayonet Point celebrates the opening of [a new \\$85 million tower with 102 additional beds](#), recent photos of the existing facility provided by doctors show ceiling leaks in a recovery room, oxygen equipment held together with tape, bloody and backed-up sinks, wires dangling from a hole in the wall and cockroaches in the operating room.

Regina Temple is chief executive officer of Bayonet Point. She declined an interview request by NBC News to discuss the doctors’ allegations. The hospital’s spokeswoman provided a statement that did not answer many of the questions posed by NBC News, including those about allegations of rising “sentinel events” at the hospital, the 18 “near misses” in the OR in a month, the decaying infrastructure or pests.

In her statement, the spokeswoman said: “As a learning hospital, we are continually looking for ways to improve patient safety and quality of care. We apply those learnings, including reports by both federal and state regulators, to ensure best practices for quality care are in place. HCA Florida Bayonet Point Hospital is appropriately staffed to ensure the safe care of our patients. We rely on feedback from our physicians, and when issues are validated we take necessary action.”



— Bayonet Point Hospital. NBC News

NBC News also asked for an interview with Samuel N. Hazen, HCA Healthcare’s chief executive officer. He declined but a spokesman for the company said in a statement that HCA Healthcare has more physicians – 45,000 – practicing at its facilities than ever. “We are able to attract physicians in part due to the systems we have in place to continually improve quality,” he said, adding that HCA’s most recent physician engagement survey showed “results at all-time highs, including their confidence in our quality initiatives. Our approach to ensuring high-quality care is rooted in our belief of always doing what is right for our patients.”

Complaint surveys filed by Florida’s Agency for Health Care Administration over the past two years buttress the physicians’ concerns about the hospital, however. Last September, for example, nurse-to-patient staffing ratios fell short at Bayonet Point, agency documents show, with one staff member telling government investigators that “she does not feel safe with the number of patients per nurse.”

In April 2021, AHCA determined that Bayonet Point had “failed to enforce the emergency department policy and procedures to protect the health and safety of all patients in the

hospital's ED." AHCA said, for example, that staffers whose sole job was to watch electronic monitors for changes in patients' vital signs were also acting as unit secretaries, "answering phones, transferring calls, taking written messages, and being distracted by other tasks that involved them not looking at the monitors for long periods of time."

The hospital's spokeswoman confirmed in her statement that the surveys completed by AHCA had "identified issues, and we worked with AHCA to resolve those issues successfully."

Last November, officials from AHCA communicated with the hospital, two Bayonet Point doctors told NBC News, warning that the facility might stop receiving Medicare and Medicaid reimbursements if it did not correct its deficiencies. AHCA did not respond to requests for information about the interaction. Asked about this incident and its past deficiencies, the hospital spokeswoman did not respond except to say: "Today, our hospital is in good standing with all regulatory and accrediting bodies, including AHCA."

On its hospital comparison website, the federal Centers for Medicare and Medicaid Services (CMS), which administers health care for more than 60 million Americans, [assigns Bayonet Point an overall one-star rating out of five](#), the lowest star ranking assigned by the government.

"The CMS ratings are based on 2017-2019 data and we have since improved our performance," the hospital's spokeswoman said.

Waking up during brain surgery

Florida, with its elderly population, is a big market for HCA, [which has 49 hospitals there](#) – the largest number of any state, according to its website.

The CMS quality comparison website rates 37 of HCA's Florida hospitals on its five-star system. Fully 70% of them are rated below average, at one or two stars. None of the HCA Florida hospitals currently have a five-star rating.

Neurosurgeon George Giannakopoulos, a 29-year veteran at Bayonet Point and the hospital's chief of staff for the past eight years, said he has grown increasingly disturbed –and vocal – about unsafe and unsanitary conditions at the hospital. He said he's had criticisms over the years about how the hospital was run but that problems really accelerated in 2021.

"I put patients first," Giannakopoulos told NBC News. "I don't care how far I have to go."



— Dr. George Giannakopoulos. Anna Schechter / NBC News

But choosing to speak out seems to have put a target on his back, documents and interviews with fellow doctors indicate. Following his criticisms of the hospital and repeated pleas for improvements, its leadership took a remarkable step in January.

Though Giannakopoulos's peers resoundingly re-elected him as Bayonet Point's chief of staff for two more years last fall, the hospital's board later rejected the election, documents show. In a move the doctors called unprecedented, the board installed another physician in the position. Meanwhile, the board accepted the election results for two additional officers – vice chief of staff and secretary.

After the doctors objected to the move, a lawyer for the hospital's board sent a letter to Giannakopoulos saying it had voted "not to approve" the election. "If Dr. Giannakopoulos attempts to attend meetings of the Medical Executive Committee, the Board of Trustees, or other Medical Staff Committees," the letter continued, "he will be prevented from doing so by security and, if necessary, he will be escorted off the hospital's property."

Dr. Christine Behan, a family medicine physician and contract employee of the hospital, chairs its board. She said the board's invalidation of the election was "in the best interest of the hospital and its patients." She cited "repeated instances of inappropriate and unprofessional behavior, including threatening, yelling at, and berating staff, physicians and hospital administrators," by Giannakopoulos. "The board concluded that he could not work cooperatively and collegially with hospital administration and the board," she said.

Giannakopoulos disputed Behan's account. "All those charges were manufactured by the hospital administration to keep me from being chief of staff because I was calling them out on patient care," he said. The three other doctors interviewed by NBC News said they also believed this to be the case.

Bayonet Point's new chief of staff is Dr. Rami Akel, a cardiologist who is also director of HCA Florida Bayonet Point's [Cardiology Fellowship Program](#). NBC News asked if Akel receives additional compensation for that position; the hospital spokeswoman did not respond. Akel did not return a phone call seeking comment.

Patient risks really began to mount in 2021, doctors at Bayonet Point say, when the hospital slashed its anesthesiology staff – going from 15 providers to one – and began hiring contract employees affiliated with HCA's Physician Services Group, an in-house staffing unit. The new employees were not as dedicated or talented as the staff they'd replaced, Giannakopoulos and other surgeons said, and terrifying errors began to occur. In one incident, Giannakopoulos said he had just begun a brain surgery procedure, placing the patient's head on sharp instruments known as "pins" for support, when the patient woke up and tried to get off the operating table.

"Those pins were about two centimeters away from the eye," Giannakopoulos said. "So, you can imagine that could have been tragic."

The Bayonet Point spokeswoman did not respond to questions about this incident or the doctors' anesthesiology concerns.

Last October, almost a year after the extraordinary meeting at which the surgeons characterized the hospital as unsafe, Giannakopoulos sent a letter to Bayonet Point management. In it he detailed significant deficiencies he and his fellow physicians had observed at the hospital.

"At the request of the medical staff by unanimous vote, I have been asked to contact you and appraise you of the dire and dangerous conditions at our hospital," began the letter, which was reviewed by NBC News. In it he told of alleged deficiencies in the emergency department, the ICU, nurse staffing, and anesthesia, "leading to at least a couple deaths," he wrote.

Hazen, chief executive officer of HCA Healthcare¹³, was copied on the letter along with other executives. Giannakopoulos said he received no responses at all about its contents.

A few weeks after sending the letter, Giannakopoulos was re-elected chief of staff, the four doctors told us. By January, however, the board ruled he was out.

Reduced surgery hours

On an early evening in February 2022, a patient arrived at Bayonet Point's emergency department with a ruptured aneurysm, Giannakopoulos said. Surgery to coil the aneurysm was scheduled for early the next morning, he said, and staff was instructed to monitor the patient closely overnight.

Next morning, when it came time for the procedure, the patient was comatose, Giannakopoulos said. In the patient's file, he said, there were no nurse's notes detailing the monitoring that had been called for during the overnight hours. The patient later died.

"It was obvious what had happened," Giannakopoulos said. "Nobody had seen the patient from 7 p.m. to 7 a.m."

Asked about this incident, the Bayonet spokeswoman did not respond.

All seven of the HCA doctors interviewed by NBC News for this article said they believe the company's hospitals are managed to maximize growth in financial metrics and shareholder returns and that patient care suffers as a result. The new \$85 million building at Bayonet Point is an example, the doctors there say. Increasing admissions by adding 102 new beds seems more important than repairing broken equipment in the existing building, eradicating pests in the operating room, or hiring staff in the emergency department, they said.

The Bayonet spokeswoman said the hospital is building the new tower "to meet the community's needs for rehabilitation services, expanded medical and surgical services, and critical care. In the past three years we have invested an additional \$123 million to improve and upgrade many areas of the hospital. Specifically, we renovated and expanded our ER and updated our Post-Anesthesia Care Unit, Preoperative/Holding Area, and Central Sterile Processing Unit. Additionally, we made upgrades to the cafeteria and common areas, invested in new equipment and general maintenance, including repairing minor roof damage."

HCA Healthcare low staffing levels accused of endangering patients

03:53



Bayonet Point hospital [is currently rated "A" for patient safety](#) by Leapfrog Group, an organization that ranks hospitals and describes itself as a health care watchdog.

Leapfrog also rated Bayonet Point "A" in November 2021, a month after the group of concerned surgeons had unanimously characterized the hospital as unsafe, Leapfrog's website shows. "Receiving the 'A' grade validates our commitment to safety," Bayonet Point's CEO Temple [said in a hospital press release](#).

Responding to questions from NBC News about the rating amid the Bayonet Point doctors' grave concerns, Leah Binder, Leapfrog's chief executive, said hospitals earn grades based on 30 measures of safety that come primarily from the federal government.

"An 'A' grade means this hospital did better than a 'B'-graded hospital – it does not mean they are perfectly safe," she said. "What this story raises is we need better ways for patients and clinicians to report problems with safety to a federal entity that can use that data and follow up and do investigations."

HCA has some associations with Leapfrog. An HCA physician is one of 17 hospital members of Leapfrog's Hospital Advisory Committee and another HCA employee is on one of Leapfrog's 12 "expert panels." HCA Healthcare is also member of Leapfrog's 18-entity "[Partners Advisory Committee](#)" for which HCA pays \$35,000 in annual dues.

Binder said HCA's involvement on Leapfrog committees or panels gives it no influence on ratings.

Last year, the National Labor Relations Board accused Bayonet Point of engaging in anti-union activity against its employees, [as reported by the Tampa Bay Times](#). The federal agency, which protects workers' rights to organize, concluded that hospital officials had questioned Bayonet Point workers about their union activity and threatened to fire them.

The hospital settled with the agency last November, [documents show](#), agreeing to post notices detailing workers' rights to unionize and saying that management would not threaten them with termination or "create the impression that we are engaging in surveillance of your union activities or other protected concerted activities."

In a statement, Bayonet Point said it "respects the rights of our caregivers and, while we reject any allegation of wrongdoing, we agreed to post the flyer informing our colleagues of their rights."

Meanwhile, in addition to rejecting Giannakopoulos' election last fall as chief of staff at Bayonet Point, the hospital has reduced his surgery hours – a measure of retaliation for speaking out, he believes. The hospital spokeswoman did not respond to a question about reducing the neurosurgeon's surgery hours.

Giannakopoulos continues to work at the hospital, a place he calls home after nearly three decades.

"I will survive," he said. "What really bothers me the most – I care about what's going to happen to Bayonet Point and the patients that are there. To drive Bayonet Point down to the ground because of money, because of profits ahead of patient care, it is not acceptable."



Gretchen Morgenson

Gretchen Morgenson is the senior financial reporter for the NBC News Investigative Unit. A former stockbroker, she won the Pulitzer Prize in 2002 for her "trenchant and incisive" reporting on Wall Street.



Anna Schecter

Anna Schecter is a senior producer in the NBC News Investigations Unit.



Cynthia McFadden



Cynthia McFadden is the senior legal and investigative correspondent for NBC News.

EXHIBIT 55

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Tampa Bay Times

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NEWS / HEALTH

Pasco patient needed crash team but hospital could not find his room; he died

A state review identified multiple safety violations at HCA Florida Bayonet Point that contributed to the death of a COVID-19 patient.



At HCA Florida Bayonet Point Hospital in Hudson, a patient whose monitoring equipment showed he had a potentially fatal heart rhythm could not find what room the patient was in, a state review found. [CHPIS HPSO Times]

0:04 / 0:30

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Tampa Bay Times

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one of the 50 patients she was remotely monitoring had a potentially fatal change of heart rhythm.

Her screen also showed one of the wires attached to the patient had fallen off. Regardless, medical protocol required a code blue be called in case the patient needed resuscitation.

The patient had been admitted to HCA Florida Bayonet Point in Pasco County after a positive COVID-19 test, according to a [state review of the hospital](#) conducted in September. The hospital's computer listed the patient as being on floor 2 West. But when the technician called the ward, a nurse said the patient hadn't arrived. A call to the emergency department to find him wasn't answered.

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"I didn't know where the patient was; I knew he needed help," the technician told state investigators. "It didn't seem reasonable to call a code blue to an empty room."

About 20 minutes later, a nurse who went to administer medication found the man lying "across" his bed. Fluid was coming out of his nostrils. He could not be revived.

A state review of the hospital found that the patient's room number was incorrectly logged into the hospital's computer system by a registrar. It also highlighted multiple safety concerns at the Hudson hospital, including some that contributed to the death of the patient and left others at risk.

The hospital did not have enough medical staff on its surgical intensive care and progressive care units, meaning nurses were assigned too many patients, the review by the Florida Agency for Health Care Administration concluded. Bayonet Point, the only trauma center serving Pasco, Hernando and Citrus counties, also must conduct appropriate remote monitoring of patients' vital signs, putting

those shortcomings were considered Class 1 violations, signifying imminent danger to patients. The designation typically requires hospitals take corrective action within 24 hours.

0:04 / 0:21

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Sally Seymour, CEO of HCA
Florida Bayonet Point Hospital.

The new leadership team is working with the state agency and the Centers for Medicare & Medicaid Services to ensure that corrective action plans in place to address staffing and quality concerns are followed, according to the statement.

“As the only trauma center in the area and provider of high-level services, including comprehensive stroke, cardiac and inpatient rehabilitation, we will continue our focus on providing the community we serve with quality health care services,” McKell said.

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The state report found that two of three hospital units reviewed were sometimes. The hospital's surgical intensive care unit is required to have one nurse for every two patients with assistance from a charge nurse who assigned any patients, according to its staffing plan.

But staffing schedules showed that the charge nurse was frequently assigned patients while some nurses were assigned as many as four patients. There was a

0:04 / 0:21

In addition to the patient death, the state review spotlighted a patient who was transferred to a ward at 3:17 p.m. for monitoring but wasn't connected to equipment recording vital signs until 10 p.m., a seven-hour delay.

The overhaul of the hospital's leadership was made after a spate of other issues emerged.

In March, congressional lawmakers Sen. Marco Rubio and Rep. Gus Bilirakis wrote to the hospital's former CEO, Regina Temple, demanding to know what the company was doing to address safety concerns reported by doctors and other medical staffers to [NBC News](#). Those included cockroaches in operating rooms, unsanitary surgical instruments, inadequate monitoring of intensive care patients and people waking up during surgery.

One month earlier, a National Labor Relations Board investigation found that the hospital [interrogated employees about their union activity](#), threatened them with termination or other reprisals and created the impression that workers discussing unionization were under surveillance.

The Accreditation Council for Graduate Medical Education in April placed the hospital's internal medicine residency program on probation. The agency declined to provide information on the reason for the decision.

The Times shared a copy of the state's review of the hospital with Bilirakis. In an emailed statement, he said he welcomes the appointment of new leadership but wants to hear from them what actions have been taken to prevent future problems.

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"These newest allegations that hospital deficiencies contributed to a patient death are obviously concerning," Bilirakis said. "Patients deserve confidence that they will receive the best possible care when seeking medical treatment and this hospital should work diligently to re-establish that trust."

Christopher O'Donnell is the health and medicine reporter. He can be reached at codonnell@tampabay.com.

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EXHIBIT 56



Mission Hospital

509 Biltmore Avenue
Asheville, NC 28801-4690

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Hospital
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MRSA
InfectionC. diff
InfectionInfection
in the
bloodInfection
in the
urinary
tractSurgical
site
infection
after
colon
surgerySepsis
infection
after
surgery

Hospital Performs:

Worse Than Average  Better Than Average

This Hospital's Score:

0.477

Best Hospital's Score:

0.000

Average Hospital's Score:

0.719

Worst Hospital's Score:

2.850

MRSA infection

Staph bacteria are common in hospitals, but Methicillin-resistant Staphylococcus aureus (MRSA) is a type of staph bacteria that is resistant to (cannot be killed by) many antibiotics. MRSA can be found in bed linens or medical equipment and can be spread if providers do not properly wash their hands between patients. MRSA can cause life-threatening bloodstream infections, pneumonia and surgical site infections.

This number represents a comparison of the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given the number of patients they care for on a daily basis and how widespread MRSA infection is in their local community. A number lower than one means fewer infections than expected; a number more than one means more infections than expected. [For details on sources, click here.](#)

What safer hospitals do:

Doctors and nurses should clean their hands after caring for every patient. Hospital rooms and medical equipment should be thoroughly cleaned often. Safer hospitals will also keep MRSA patients separate from other patients and require providers and visitors to wear gloves and gowns around these patients.

Notes and Definitions

1. Declined to Report: The hospital was asked to provide this information to the public, but did not.

2. Not Available: "Not Available" means that the hospital does not have data for this measure. This could be because the measure is related to a service the hospital does not provide. For example, a hospital that does not have an ICU would not be able to report data about ICUs. It could also be because the hospital had too few patients or cases to report data for a particular condition or procedure. A "Not Available" result does not mean that the hospital withheld information from the public.

3. Straight A: The hospital has earned an 'A' Grade for five consecutive grading rounds or more, qualifying it for recognition as a "Straight A" hospital.

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EXHIBIT 57



HCA Florida Bayonet Point Hospital

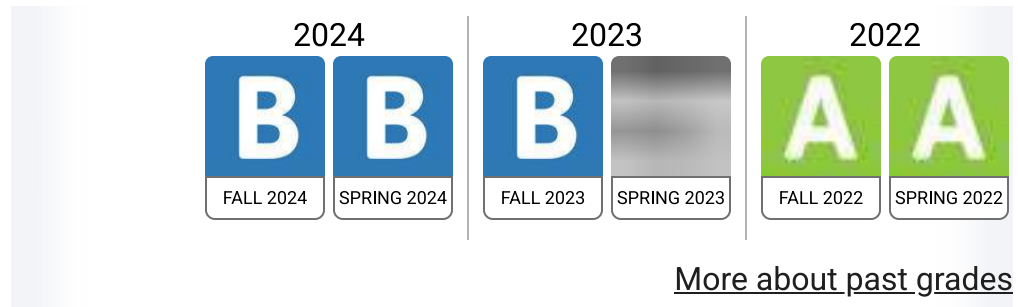
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MRSA
InfectionC. diff
InfectionInfection
in the
bloodInfection
in the
urinary
tractSurgical
site
infection
after
colon
surgerySepsis
infection
after
surgery

Hospital Performs:

Worse Than Average  Better Than Average

This Hospital's Score:

0.933

Best Hospital's Score:

0.000

Average Hospital's Score:

0.719

Worst Hospital's Score:

2.850

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LEAPFROG RATINGS

St. Mary's Medical Center

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Facility info, location, and more

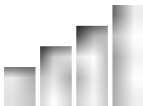
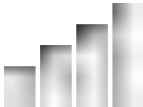
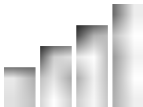
Find a procedure or measure

All measures:

+ Expand all

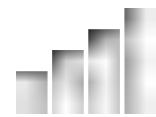
PATIENT SAFETY

Patient Rights and Ethics

Measure name	Leapfrog's Standard	Hospital's Progress
Billing Ethics	Hospitals should provide patients with complete billing information and access to a representative that can quickly resolve billing issues. In addition, hospitals should not sue patients over late or unpaid bills.	 DECLINED TO RESPOND
Health Care Equity	Hospitals should examine their own data to identify any differences in processes or outcomes for patients of different races and ethnicities, and patients who speak different languages. Hospitals should also put action plans in place if differences are identified.	 DECLINED TO RESPOND
Informed Consent	Hospitals should ensure that all patients are fully aware of risks and alternatives prior to procedures.	 DECLINED TO RESPOND

**Responding to
Never Events**

Hospitals should have a never events policy that includes all nine (9) actions that should occur following a “never event,” which includes apologizing to the patient and not charging for costs associated with the never event.

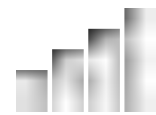


**DECLINED TO
RESPOND**

Preventing Patient Harm

Measure name**Leapfrog's Standard****Hospital's Progress****Nursing and
Bedside Care
for Patients**

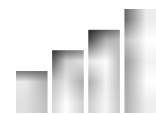
Hospitals should have nurse staffing plans in place that ensure there are enough nurses of all types (i.e., registered nurses, licensed practical nurses, or unlicensed assistive personnel) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Nursing Care
for Patients**

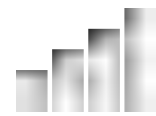
Hospitals should have nurse staffing plans in place that ensure there are enough registered nurses (RNs) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Percentage of
Nursing Staff
who are
Registered
Nurses (RNs)**

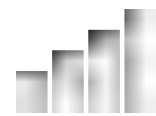
Hospitals should have nurse staffing plans in place that ensure the proportion of nursing hours performed by registered nurses (RNs) is adequate.



**DECLINED TO
RESPOND**

**Percentage of
Registered
Nurses (RNs)
who have a
Bachelor's
Degree in
Nursing**

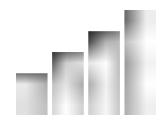
Hospitals should have a high proportion of highly trained and skilled registered nurses (RNs) who have an advanced nursing degree.



**DECLINED TO
RESPOND**

**Effective
Leadership to
Prevent Errors**

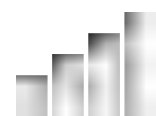
Hospitals should take meaningful steps to raise awareness about patient safety, hold leadership accountable for reducing unsafe practices, provide resources to implement a patient safety program, and develop systems and structures to support action to improve patient safety.



**DECLINED TO
RESPOND**

**Staff Work
Together to
Prevent Errors**

Hospitals should assess their culture of safety and hold leadership accountable for implementing policies, procedures, and staff education to improve the culture of safety.



**DECLINED TO
RESPOND**

Handwashing

Hospitals should regularly monitor hand hygiene practices for everyone interacting with patients, and give feedback to ensure compliance. Hospitals should foster a culture of good hand hygiene, offer training and education, and provide equipment, such as paper towels, soap dispensers, and hand sanitizer.



Medication Safety

Measure name**Leapfrog's Standard****Hospital's Progress****Safe Medication Ordering**

Hospitals should enter at least 85% of inpatient medication orders through the CPOE system, and should fully demonstrate their CPOE system meets the national safety standard for decision support.

**Medication Reconciliation**

Hospitals should have a rate of unintentional medication discrepancies per medication that is lower than or equal to the 50th percentile (where lower performance is better) nationally.

**Safe Medication Administration**

Hospitals should have nurses and other clinicians use BCMA in all medical/surgical units, intensive care units, labor and delivery units, pre-operative and post-anesthesia care units to scan the patient and medication prior to administration at least 95% of the time. The BCMA system includes decision support to prevent errors and the hospital has processes to prevent workarounds.

**Medication Documentation for Elective Outpatient Surgery Patients**

Hospitals should document 90% or more of home medications, visit medications, and allergies/adverse reaction(s) in the patients' clinical record.



Healthcare-Associated Infections

Measure name**Leapfrog's Standard****Hospital's Progress****C. difficile Infection**

Hospitals should have fewer than expected colon infections from C. diff bacteria.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer



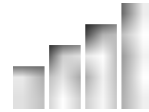
infections than expected; a number more than one means more infections than expected.

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Blood

Hospitals should have fewer than expected central-line associated blood stream infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



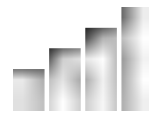
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Urinary Tract

Hospitals should have fewer than expected catheter-associated urinary tract infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



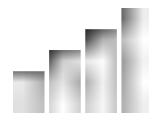
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



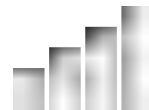
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Surgical Site Infection After Colon Surgery

Hospitals should have fewer than expected surgical site infections after major colon surgery.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number



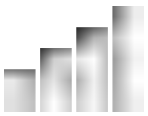
DECLINED TO RESPOND

of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.

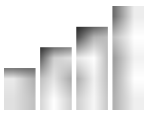
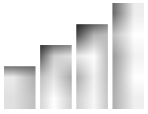
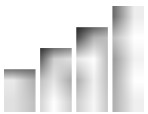
▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

SPECIALTY CARE

Critical Care

Measure name	Leapfrog's Standard	Hospital's Progress
Specially Trained Doctors Care for Critical Care Patients	Hospitals should have intensivists present on-site at least eight hours a day, seven days per week or have intensivists present via 24/7 telemedicine with some on-site intensivist presence. When not in the ICU, the intensivist immediately responds to calls and has another physician or trained clinician who can immediately reach the patient.	 DECLINED TO RESPOND

Pediatric Care

Measure name	Leapfrog's Standard	Hospital's Progress
Experience of Children and Their Parents	Hospitals should perform better than most hospitals in five (5) areas: 1. Communication with Parent – Communication about your child's medicines 2. Communication with Parent – Keeping you informed about your child's care 3. Communication with Child – How well nurses communicate with your child 4. Communication with Child – How well doctors communicate with your child 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns	 DECLINED TO RESPOND
Radiation Dose for Pediatric Abdomen/Pelvis Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.	 DECLINED TO RESPOND
Radiation Dose for Pediatric Head Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.	 DECLINED TO RESPOND

Congenital Heart Surgery for Infants (Norwood Procedure)

Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.



Maternity Care

Measure name**Leapfrog's Standard****Hospital's Progress****High-Risk Deliveries**

Hospitals should deliver at least 50 very-low birth weight babies per year OR the hospital must maintain a lower-than-average morbidity/mortality rate for very-low birth weight babies.

**Cesarean Sections**

This is defined as first-time mothers giving birth to a single baby, at full-term, in the head-down position who deliver their babies through a C-section. Hospitals should have a rate of C-sections of 23.6% or less.

**Episiotomies**

This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.

**Screening Newborns for Jaundice Before Discharge**

Hospitals should screen at least 90% of babies for jaundice.

**Preventing Blood Clots in Women Undergoing Cesarean Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



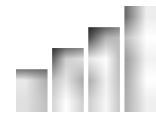
SURGERY

Complex Adult Surgery

Measure name**Leapfrog's Standard****Hospital's Progress**

**Carotid
Endarterectomy**

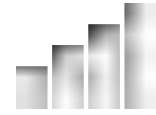
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



**DECLINED TO
RESPOND**

**Mitral Valve
Repair and
Replacement**

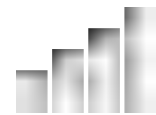
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually. In addition, hospitals should participate in a national clinical registry and achieve the same or better outcomes when compared to others who also perform this procedure.



**DECLINED TO
RESPOND**

**Open Aortic
Procedures**

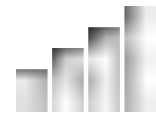
Hospitals should perform at least 10 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**DECLINED TO
RESPOND**

**Bariatric
Surgery for
Weight Loss**

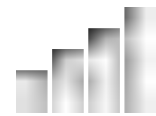
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



**DECLINED TO
RESPOND**

**Esophageal
Resection for
Cancer**

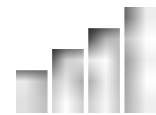
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**DECLINED TO
RESPOND**

**Lung Resection
for Cancer**

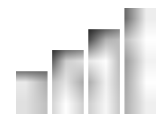
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



**DECLINED TO
RESPOND**

**Pancreatic
Resection for
Cancer**

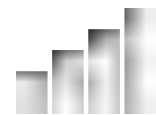
The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.



**DECLINED TO
RESPOND**

**Rectal Cancer
Surgery**

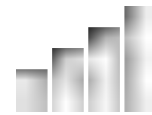
Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.



**DECLINED TO
RESPOND**

Total Knee Replacement Surgery

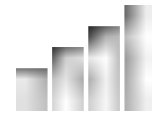
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Total Hip Replacement Surgery

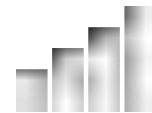
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Safe Surgery Checklist - Complex Surgery

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a surgery is performed.

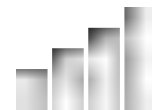


DECLINED TO RESPOND

Care for Elective Outpatient Surgery Patients

Measure name**Leapfrog's Standard****Hospital's Progress****Elective Outpatient Surgery Recovery Staffing - Adult**

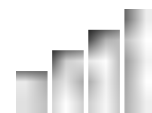
Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.



DECLINED TO RESPOND

Elective Outpatient Surgery Recovery Staffing - Pediatric

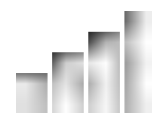
Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.



DECLINED TO RESPOND

Safe Surgery Checklist - Elective Outpatient Surgery

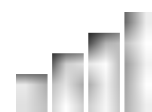
Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



DECLINED TO RESPOND

Experience of Patients Undergoing Elective Outpatient Surgery

Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



DECLINED TO RESPOND

**Unplanned
Hospital Visits
after
Colonoscopy**

Unplanned hospital visits can occur when patients experience complications after a colonoscopy procedure. Facilities should have a rate of unplanned hospital visits that is lower than most hospitals and surgery centers.



St. Mary's Medical Center

901 45th Street
West Palm Beach, Florida 33407-2495

 [Map and Directions](#)



 [See facility's Safety Grade](#)

About The Leapfrog Group

The Leapfrog Group is a nonprofit watchdog organization that serves as a voice for health care consumers and purchasers, using their collective influence to foster positive change in U.S. health care. Leapfrog is the nation's premier advocate of transparency in health care—collecting, analyzing and disseminating data to inform value-based purchasing and improved decision-making.

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The Leapfrog Group is a registered 501(c)(3). EIN: 52-2359517.¹¹

EXHIBIT 59

LEAPFROG RATINGS

Good Samaritan Medical Center

1309 N. Flagler Drive
West Palm Beach, Florida 33401-3499
Facility info, location, and more

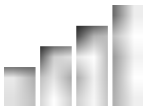
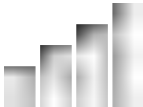
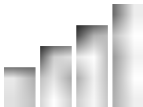
Find a procedure or measure

All measures:

+ Expand all

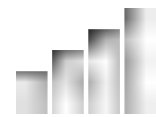
PATIENT SAFETY

Patient Rights and Ethics

Measure name	Leapfrog’s Standard	Hospital’s Progress
Billing Ethics	Hospitals should provide patients with complete billing information and access to a representative that can quickly resolve billing issues. In addition, hospitals should not sue patients over late or unpaid bills.	 DECLINED TO RESPOND
Health Care Equity	Hospitals should examine their own data to identify any differences in processes or outcomes for patients of different races and ethnicities, and patients who speak different languages. Hospitals should also put action plans in place if differences are identified.	 DECLINED TO RESPOND
Informed Consent	Hospitals should ensure that all patients are fully aware of risks and alternatives prior to procedures.	 DECLINED TO RESPOND

**Responding to
Never Events**

Hospitals should have a never events policy that includes all nine (9) actions that should occur following a “never event,” which includes apologizing to the patient and not charging for costs associated with the never event.

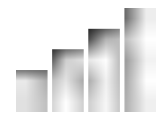


**DECLINED TO
RESPOND**

Preventing Patient Harm

Measure name**Leapfrog's Standard****Hospital's Progress****Nursing and
Bedside Care
for Patients**

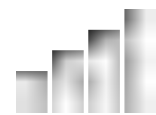
Hospitals should have nurse staffing plans in place that ensure there are enough nurses of all types (i.e., registered nurses, licensed practical nurses, or unlicensed assistive personnel) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Nursing Care
for Patients**

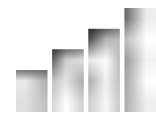
Hospitals should have nurse staffing plans in place that ensure there are enough registered nurses (RNs) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Percentage of
Nursing Staff
who are
Registered
Nurses (RNs)**

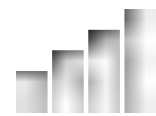
Hospitals should have nurse staffing plans in place that ensure the proportion of nursing hours performed by registered nurses (RNs) is adequate.



**DECLINED TO
RESPOND**

**Percentage of
Registered
Nurses (RNs)
who have a
Bachelor's
Degree in
Nursing**

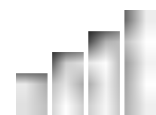
Hospitals should have a high proportion of highly trained and skilled registered nurses (RNs) who have an advanced nursing degree.



**DECLINED TO
RESPOND**

**Effective
Leadership to
Prevent Errors**

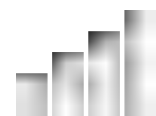
Hospitals should take meaningful steps to raise awareness about patient safety, hold leadership accountable for reducing unsafe practices, provide resources to implement a patient safety program, and develop systems and structures to support action to improve patient safety.



**DECLINED TO
RESPOND**

**Staff Work
Together to
Prevent Errors**

Hospitals should assess their culture of safety and hold leadership accountable for implementing policies, procedures, and staff education to improve the culture of safety.



**DECLINED TO
RESPOND**

Handwashing

Hospitals should regularly monitor hand hygiene practices for everyone interacting with patients, and give feedback to ensure compliance. Hospitals should foster a culture of good hand hygiene, offer training and education, and provide equipment, such as paper towels, soap dispensers, and hand sanitizer.



Medication Safety

Measure name**Leapfrog's Standard****Hospital's Progress**
**Safe
Medication
Ordering**

Hospitals should enter at least 85% of inpatient medication orders through the CPOE system, and should fully demonstrate their CPOE system meets the national safety standard for decision support.


**Medication
Reconciliation**

Hospitals should have a rate of unintentional medication discrepancies per medication that is lower than or equal to the 50th percentile (where lower performance is better) nationally.


**Safe
Medication
Administration**

Hospitals should have nurses and other clinicians use BCMA in all medical/surgical units, intensive care units, labor and delivery units, pre-operative and post-anesthesia care units to scan the patient and medication prior to administration at least 95% of the time. The BCMA system includes decision support to prevent errors and the hospital has processes to prevent workarounds.


**Medication
Documentation
for Elective
Outpatient
Surgery
Patients**

Hospitals should document 90% or more of home medications, visit medications, and allergies/adverse reaction(s) in the patients' clinical record.



Healthcare-Associated Infections

Measure name**Leapfrog's Standard****Hospital's Progress**
**C. difficile
Infection**

Hospitals should have fewer than expected colon infections from C. diff bacteria.

Leapfrog uses a standardized infection ratio (SIR)

[more](#)



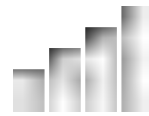
▼ **SHOW MORE ON THIS HOSPITAL'S PERFORMANCE** ▼

Infection in the Blood

Hospitals should have fewer than expected central-line associated blood stream infections.

Leapfrog uses a standardized infection ratio (SIR)

[more](#)



DECLINED TO RESPOND

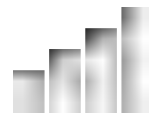
▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Urinary Tract

Hospitals should have fewer than expected catheter-associated urinary tract infections.

Leapfrog uses a standardized infection ratio (SIR)

[more](#)



DECLINED TO RESPOND

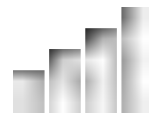
▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

Leapfrog uses a standardized infection ratio (SIR)

[more](#)



DECLINED TO RESPOND

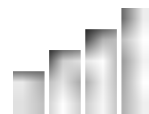
▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Surgical Site Infection After Colon Surgery

Hospitals should have fewer than expected surgical site infections after major colon surgery.

Leapfrog uses a standardized infection ratio (SIR)

[more](#)

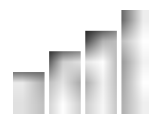


DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

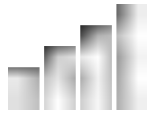
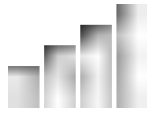
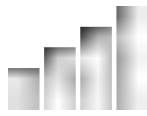
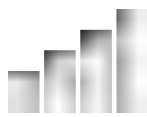
SPECIALTY CARE**Critical Care****Measure name****Leapfrog's Standard****Hospital's Progress****Specially Trained Doctors Care for Critical Care Patients**

Hospitals should have intensivists present on-site at least eight hours a day, seven days per week or have intensivists present via 24/7 telemedicine with some on-site intensivist presence. When not in the ICU, the intensivist immediately responds to calls and has another physician or trained clinician who can immediately reach the patient.

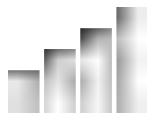
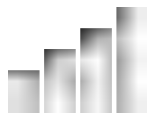


DECLINED TO RESPOND

Pediatric Care

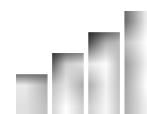
Measure name	Leapfrog's Standard	Hospital's Progress
Experience of Children and Their Parents	Hospitals should perform better than most hospitals in five (5) areas: 1. Communication with Parent – Communication about your child's medicines 2. Communication with Parent – Keeping you informed about your child's care 3. Communication with Child – How well nurses communicate with your child 4. Communication with Child – How well doctors communicate with your child 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns	 DECLINED TO RESPOND
Radiation Dose for Pediatric Abdomen/Pelvis Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.	 DECLINED TO RESPOND
Radiation Dose for Pediatric Head Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.	 DECLINED TO RESPOND
Congenital Heart Surgery for Infants (Norwood Procedure)	Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.	 DECLINED TO RESPOND

Maternity Care

Measure name	Leapfrog's Standard	Hospital's Progress
High-Risk Deliveries	Hospitals should deliver at least 50 very-low birth weight babies per year OR the hospital must maintain a lower-than-average morbidity/mortality rate for very-low birth weight babies.	 DECLINED TO RESPOND
Cesarean Sections	This is defined as first-time mothers giving birth to a single baby, at full-term, in the head-down position who deliver their babies through a C-section. Hospitals should have a rate of C-sections of 23.6% or less.	 DECLINED TO RESPOND

Episiotomies

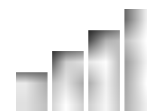
This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.



DECLINED TO RESPOND

**Screening
Newborns for
Jaundice
Before
Discharge**

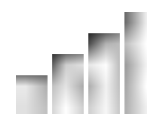
Hospitals should screen at least 90% of babies for jaundice.



DECLINED TO RESPOND

**Preventing
Blood Clots in
Women
Undergoing
Cesarean
Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



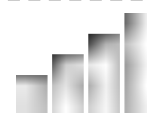
DECLINED TO RESPOND

SURGERY

Complex Adult Surgery

Measure name**Leapfrog's Standard****Hospital's Progress**
**Carotid
Endarterectomy**

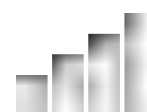
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



DECLINED TO RESPOND

**Mitral Valve
Repair and
Replacement**

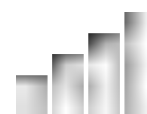
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually. In addition, hospitals should participate in a national clinical registry and achieve the same or better outcomes when compared to others who also perform this procedure.



DECLINED TO RESPOND

**Open Aortic
Procedures**

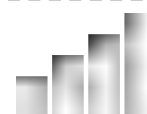
Hospitals should perform at least 10 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



DECLINED TO RESPOND

**Bariatric
Surgery for
Weight Loss**

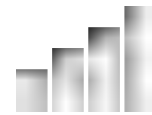
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



DECLINED TO RESPOND

Esophageal Resection for Cancer

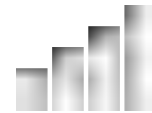
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



DECLINED TO RESPOND

Lung Resection for Cancer

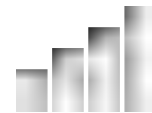
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



DECLINED TO RESPOND

Pancreatic Resection for Cancer

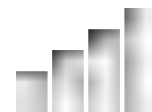
The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.



DECLINED TO RESPOND

Rectal Cancer Surgery

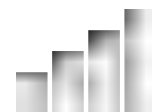
Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.



DECLINED TO RESPOND

Total Knee Replacement Surgery

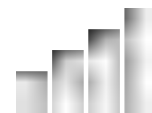
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Total Hip Replacement Surgery

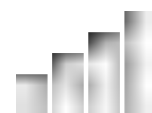
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Safe Surgery Checklist - Complex Surgery

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a surgery is performed.

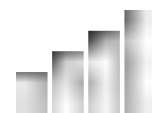


DECLINED TO RESPOND

Care for Elective Outpatient Surgery Patients

Measure name**Leapfrog's Standard****Hospital's Progress****Elective Outpatient Surgery Recovery Staffing - Adult**

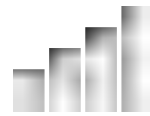
Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.



DECLINED TO RESPOND

**Elective
Outpatient
Surgery
Recovery
Staffing -
Pediatric**

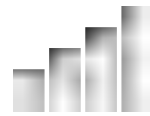
Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.



**DECLINED TO
RESPOND**

**Safe Surgery
Checklist -
Elective
Outpatient
Surgery**

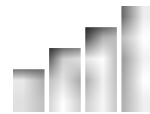
Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



**DECLINED TO
RESPOND**

**Experience of
Patients
Undergoing
Elective
Outpatient
Surgery**

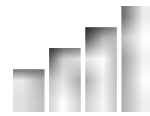
Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



**DECLINED TO
RESPOND**

**Unplanned
Hospital Visits
after
Colonoscopy**

Unplanned hospital visits can occur when patients experience complications after a colonoscopy procedure. Facilities should have a rate of unplanned hospital visits that is lower than most hospitals and surgery centers.



**DECLINED TO
RESPOND**

Good Samaritan Medical Center

**1309 N. Flagler Drive
West Palm Beach, Florida 33401-3499**

 [Map and Directions](#)

**LEAPFROG
HOSPITAL
SAFETY GRADE**



 [See facility's Safety Grade](#)

About The Leapfrog Group

The Leapfrog Group is a nonprofit watchdog organization that serves as a voice for health care consumers and purchasers, using their collective influence to foster positive change in U.S.

health care. Leapfrog is the nation's premier advocate of transparency in health care—collecting, analyzing and disseminating data to inform value-based purchasing and improved decision-making.

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The Leapfrog Group is a registered 501(c)(3). EIN: 52-2359517.

EXHIBIT 60

LEAPFROG RATINGS

Palm Beach Gardens Medical Center

3360 Burns Road
Palm Beach Gardens, Florida 33410-4304
Facility info, location, and more

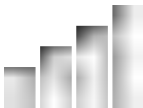
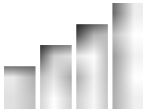
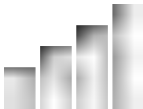
Find a procedure or measure

All measures:

+ Expand all

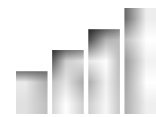
PATIENT SAFETY

Patient Rights and Ethics

Measure name	Leapfrog’s Standard	Hospital’s Progress
Billing Ethics	Hospitals should provide patients with complete billing information and access to a representative that can quickly resolve billing issues. In addition, hospitals should not sue patients over late or unpaid bills.	 DECLINED TO RESPOND
Health Care Equity	Hospitals should examine their own data to identify any differences in processes or outcomes for patients of different races and ethnicities, and patients who speak different languages. Hospitals should also put action plans in place if differences are identified.	 DECLINED TO RESPOND
Informed Consent	Hospitals should ensure that all patients are fully aware of risks and alternatives prior to procedures.	 DECLINED TO RESPOND

**Responding to
Never Events**

Hospitals should have a never events policy that includes all nine (9) actions that should occur following a “never event,” which includes apologizing to the patient and not charging for costs associated with the never event.

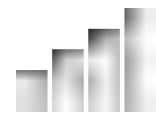


**DECLINED TO
RESPOND**

Preventing Patient Harm

Measure name**Leapfrog's Standard****Hospital's Progress****Nursing and
Bedside Care
for Patients**

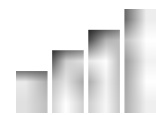
Hospitals should have nurse staffing plans in place that ensure there are enough nurses of all types (i.e., registered nurses, licensed practical nurses, or unlicensed assistive personnel) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Nursing Care
for Patients**

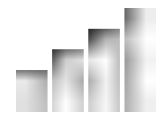
Hospitals should have nurse staffing plans in place that ensure there are enough registered nurses (RNs) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Percentage of
Nursing Staff
who are
Registered
Nurses (RNs)**

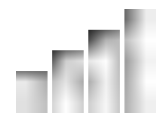
Hospitals should have nurse staffing plans in place that ensure the proportion of nursing hours performed by registered nurses (RNs) is adequate.



**DECLINED TO
RESPOND**

**Percentage of
Registered
Nurses (RNs)
who have a
Bachelor's
Degree in
Nursing**

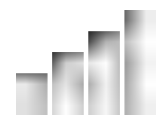
Hospitals should have a high proportion of highly trained and skilled registered nurses (RNs) who have an advanced nursing degree.



**DECLINED TO
RESPOND**

**Effective
Leadership to
Prevent Errors**

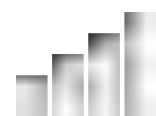
Hospitals should take meaningful steps to raise awareness about patient safety, hold leadership accountable for reducing unsafe practices, provide resources to implement a patient safety program, and develop systems and structures to support action to improve patient safety.



**DECLINED TO
RESPOND**

**Staff Work
Together to
Prevent Errors**

Hospitals should assess their culture of safety and hold leadership accountable for implementing policies, procedures, and staff education to improve the culture of safety.



**DECLINED TO
RESPOND**

Handwashing

Hospitals should regularly monitor hand hygiene practices for everyone interacting with patients, and give feedback to ensure compliance. Hospitals should foster a culture of good hand hygiene, offer training and education, and provide equipment, such as paper towels, soap dispensers, and hand sanitizer.



Medication Safety

Measure name**Leapfrog's Standard****Hospital's Progress****Safe Medication Ordering**

Hospitals should enter at least 85% of inpatient medication orders through the CPOE system, and should fully demonstrate their CPOE system meets the national safety standard for decision support.

**Medication Reconciliation**

Hospitals should have a rate of unintentional medication discrepancies per medication that is lower than or equal to the 50th percentile (where lower performance is better) nationally.

**Safe Medication Administration**

Hospitals should have nurses and other clinicians use BCMA in all medical/surgical units, intensive care units, labor and delivery units, pre-operative and post-anesthesia care units to scan the patient and medication prior to administration at least 95% of the time. The BCMA system includes decision support to prevent errors and the hospital has processes to prevent workarounds.

**Medication Documentation for Elective Outpatient Surgery Patients**

Hospitals should document 90% or more of home medications, visit medications, and allergies/adverse reaction(s) in the patients' clinical record.



Healthcare-Associated Infections

Measure name**Leapfrog's Standard****Hospital's Progress****C. difficile Infection**

Hospitals should have fewer than expected colon infections from C. diff bacteria.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer



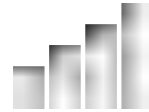
infections than expected; a number more than one means more infections than expected.

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Blood

Hospitals should have fewer than expected central-line associated blood stream infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



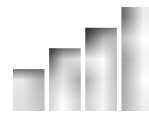
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Urinary Tract

Hospitals should have fewer than expected catheter-associated urinary tract infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



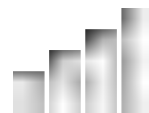
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



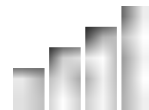
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Surgical Site Infection After Colon Surgery

Hospitals should have fewer than expected surgical site infections after major colon surgery.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number



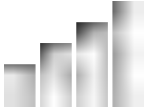
DECLINED TO RESPOND

of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.

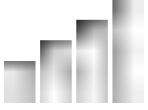
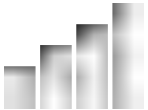
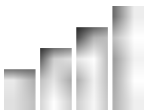
▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

SPECIALTY CARE

Critical Care

Measure name	Leapfrog's Standard	Hospital's Progress
Specially Trained Doctors Care for Critical Care Patients	Hospitals should have intensivists present on-site at least eight hours a day, seven days per week or have intensivists present via 24/7 telemedicine with some on-site intensivist presence. When not in the ICU, the intensivist immediately responds to calls and has another physician or trained clinician who can immediately reach the patient.	 DECLINED TO RESPOND

Pediatric Care

Measure name	Leapfrog's Standard	Hospital's Progress
Experience of Children and Their Parents	Hospitals should perform better than most hospitals in five (5) areas: 1. Communication with Parent – Communication about your child's medicines 2. Communication with Parent – Keeping you informed about your child's care 3. Communication with Child – How well nurses communicate with your child 4. Communication with Child – How well doctors communicate with your child 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns	 DECLINED TO RESPOND
Radiation Dose for Pediatric Abdomen/Pelvis Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.	 DECLINED TO RESPOND
Radiation Dose for Pediatric Head Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.	 DECLINED TO RESPOND

Congenital Heart Surgery for Infants (Norwood Procedure)

Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.



Maternity Care

Measure name**Leapfrog's Standard****Hospital's Progress****High-Risk Deliveries**

Hospitals should deliver at least 50 very-low birth weight babies per year OR the hospital must maintain a lower-than-average morbidity/mortality rate for very-low birth weight babies.

**Cesarean Sections**

This is defined as first-time mothers giving birth to a single baby, at full-term, in the head-down position who deliver their babies through a C-section. Hospitals should have a rate of C-sections of 23.6% or less.

**Episiotomies**

This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.

**Screening Newborns for Jaundice Before Discharge**

Hospitals should screen at least 90% of babies for jaundice.

**Preventing Blood Clots in Women Undergoing Cesarean Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



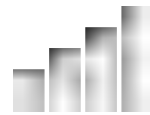
SURGERY

Complex Adult Surgery

Measure name**Leapfrog's Standard****Hospital's Progress**

**Carotid
Endarterectomy**

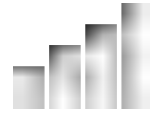
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



**DECLINED TO
RESPOND**

**Mitral Valve
Repair and
Replacement**

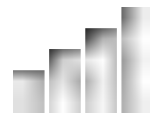
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually. In addition, hospitals should participate in a national clinical registry and achieve the same or better outcomes when compared to others who also perform this procedure.



**DECLINED TO
RESPOND**

**Open Aortic
Procedures**

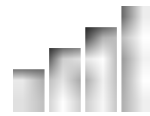
Hospitals should perform at least 10 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**DECLINED TO
RESPOND**

**Bariatric
Surgery for
Weight Loss**

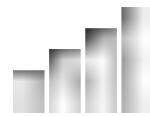
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



**DECLINED TO
RESPOND**

**Esophageal
Resection for
Cancer**

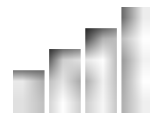
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**DECLINED TO
RESPOND**

**Lung Resection
for Cancer**

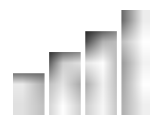
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



**DECLINED TO
RESPOND**

**Pancreatic
Resection for
Cancer**

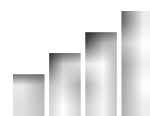
The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.



**DECLINED TO
RESPOND**

**Rectal Cancer
Surgery**

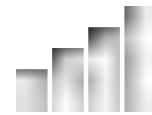
Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.



**DECLINED TO
RESPOND**

Total Knee Replacement Surgery

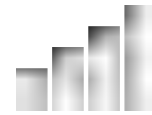
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Total Hip Replacement Surgery

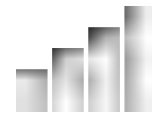
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Safe Surgery Checklist - Complex Surgery

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a surgery is performed.

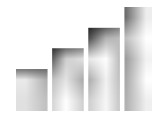


DECLINED TO RESPOND

Care for Elective Outpatient Surgery Patients

Measure name**Leapfrog's Standard****Hospital's Progress****Elective Outpatient Surgery Recovery Staffing - Adult**

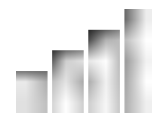
Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.



DECLINED TO RESPOND

Elective Outpatient Surgery Recovery Staffing - Pediatric

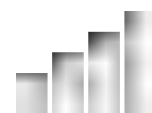
Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.



DECLINED TO RESPOND

Safe Surgery Checklist - Elective Outpatient Surgery

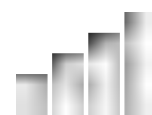
Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



DECLINED TO RESPOND

Experience of Patients Undergoing Elective Outpatient Surgery

Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



DECLINED TO RESPOND

**Unplanned
Hospital Visits
after
Colonoscopy**

Unplanned hospital visits can occur when patients experience complications after a colonoscopy procedure. Facilities should have a rate of unplanned hospital visits that is lower than most hospitals and surgery centers.



Palm Beach Gardens Medical Center

**3360 Burns Road
Palm Beach Gardens, Florida 33410-4304**

 [Map and Directions](#)



 [See facility's Safety Grade](#)

About The Leapfrog Group

The Leapfrog Group is a nonprofit watchdog organization that serves as a voice for health care consumers and purchasers, using their collective influence to foster positive change in U.S. health care. Leapfrog is the nation's premier advocate of transparency in health care—collecting, analyzing and disseminating data to inform value-based purchasing and improved decision-making.

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The Leapfrog Group is a registered 501(c)(3). EIN: 52-2359517.¹¹

EXHIBIT 61

LEAPFROG RATINGS

West Boca Medical Center

21644 State Road 7
Boca Raton, Florida 33428-1899
Facility info, location, and more

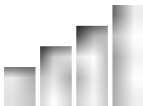
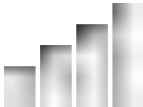
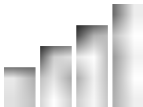
Find a procedure or measure

All measures:

+ Expand all

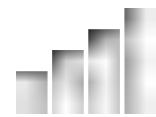
PATIENT SAFETY

Patient Rights and Ethics

Measure name	Leapfrog’s Standard	Hospital’s Progress
Billing Ethics	Hospitals should provide patients with complete billing information and access to a representative that can quickly resolve billing issues. In addition, hospitals should not sue patients over late or unpaid bills.	 DECLINED TO RESPOND
Health Care Equity	Hospitals should examine their own data to identify any differences in processes or outcomes for patients of different races and ethnicities, and patients who speak different languages. Hospitals should also put action plans in place if differences are identified.	 DECLINED TO RESPOND
Informed Consent	Hospitals should ensure that all patients are fully aware of risks and alternatives prior to procedures.	 DECLINED TO RESPOND

**Responding to
Never Events**

Hospitals should have a never events policy that includes all nine (9) actions that should occur following a “never event,” which includes apologizing to the patient and not charging for costs associated with the never event.

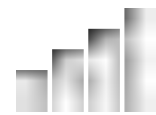


**DECLINED TO
RESPOND**

Preventing Patient Harm

Measure name**Leapfrog's Standard****Hospital's Progress****Nursing and
Bedside Care
for Patients**

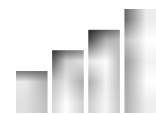
Hospitals should have nurse staffing plans in place that ensure there are enough nurses of all types (i.e., registered nurses, licensed practical nurses, or unlicensed assistive personnel) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Nursing Care
for Patients**

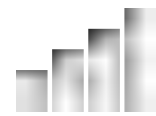
Hospitals should have nurse staffing plans in place that ensure there are enough registered nurses (RNs) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Percentage of
Nursing Staff
who are
Registered
Nurses (RNs)**

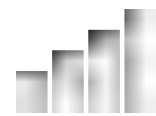
Hospitals should have nurse staffing plans in place that ensure the proportion of nursing hours performed by registered nurses (RNs) is adequate.



**DECLINED TO
RESPOND**

**Percentage of
Registered
Nurses (RNs)
who have a
Bachelor's
Degree in
Nursing**

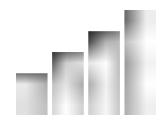
Hospitals should have a high proportion of highly trained and skilled registered nurses (RNs) who have an advanced nursing degree.



**DECLINED TO
RESPOND**

**Effective
Leadership to
Prevent Errors**

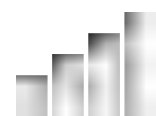
Hospitals should take meaningful steps to raise awareness about patient safety, hold leadership accountable for reducing unsafe practices, provide resources to implement a patient safety program, and develop systems and structures to support action to improve patient safety.



**DECLINED TO
RESPOND**

**Staff Work
Together to
Prevent Errors**

Hospitals should assess their culture of safety and hold leadership accountable for implementing policies, procedures, and staff education to improve the culture of safety.



**DECLINED TO
RESPOND**

Handwashing

Hospitals should regularly monitor hand hygiene practices for everyone interacting with patients, and give feedback to ensure compliance. Hospitals should foster a culture of good hand hygiene, offer training and education, and provide equipment, such as paper towels, soap dispensers, and hand sanitizer.



Medication Safety

Measure name**Leapfrog's Standard****Hospital's Progress****Safe Medication Ordering**

Hospitals should enter at least 85% of inpatient medication orders through the CPOE system, and should fully demonstrate their CPOE system meets the national safety standard for decision support.

**Medication Reconciliation**

Hospitals should have a rate of unintentional medication discrepancies per medication that is lower than or equal to the 50th percentile (where lower performance is better) nationally.

**Safe Medication Administration**

Hospitals should have nurses and other clinicians use BCMA in all medical/surgical units, intensive care units, labor and delivery units, pre-operative and post-anesthesia care units to scan the patient and medication prior to administration at least 95% of the time. The BCMA system includes decision support to prevent errors and the hospital has processes to prevent workarounds.

**Medication Documentation for Elective Outpatient Surgery Patients**

Hospitals should document 90% or more of home medications, visit medications, and allergies/adverse reaction(s) in the patients' clinical record.



Healthcare-Associated Infections

Measure name**Leapfrog's Standard****Hospital's Progress****C. difficile Infection**

Hospitals should have fewer than expected colon infections from C. diff bacteria.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer



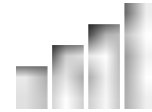
infections than expected; a number more than one means more infections than expected.

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Blood

Hospitals should have fewer than expected central-line associated blood stream infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



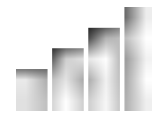
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Urinary Tract

Hospitals should have fewer than expected catheter-associated urinary tract infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



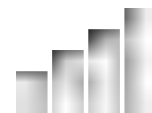
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



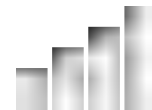
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Surgical Site Infection After Colon Surgery

Hospitals should have fewer than expected surgical site infections after major colon surgery.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number



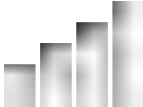
DECLINED TO RESPOND

of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.

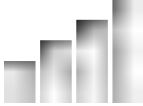
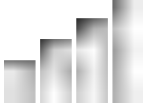
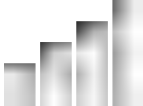
▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

SPECIALTY CARE

Critical Care

Measure name	Leapfrog's Standard	Hospital's Progress
Specially Trained Doctors Care for Critical Care Patients	Hospitals should have intensivists present on-site at least eight hours a day, seven days per week or have intensivists present via 24/7 telemedicine with some on-site intensivist presence. When not in the ICU, the intensivist immediately responds to calls and has another physician or trained clinician who can immediately reach the patient.	 DECLINED TO RESPOND

Pediatric Care

Measure name	Leapfrog's Standard	Hospital's Progress
Experience of Children and Their Parents	Hospitals should perform better than most hospitals in five (5) areas: 1. Communication with Parent – Communication about your child's medicines 2. Communication with Parent – Keeping you informed about your child's care 3. Communication with Child – How well nurses communicate with your child 4. Communication with Child – How well doctors communicate with your child 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns	 DECLINED TO RESPOND
Radiation Dose for Pediatric Abdomen/Pelvis Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.	 DECLINED TO RESPOND
Radiation Dose for Pediatric Head Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.	 DECLINED TO RESPOND

Congenital Heart Surgery for Infants (Norwood Procedure)

Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.



Maternity Care

Measure name**Leapfrog's Standard****Hospital's Progress****High-Risk Deliveries**

Hospitals should deliver at least 50 very-low birth weight babies per year OR the hospital must maintain a lower-than-average morbidity/mortality rate for very-low birth weight babies.

**Cesarean Sections**

This is defined as first-time mothers giving birth to a single baby, at full-term, in the head-down position who deliver their babies through a C-section. Hospitals should have a rate of C-sections of 23.6% or less.

**Episiotomies**

This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.

**Screening Newborns for Jaundice Before Discharge**

Hospitals should screen at least 90% of babies for jaundice.

**Preventing Blood Clots in Women Undergoing Cesarean Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



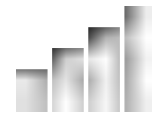
SURGERY

Complex Adult Surgery

Measure name**Leapfrog's Standard****Hospital's Progress**

**Carotid
Endarterectomy**

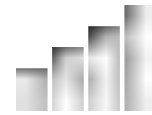
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



**DECLINED TO
RESPOND**

**Mitral Valve
Repair and
Replacement**

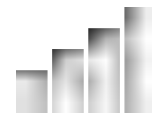
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually. In addition, hospitals should participate in a national clinical registry and achieve the same or better outcomes when compared to others who also perform this procedure.



**DECLINED TO
RESPOND**

**Open Aortic
Procedures**

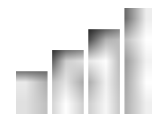
Hospitals should perform at least 10 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**DECLINED TO
RESPOND**

**Bariatric
Surgery for
Weight Loss**

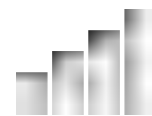
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



**DECLINED TO
RESPOND**

**Esophageal
Resection for
Cancer**

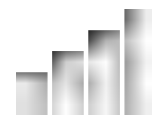
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**DECLINED TO
RESPOND**

**Lung Resection
for Cancer**

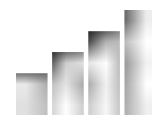
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



**DECLINED TO
RESPOND**

**Pancreatic
Resection for
Cancer**

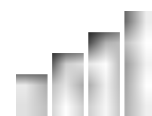
The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.



**DECLINED TO
RESPOND**

**Rectal Cancer
Surgery**

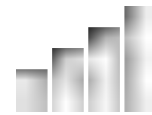
Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.



**DECLINED TO
RESPOND**

Total Knee Replacement Surgery

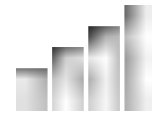
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Total Hip Replacement Surgery

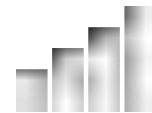
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Safe Surgery Checklist - Complex Surgery

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a surgery is performed.

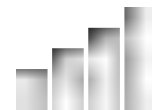


DECLINED TO RESPOND

Care for Elective Outpatient Surgery Patients

Measure name**Leapfrog's Standard****Hospital's Progress****Elective Outpatient Surgery Recovery Staffing - Adult**

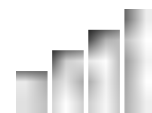
Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.



DECLINED TO RESPOND

Elective Outpatient Surgery Recovery Staffing - Pediatric

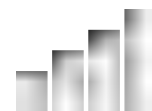
Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.



DECLINED TO RESPOND

Safe Surgery Checklist - Elective Outpatient Surgery

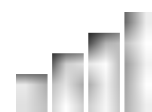
Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



DECLINED TO RESPOND

Experience of Patients Undergoing Elective Outpatient Surgery

Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



DECLINED TO RESPOND

**Unplanned
Hospital Visits
after
Colonoscopy**

Unplanned hospital visits can occur when patients experience complications after a colonoscopy procedure. Facilities should have a rate of unplanned hospital visits that is lower than most hospitals and surgery centers.



West Boca Medical Center

**21644 State Road 7
Boca Raton, Florida 33428-1899**

 [Map and Directions](#)



 [See facility's Safety Grade](#)

About The Leapfrog Group

The Leapfrog Group is a nonprofit watchdog organization that serves as a voice for health care consumers and purchasers, using their collective influence to foster positive change in U.S. health care. Leapfrog is the nation's premier advocate of transparency in health care—collecting, analyzing and disseminating data to inform value-based purchasing and improved decision-making.

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The Leapfrog Group is a registered 501(c)(3). EIN: 52-2359517.¹¹

EXHIBIT 62

LEAPFROG RATINGS

Delray Medical Center

5352 Linton Boulevard
Delray Beach, Florida 33484-6580
Facility info, location, and more

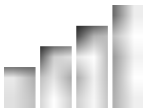
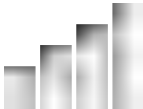
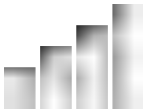
Find a procedure or measure

All measures:

+ Expand all

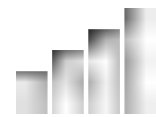
PATIENT SAFETY

Patient Rights and Ethics

Measure name	Leapfrog’s Standard	Hospital’s Progress
Billing Ethics	Hospitals should provide patients with complete billing information and access to a representative that can quickly resolve billing issues. In addition, hospitals should not sue patients over late or unpaid bills.	 DECLINED TO RESPOND
Health Care Equity	Hospitals should examine their own data to identify any differences in processes or outcomes for patients of different races and ethnicities, and patients who speak different languages. Hospitals should also put action plans in place if differences are identified.	 DECLINED TO RESPOND
Informed Consent	Hospitals should ensure that all patients are fully aware of risks and alternatives prior to procedures.	 DECLINED TO RESPOND

**Responding to
Never Events**

Hospitals should have a never events policy that includes all nine (9) actions that should occur following a “never event,” which includes apologizing to the patient and not charging for costs associated with the never event.

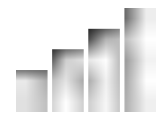


**DECLINED TO
RESPOND**

Preventing Patient Harm

Measure name**Leapfrog's Standard****Hospital's Progress****Nursing and
Bedside Care
for Patients**

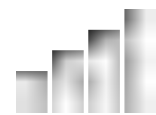
Hospitals should have nurse staffing plans in place that ensure there are enough nurses of all types (i.e., registered nurses, licensed practical nurses, or unlicensed assistive personnel) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Nursing Care
for Patients**

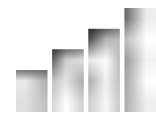
Hospitals should have nurse staffing plans in place that ensure there are enough registered nurses (RNs) to provide direct care to patients in medical, surgical, or med-surg units each day.



**DECLINED TO
RESPOND**

**Percentage of
Nursing Staff
who are
Registered
Nurses (RNs)**

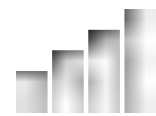
Hospitals should have nurse staffing plans in place that ensure the proportion of nursing hours performed by registered nurses (RNs) is adequate.



**DECLINED TO
RESPOND**

**Percentage of
Registered
Nurses (RNs)
who have a
Bachelor's
Degree in
Nursing**

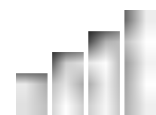
Hospitals should have a high proportion of highly trained and skilled registered nurses (RNs) who have an advanced nursing degree.



**DECLINED TO
RESPOND**

**Effective
Leadership to
Prevent Errors**

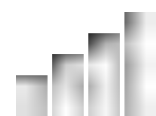
Hospitals should take meaningful steps to raise awareness about patient safety, hold leadership accountable for reducing unsafe practices, provide resources to implement a patient safety program, and develop systems and structures to support action to improve patient safety.



**DECLINED TO
RESPOND**

**Staff Work
Together to
Prevent Errors**

Hospitals should assess their culture of safety and hold leadership accountable for implementing policies, procedures, and staff education to improve the culture of safety.



**DECLINED TO
RESPOND**

Handwashing

Hospitals should regularly monitor hand hygiene practices for everyone interacting with patients, and give feedback to ensure compliance. Hospitals should foster a culture of good hand hygiene, offer training and education, and provide equipment, such as paper towels, soap dispensers, and hand sanitizer.



Medication Safety

Measure name**Leapfrog's Standard****Hospital's Progress**
**Safe
Medication
Ordering**

Hospitals should enter at least 85% of inpatient medication orders through the CPOE system, and should fully demonstrate their CPOE system meets the national safety standard for decision support.


**Medication
Reconciliation**

Hospitals should have a rate of unintentional medication discrepancies per medication that is lower than or equal to the 50th percentile (where lower performance is better) nationally.


**Safe
Medication
Administration**

Hospitals should have nurses and other clinicians use BCMA in all medical/surgical units, intensive care units, labor and delivery units, pre-operative and post-anesthesia care units to scan the patient and medication prior to administration at least 95% of the time. The BCMA system includes decision support to prevent errors and the hospital has processes to prevent workarounds.


**Medication
Documentation
for Elective
Outpatient
Surgery
Patients**

Hospitals should document 90% or more of home medications, visit medications, and allergies/adverse reaction(s) in the patients' clinical record.



Healthcare-Associated Infections

Measure name**Leapfrog's Standard****Hospital's Progress**
**C. difficile
Infection**

Hospitals should have fewer than expected colon infections from C. diff bacteria.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer



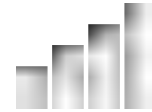
infections than expected; a number more than one means more infections than expected.

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Blood

Hospitals should have fewer than expected central-line associated blood stream infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



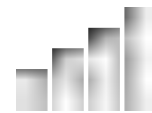
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Urinary Tract

Hospitals should have fewer than expected catheter-associated urinary tract infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



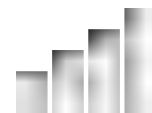
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



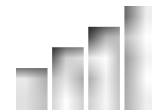
DECLINED TO RESPOND

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Surgical Site Infection After Colon Surgery

Hospitals should have fewer than expected surgical site infections after major colon surgery.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number



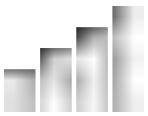
DECLINED TO RESPOND

of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.

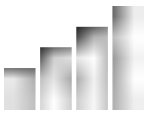
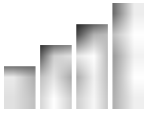
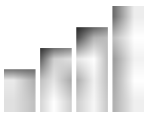
▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

SPECIALTY CARE

Critical Care

Measure name	Leapfrog's Standard	Hospital's Progress
Specially Trained Doctors Care for Critical Care Patients	Hospitals should have intensivists present on-site at least eight hours a day, seven days per week or have intensivists present via 24/7 telemedicine with some on-site intensivist presence. When not in the ICU, the intensivist immediately responds to calls and has another physician or trained clinician who can immediately reach the patient.	 DECLINED TO RESPOND

Pediatric Care

Measure name	Leapfrog's Standard	Hospital's Progress
Experience of Children and Their Parents	Hospitals should perform better than most hospitals in five (5) areas: 1. Communication with Parent – Communication about your child's medicines 2. Communication with Parent – Keeping you informed about your child's care 3. Communication with Child – How well nurses communicate with your child 4. Communication with Child – How well doctors communicate with your child 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns	 DECLINED TO RESPOND
Radiation Dose for Pediatric Abdomen/Pelvis Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.	 DECLINED TO RESPOND
Radiation Dose for Pediatric Head Scans	Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.	 DECLINED TO RESPOND

Congenital Heart Surgery for Infants (Norwood Procedure)

Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.



Maternity Care

Measure name**Leapfrog's Standard****Hospital's Progress****High-Risk Deliveries**

Hospitals should deliver at least 50 very-low birth weight babies per year OR the hospital must maintain a lower-than-average morbidity/mortality rate for very-low birth weight babies.

**Cesarean Sections**

This is defined as first-time mothers giving birth to a single baby, at full-term, in the head-down position who deliver their babies through a C-section. Hospitals should have a rate of C-sections of 23.6% or less.

**Episiotomies**

This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.

**Screening Newborns for Jaundice Before Discharge**

Hospitals should screen at least 90% of babies for jaundice.

**Preventing Blood Clots in Women Undergoing Cesarean Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



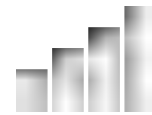
SURGERY

Complex Adult Surgery

Measure name**Leapfrog's Standard****Hospital's Progress**

**Carotid
Endarterectomy**

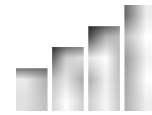
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



**DECLINED TO
RESPOND**

**Mitral Valve
Repair and
Replacement**

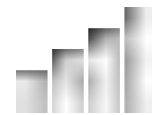
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually. In addition, hospitals should participate in a national clinical registry and achieve the same or better outcomes when compared to others who also perform this procedure.



**DECLINED TO
RESPOND**

**Open Aortic
Procedures**

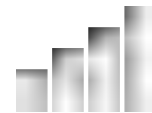
Hospitals should perform at least 10 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**DECLINED TO
RESPOND**

**Bariatric
Surgery for
Weight Loss**

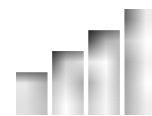
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



**DECLINED TO
RESPOND**

**Esophageal
Resection for
Cancer**

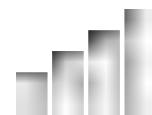
Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**DECLINED TO
RESPOND**

**Lung Resection
for Cancer**

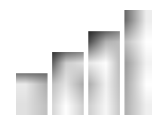
Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



**DECLINED TO
RESPOND**

**Pancreatic
Resection for
Cancer**

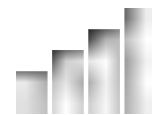
The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.



**DECLINED TO
RESPOND**

**Rectal Cancer
Surgery**

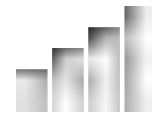
Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.



**DECLINED TO
RESPOND**

Total Knee Replacement Surgery

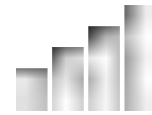
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Total Hip Replacement Surgery

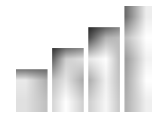
Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Safe Surgery Checklist - Complex Surgery

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a surgery is performed.

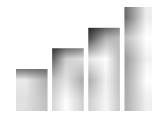


DECLINED TO RESPOND

Care for Elective Outpatient Surgery Patients

Measure name**Leapfrog's Standard****Hospital's Progress****Elective Outpatient Surgery Recovery Staffing - Adult**

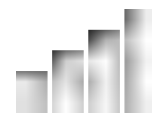
Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.



DECLINED TO RESPOND

Elective Outpatient Surgery Recovery Staffing - Pediatric

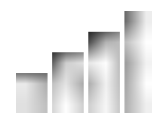
Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.



DECLINED TO RESPOND

Safe Surgery Checklist - Elective Outpatient Surgery

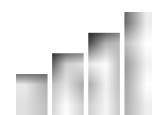
Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



DECLINED TO RESPOND

Experience of Patients Undergoing Elective Outpatient Surgery

Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



DECLINED TO RESPOND

**Unplanned
Hospital Visits
after
Colonoscopy**

Unplanned hospital visits can occur when patients experience complications after a colonoscopy procedure. Facilities should have a rate of unplanned hospital visits that is lower than most hospitals and surgery centers.



Delray Medical Center

**5352 Linton Boulevard
Delray Beach, Florida 33484-6580**

 [Map and Directions](#)



 [See facility's Safety Grade](#)

About The Leapfrog Group

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The Leapfrog Group is a registered 501(c)(3). EIN: 52-2359517.¹¹

EXHIBIT 63

LEAPFROG RATINGS

St. Mary's Medical Center

901 45th Street
West Palm Beach, Florida 33407-2495
Facility info, location, and more

Find a procedure or measure

St. Mary's Medical Center has **DECLINED TO RESPOND**

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

	billing information and access to a representative that can quickly resolve billing issues. In addition, hospitals should not sue patients over late or unpaid bills.	 DECLINED TO RESPOND
Health Care Equity	Hospitals should examine their own data to identify any differences in processes or outcomes for patients of different races and ethnicities, and patients who speak different languages. Hospitals should also put action plans in place if differences are identified.	 DECLINED TO RESPOND
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**Responding to
Never Events**

Hospitals should have a never events policy that includes all nine (9) actions that should occur following a “never event,” which includes apologizing to the patient and not charging for costs associated with the never event.



Preventing Patient Harm

Measure name**Leapfrog’s Standard****Hospital’s Progress****Nursing and
Bedside Care
for Patients**

Hospitals should have nurse staffing plans in place that ensure there are enough nurses of all types (i.e., registered nurses, licensed practical nurses, or unlicensed assistive personnel) to provide direct care to patients in medical, surgical, or med-surg units each day.

**Nursing Care**

Hospitals should have nurse staffing plans in place



St. Mary's Medical Center has DECLINED TO RESPOND

What does this mean?

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**who have a
Bachelor’s
Degree in
Nursing****Effective
Leadership to
Prevent Errors**

Hospitals should take meaningful steps to raise awareness about patient safety, hold leadership accountable for reducing unsafe practices, provide resources to implement a patient safety program, and develop systems and structures to support action to improve patient safety.

**Staff Work
Together to
Prevent Errors**

Hospitals should assess their culture of safety and hold leadership accountable for implementing policies, procedures, and staff education to improve the culture of safety.



Handwashing

Hospitals should regularly monitor hand hygiene practices for everyone interacting with patients, and give feedback to ensure compliance. Hospitals should foster a culture of good hand hygiene, offer training and education, and provide equipment, such as paper towels, soap dispensers, and hand sanitizer.



Medication Safety

Measure name**Leapfrog's Standard****Hospital's Progress**
**Safe
Medication
Ordering**

Hospitals should enter at least 85% of inpatient medication orders through the CPOE system, and should fully demonstrate their CPOE system meets the national safety standard for decision support.

**Medication**

Hospitals should have a rate of unintentional

St. Mary's Medical Center has DECLINED TO RESPOND

What does this mean?

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**Medication
Documentation
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Outpatient
Surgery
Patients**

Hospitals should document 90% or more of home medications, visit medications, and allergies/adverse reaction(s) in the patients' clinical record.



Healthcare-Associated Infections

Measure name**Leapfrog's Standard****Hospital's Progress**
**C. difficile
Infection**

Hospitals should have fewer than expected colon infections from C. diff bacteria.

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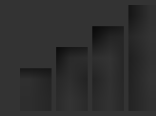
given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

Infection in the Blood

Hospitals should have fewer than expected central-line associated blood stream infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



**DECLINED TO
RESPOND**

St. Mary's Medical Center has **DECLINED TO RESPOND**

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

▼ SHOW MORE ON THIS HOSPITAL'S PERFORMANCE ▼

MRSA Infection

Hospitals should have fewer than expected antibiotic resistant bacterial infections.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



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**Surgical Site
Infection After
Colon Surgery**

Hospitals should have fewer than expected surgical site infections after major colon surgery.

Leapfrog uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Safety Network (NHSN) to compare the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given various factors. A number lower than one means fewer infections than expected; a number more than one means more infections than expected.



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SPECIALTY CARE

Critical Care

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Measure name	Leapfrog's Standard	Hospital's Progress
--------------	---------------------	---------------------

**Experience of
Children and
Their Parents**

- Hospitals should perform better than most hospitals in five (5) areas:
- 1. Communication with Parent – Communication about your child's medicines
 - 2. Communication with Parent – Keeping you informed about your child's care
 - 3. Communication with Child – How well nurses communicate with your child
 - 4. Communication with Child – How well doctors communicate with your child
 - 5. Attention to Safety and Comfort – Preventing mistakes and helping you report concerns



**Radiation Dose
for Pediatric
Abdomen/Pelvis
Scans**

Hospitals should have an average radiation dose for routine pediatric CT scans of the abdomen and pelvis that falls within national benchmarks.

**Radiation Dose
for Pediatric
Head Scans**

Hospitals should have an average radiation dose for routine pediatric CT scans of the head that falls within national benchmarks.

**Congenital
Heart Surgery
for Infants
(Norwood
Procedure)**

Hospitals should perform at least 8 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 5 procedures annually.



Maternity Care

St. Mary's Medical Center has DECLINED TO RESPOND

What does this mean?

Thousands of hospitals nationwide report to the Leapfrog Hospital Survey to help patients and purchasers make better health care decisions. This hospital did not participate. [Ask them why not.](#)

Episiotomies

This is defined as mothers having an incision made in the perineum (the birth canal) during childbirth. Hospitals should have a rate of episiotomies of 5% or less.

**Screening
Newborns for
Jaundice
Before
Discharge**

Hospitals should screen at least 90% of babies for jaundice.



**Preventing
Blood Clots in
Women
Undergoing
Cesarean
Section**

At least 90% of women undergoing a cesarean section receive treatment to prevent blood clots.



SURGERY

Complex Adult Surgery

Measure name

Leapfrog's Standard

Hospital's Progress

**Carotid
Endarterectomy**

Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 10 procedures annually.



St. Mary's Medical Center has DECLINED TO RESPOND

What does this mean?

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**Bariatric
Surgery for
Weight Loss**

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 20 procedures annually.



**Esophageal
Resection for
Cancer**

Hospitals should perform at least 20 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 7 procedures annually.



**Lung Resection
for Cancer**

Hospitals should perform at least 40 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 15 procedures annually.



Pancreatic Resection for Cancer

The hospital performs at least 20 procedures annually, and as part of their process for privileging surgeons, ensures that each surgeon performs at least 10 procedures annually.



DECLINED TO RESPOND

Rectal Cancer Surgery

Hospitals should perform at least 16 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 6 procedures annually.



DECLINED TO RESPOND

Total Knee Replacement Surgery

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging surgeons, ensure that each surgeon performs at least 25 procedures annually.



DECLINED TO RESPOND

Total Hip Replacement

Hospitals should perform at least 50 procedures annually, and as part of their process for privileging



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Elective Outpatient Surgery Recovery Staffing - Adult

Hospitals should ensure that a specially certified clinician is present and immediately available while an adult patient is present until discharge.



DECLINED TO RESPOND

Elective Outpatient Surgery Recovery Staffing - Pediatric

Hospitals should ensure that a specially certified clinician is present and immediately available while pediatric patient is present until discharge.



DECLINED TO RESPOND

Safe Surgery Checklist - Elective Outpatient Surgery

Hospitals should go through all the elements of a complete safe surgery checklist on all patients every time a procedure is performed.



DECLINED TO RESPOND

Experience of Patients Undergoing Elective Outpatient Surgery

Hospitals should perform better than most on four (4) areas including regarding the experience of adult patients: (a) facilities and staff (b) communication about the procedure, (c) patients' overall rating of the facility, and (d) patients' willingness to recommend the facility.



Unplanned Hospital Visits after Colonoscopy

Unplanned hospital visits can occur when patients experience complications after a colonoscopy procedure. Facilities should have a rate of unplanned hospital visits that is lower than most hospitals and surgery centers.



St. Mary's Medical Center

901 45th Street

West Palm Beach, Florida 33407-0405

St. Mary's Medical Center has DECLINED TO RESPOND

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EXHIBIT 64



WILEY

BRIEF REPORT

Emergency Medical Services

Patients who use emergency medical services have greater severity of illness or injury compared to those who present to the emergency department via other means: A retrospective cohort study

Gregory A. Peters MD^{1,2,3} | Scott A. Goldberg MD, MPH^{1,2} |
Jane M. Hayes MD, MPH^{1,2,3} | Rebecca E. Cash PhD, MPH^{1,3}

¹Department of Emergency Medicine, Harvard Medical School, Boston, Massachusetts, USA

²Department of Emergency Medicine, Brigham and Women's Hospital, Boston, Massachusetts, USA

³Department of Emergency Medicine, Massachusetts General Hospital, Boston, Massachusetts, USA

Correspondence

Rebecca E. Cash, PhD, MPH, Department of Emergency Medicine, Massachusetts General Hospital, 125 Nashua, Street, Suite 920, Boston, MA 02114.
Email: rcash@mgc.harvard.edu

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Abstract

Objective: We aimed to evaluate the differences in characteristics and illness/injury severity among patients who present to the emergency department (ED) via emergency medical services (EMS) compared to patients who present via other means.

Methods: We analyzed a nationwide sample of ED visits from the 2015–2019 National Hospital Ambulatory Medical Care Survey. We excluded patients <18 or >92 years old, who eloped or left against medical advice, or who arrived via interfacility transport. Mode of presentation was dichotomized to those presenting to the ED via EMS versus any other mode of transportation. Using the appropriate survey sampling weights, we described patient characteristics and compared measures of illness/injury severity between groups using a multivariable logistic regression model.

Results: An unweighted total of 73,397 ED visits, representing a weighted estimate of 528,083,416 ED visits in the United States during 2015–2019, included 18% arriving via EMS and 82% via other means. EMS patients were older, more often male, more often had multiple chronic medical conditions, and less often had private insurance. EMS patients had higher priority triage scores, consumed more resources in the ED, and had longer lengths of stay. Arrival by EMS was associated with higher odds of hospital admission (odds ratio [OR] 2.7, 95% confidence interval [CI] 2.4–2.9) and in-hospital mortality (OR 11.1, 95% CI 7.3–17.2).

Conclusions: Patients presenting via EMS had significantly different characteristics and outcomes than those presenting via other means. These important differences should be considered when comparing studies of all ED patients versus those who present via EMS.

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KEYWORDS

acuity, emergency medical services, prehospital, severity, transport, triage

1 | INTRODUCTION

1.1 | Background

The 2001 National Emergency Medical Services (EMS) Research Agenda called for the promotion of EMS-specific research to inform evidence-based prehospital care guidelines and improve the quality of acute care research.¹ In the 20 years since, total National Institutes of Health funding for EMS research has increased more than 6-fold and the number of relevant publications has increased three-fold, both outpacing growth trends in overall medical research during the same period.² As the field of EMS research continues to grow, findings from the frontiers of prehospital care often rely upon literature rooted in data from the emergency department for contextualization. Although the majority of EMS patients represent a sizable subset of all ED patients, the degree to which they tend to differ from others remains incompletely understood.

1.2 | Importance

Patients arriving by EMS are an important yet distinct subset of overall ED patients, with differences in characteristics, acuity, and outcomes when comparing these 2 overlapping but distinct populations. Failure to appreciate baseline differences in these populations can lead to misinterpretation of new findings and potentially erroneous recommendations for clinical practice, particularly in the prehospital setting. Prior studies have reported patterns of sociodemographic differences between ED patients who present via EMS versus other means, including older age, urban residence, and public health insurance.^{3,4} EMS patients also appear to have higher acuity than those presenting by other means, with outcomes that include requiring more hospital resources than others and greater acuity in triage scores and diagnosis-related grouping severity.³⁻⁵ However, it remains unclear whether more reliable outcome measures of clinical severity such as hospital admission, length of stay, and mortality differ between these populations.

1.3 | Goals of this investigation

In this study, we aimed to describe the difference between patients arriving by EMS and those arriving by other means in a nationally representative sample of ED visits to evaluate the hypothesis that patients who present to the ED via EMS have greater severity of illness and injury compared to patients who present to the ED using any other means.

2 | METHODS

2.1 | Study design and data source

We performed a retrospective cohort study using the ED component of the National Hospital Ambulatory Medical Care Survey (NHAMCS) data set, administered by the National Center for Health Statistics (NCHS).⁶ The NHAMCS data set uses a national probability sample survey to examine ED visits in the United States and generates weighted estimates of national statistics related to health care use.⁷ Data collection for NHAMCS is managed by the US Census Bureau, whose staff follow structured protocols to train field agents, collect survey data, and complete data review and quality assurance to maximize standardization and minimize errors and missingness.⁸ This study was deemed exempt by the Institutional Review Board for Human Subjects Research (IRB22-0855).

2.2 | Study population

From all ED visits from 2015–2019 in the NHAMCS data set, we excluded patients <18 years old, patients >92 years old (due to top coding of ages in this range), and patients who did not complete the ED visit (ie, left against medical advice or eloped from the ED). Only the first presentation was included for a given health care encounter marked by interfacility transfer, excluding subsequent presentations at receiving facilities. Due to known differences in EMS use patterns in children, patients under age 18 were excluded to avoid confounding results associated with a pooled sample.⁹ Patients who did not complete the ED visit were excluded to avoid patient-directed effects on outcome measures, such as ED disposition and length of stay. Interfacility transfer encounters were excluded to ensure each health care encounter was captured only once. A combination of demographic, socioeconomic, and clinical data were extracted from the deidentified NHAMCS data set at the patient encounter level. Sampling weights determined by the NCHS were used to generate national estimates. We repeated this procedure for the NHAMCS data set 2020 release as well but chose to analyze 2020 separately due to extensive changes in the US health care system during the COVID-19 pandemic.

2.3 | Measures

Demographic and socioeconomic variables of interest used in this study included patient age, sex, race or ethnicity, type of residence (based on home address provided), medical comorbidities, and health insurance status. Clinical severity markers included resource use and

initial acuity. Number of procedures, diagnostic tests, and medications administered in the ED were calculated to evaluate the degree of hospital resource use. Emergency severity index (ESI) triage scores were used to determine initial assessment of illness or injury severity upon arrival to the ED, where “1” signifies immediate need for medical attention and “5” signifies lowest level of priority. ED outcome measures included discharge from the ED, hospital admission (including disposition to the operating room), and death in the ED. Hospital outcome measures included length of stay (in days) and survival to hospital discharge (ie, inpatient mortality).

2.4 | Statistical analysis

We calculated weighted descriptive statistics with 95% confidence intervals (CI) for characteristics and outcomes of each patient and ED visit for the years 2015–2019 and 2020, separately, stratified by mode of transportation to the ED. Estimates from 2020 were not pooled with prior years due to the extensive disruption in the overall health care system, including EMS, due to the COVID-19 pandemic. Using data from 2015–2019, survey weighted multivariable logistic regression was performed using complete case analysis for outcome measures of hospital admission and in-hospital mortality with respect to mode of transportation to the ED, controlling for key patient characteristics. All statistical analyses were performed using Stata version 15.0 (StataCorp, College Station, TX, USA).

3 | RESULTS

During 2015–2019, a total of 73,397 unweighted ED visits met criteria for inclusion in this study, representing a weighted 528,083,416 ED visits in the United States over that period (Figure 1). During 2020, 11,748 ED visits represented a weighted estimate of 105,394,640 ED visits in the United States. Table 1 summarizes the descriptive characteristics of this sample, stratified by mode of transportation to the ED. In this sample, 17.7% used EMS, and the remaining 82.3% presented to the ED via any other means. Patients who used EMS were older (mean age of EMS 56.6 years, 95% CI 55.8–57.5; other means 45.2 years, 95% CI 44.7–45.7) and less often female. EMS patients were less often of Hispanic ethnicity, and no differences were found among non-Hispanic populations with respect to race or ethnicity (ie, between White, Black, and Asian/other non-Hispanic populations, as categorized by NCHS).

Patients who lived in private residences used EMS less often compared to undomiciled patients or those residing in nursing homes. EMS patients more often had multiple chronic medical conditions documented (EMS 56.4%, 95% CI 54.6–58.2; other means 32.5%, 95% CI 31.2–33.8). EMS patients were less often privately insured, more often used public insurance, and were less often documented as self-pay status. EMS patients were more likely to consume medical resources in all three measured domains: diagnostic studies, procedures, and medications.

Outcome measures stratified by mode of transportation to the ED are described in Table 2. EMS patients were more often associated

The Bottom Line

This analysis of a national emergency department database demonstrates that patients who present by emergency medical services (EMS) are older, more often male, more often had multiple chronic medical conditions, and less often had private insurance. EMS patients had higher priority triage scores, consumed more resources in the ED, and had longer lengths of stay.

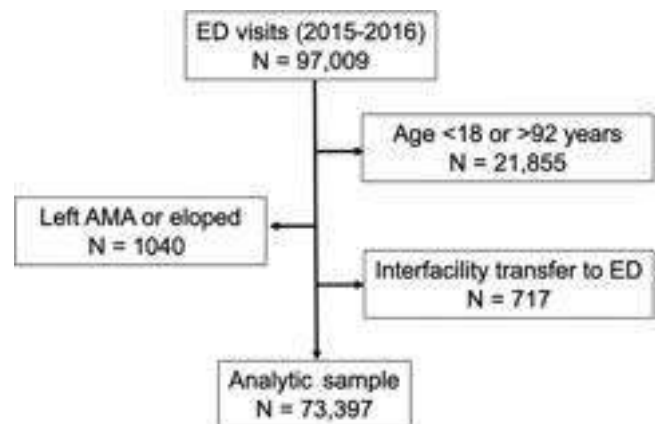


FIGURE 1 Selection criteria for ED visits (unweighted) during 2015–2019 included in the primary analysis. Abbreviations: AMA, against medical advice; ED, emergency department.

with higher priority triage levels (ESI 1–2) and less often associated with lower priority triage levels (ESI 4–5). EMS patients were less often discharged home from the ED (EMS 58.0%, 95% CI 55.4–60.5; other means 81.8%, 95% CI 80.0–83.4) and were more often admitted, transferred, or pronounced deceased. EMS patients were associated with longer hospital length of stay (mean 6.1 days, 95% CI 5.8–6.5) compared to others (mean 4.6 days, 95% CI 4.4–4.9). EMS patients survived to hospital discharge in 96.7% (95% CI 96.1–97.3) of cases, compared to 99.3% (95% CI 99.0–99.5) among those presenting via any other means.

During 2020, 20.9% of ED patients arrived via EMS, compared to an averaged 17.7% during 2015–2019. A striking difference in the rate of diagnostic services use was noted among all ED patients: 67.8% (95% CI 66.0–69.6) in 2015–2019 compared to 85.0% (95% CI 82.6–87.0) in 2020. The significant difference between those arriving by EMS versus other means in the rate of diagnostic services used persevered in 2020. Mortality rates in 2020 were slightly higher compared to the preceding 5 years, although the difference did not reach statistical significance. Similarly, the greater mortality rate among those arriving via EMS compared to all others in the ED persisted in 2020. Characteristics and outcomes for NHAMCS 2020 are summarized in Table S1.

Arrival by EMS was associated with significantly higher odds of hospital admission (odds ratio [OR] 2.68, 95% CI 2.44–2.94) and in-hospital death (OR 11.15, 95% CI 7.25–17.15), adjusting for patient

TABLE 1 Characteristics of included emergency department visits, National Hospital Ambulatory Medical Care Survey 2015–2019.

Characteristic	Overall	Arrived by EMS	Arrived by other means
Unweighted n (unweighted %)	73,397 (100)	12,963 (17.7)	60,434 (82.3)
Weighted n (weighted %)	528,083,416 (100)	92,781,194 (17.6)	435,302,222 (82.4)
Age, weighted mean (95% CI)	47.2 (46.7–47.7)	56.6 (55.8–57.5)	45.2 (44.7–45.7)
Sex, weighted % (95% CI)			
Female	57.4 (56.7–58.1)	53.5 (52.2–54.7)	58.3 (57.6–59.0)
Male	42.6 (41.9–43.3)	46.5 (45.3–47.8)	41.7 (41.0–43.4)
Race or ethnicity, weighted % (95% CI)			
Non-Hispanic White	60.7 (57.7–63.6)	64.4 (61.6–67.2)	59.9 (56.8–62.9)
Non-Hispanic Black	23.1 (20.2–26.2)	22.0 (19.5–24.7)	23.3 (20.3–26.6)
Hispanic	13.3 (11.7–15.1)	10.3 (8.9–11.8)	14.0 (12.2–15.9)
Non-Hispanic other	3.0 (2.4–3.6)	3.3 (2.7–4.0)	2.9 (2.3–3.5)
Patient residence, weighted % (95% CI)			
Private residence	93.1 (92.0–94.0)	81.9 (80.4–83.3)	95.5 (94.4–96.3)
Nursing home	1.9 (1.7–2.1)	8.1 (7.3–9.0)	0.5 (0.4–0.7)
Homeless/homeless shelter	1.0 (0.9–1.2)	2.5 (2.1–3.0)	0.7 (0.6–0.9)
Other	1.5 (1.2–1.8)	4.0 (3.1–5.0)	1.0 (0.8–1.2)
Missing/unknown	2.5 (1.8–3.5)	3.5 (2.6–4.6)	2.3 (1.6–3.4)
Chronic conditions, weighted % (95% CI)			
None	40.1 (38.9–41.5)	20.9 (19.6–22.3)	44.3 (42.9–45.6)
1	23.2 (22.7–23.7)	22.7 (21.6–23.9)	23.3 (22.7–23.8)
≥2	36.7 (35.4–37.9)	56.4 (54.6–58.2)	32.5 (31.2–33.8)
Insurance status, weighted % (95% CI)			
Private insurance	25.2 (23.8–26.6)	15.5 (14.4–16.8)	27.2 (25.6–28.8)
Medicare/Medicaid	49.7 (47.3–52.1)	61.9 (58.9–64.8)	47.1 (44.7–49.5)
Other insurance	3.3 (2.8–3.9)	3.6 (2.8–4.5)	3.2 (2.7–3.8)
Self-pay/no charge	10.0 (8.8–11.3)	6.7 (5.8–7.8)	10.7 (9.4–12.1)
Missing/unknown	11.8 (9.2–15.1)	12.3 (9.3–16.1)	11.7 (9.2–14.9)
Any diagnostic services ordered or provided at visit, weighted % (95% CI)	67.8 (66.0–69.6)	74.0 (71.3–76.6)	66.5 (64.7–68.2)
Missing (unweighted)	1,094	164	930
Any procedures provided at visit, weighted % (95% CI)	50.4 (48.3–53.6)	58.1 (55.6–60.5)	48.8 (46.6–51.0)
Missing (unweighted)	2,072	365	1,707
Any medications provided at visit, weighted % (95% CI)	65.6 (63.7–67.4)	73.8 (71.6–75.9)	63.8 (61.9–65.6)

Note: Percentage estimates are with respect to column (ie, by group for a given measure). Sampling weights used were provided by the National Center for Health Statistics.

Abbreviations: CI; confidence interval; EMS, emergency medical services.

age, sex, race or ethnicity, residence type, insurance status, and number of chronic medical conditions (Table 3). Odds of admission to the hospital were higher with increasing age, male sex, and 1 or more chronic medical conditions. Odds of admission were lower for patients of non-Hispanic Black race. Odds of in-hospital death were higher with increasing age and male sex.

3.1 | Limitations

There are limitations associated with this study. First, NHAMCS relies upon self-reported data collected from ED staff at participating hospitals, and the validity/accuracy of NHAMCS data has been subject to controversy.^{10,11} However, this limitation must be balanced with

TABLE 2 Outcome measures stratified by mode of transportation to the emergency department.

Outcome	Overall	Arrived by EMS	Arrived by other means
Triage level, weighted % (95% CI)			
1 Immediate	0.8 (0.6–1.1)	2.3 (1.9–2.9)	0.5 (0.3–0.8)
2 Emergent	9.9 (8.7–11.3)	19.3 (16.9–21.9)	7.9 (6.9–9.1)
3 Urgent	35.9 (32.6–39.2)	38.8 (35.6–42.2)	35.2 (31.9–38.7)
4 Semiurgent	20.3 (18.3–22.4)	10.7 (9.3–12.3)	22.3 (20.1–24.7)
5 Nonurgent	3.0 (2.5–3.6)	1.4 (1.0–1.9)	3.3 (2.8–4.0)
Missing/unknown	30.2 (24.4–36.6)	27.5 (22.3–33.4)	30.7 (24.7–37.4)
ED disposition, weighted % (95% CI)			
Discharge home	77.6 (75.7–79.3)	58.0 (55.4–60.5)	81.8 (80–83.4)
Admit to inpatient/observation	14 (12.7–15.3)	30.1 (27.6–32.8)	10.6 (9.6–11.6)
Interfacility transfer	2.6 (2.2–3.0)	5.3 (4.5–6.3)	2.0 (1.7–2.4)
Died	0.2 (0.2–0.2)	1.0 (0.7–1.2)	0 (0–0)
Other/missing	5.6 (4.6–7.0)	5.6 (4.6–6.8)	5.7 (4.5–7.1)
Vital status at discharge, weighted % (95% CI)			
Discharged alive	98.8 (98.6–99.1)	96.7 (96.1–97.3)	99.3 (99.0–99.5)
Died (ED or inpatient)	0.4 (0.4–0.5)	2.0 (1.6–2.4)	0.1 (0.1–0.2)
Missing/unknown	0.7 (0.5–1.0)	1.3 (0.9–1.8)	0.6 (0.4–0.9)
Hospital length of stay in days, mean (95% CI)			
Missing or not applicable (unweighted)	5.2 (5.0–5.4)	6.1 (5.8–6.5)	4.6 (4.4–4.9)
	68,504	11,093	57,411

Abbreviations: CI, confidence interval; ED, emergency department; EMS, emergency medical services.

the systematic methods used to collect this data, the approach to sampling that putatively offers national representation, and organized efforts over the past decade to assess and improve data quality.^{12,13} Nevertheless, we acknowledge that NHAMCS data likely underrepresent large-volume, high acuity EDs in large medical centers, which underscores the need for improved data registries of this sort. For example, the Clinical Emergency Data Registry administered by the American College of Emergency Physicians could be considered a suitable alternative, although NHAMCS was chosen for this study given its superior overall balance of strengths/limitations for these specific purposes. Second, patients who called EMS but were not transported to the hospital (eg, those who declined transport) were not included in this study given that NHAMCS data are sourced from hospital records and include only patients who ultimately proceed to the ED, therefore precluding any conclusions about this subset of patients. Third, the inability to link NHAMCS data with external sources, such as large prehospital care report or insurance data sets, prevents deeper analysis of prehospital factors or longitudinal assessment of individual patients. Moreover, NHAMCS variables used in this data set, such as resource use (ie, medications, procedures, and diagnostic services) and specific inpatient disposition (eg, inpatient floor versus intensive care unit), provided limited specificity to enable a more granular analysis of the differences between groups. However, we nevertheless found significant results using this coarse analysis and expect that greater differences would be detected using a more sensitive approach informed by finer detail. Fourth, although the use of ESI is widely established, ESI is partially subjective in nature and therefore may include bias, includ-

ing direct bias due to arrival via EMS. However, we mitigate potential bias in this outcome measure through the use of several other more objective measures.

4 | DISCUSSION

In this large, nationally representative study of more than one hundred million weighted ED visits per year, roughly 18% of patients arrived at the ED by EMS. Our findings support the hypothesis that EMS patients present to the ED with greater severity of illness and injury compared to ED patients arriving by other means, evidenced by higher priority ESI triage scores, higher resource use, and longer length of stay. Arrival by EMS was also associated with higher odds of admission and hospital mortality, even after controlling for other patient factors. Key findings were largely preserved in 2020 compared to the preceding 5 years, including differences in ED and inpatient mortality rates between groups. A higher rate of diagnostic services use overall was found in 2020, likely at least partially attributable to the widespread implementation of COVID testing, as well as a higher proportion of ED patients presenting via EMS during 2020.

Findings from the primary analysis, indicating that EMS patients are substantially sicker on average compared to other ED patients, pose a variety of interesting implications. EMS protocols often rely upon expert consensus or evidence that emerges from the ED setting. Given the important differences between the subset of ED patients transported via EMS versus others, evidence-based guidelines developed

TABLE 3 Adjusted odds of the outcomes of admission and death.^a

Outcome	Admission, OR (95% CI)	Death, OR (95% CI)
Arrival mode		
Arrival by other means	1.00 (referent)	1.00 (referent)
Arrival by EMS	2.68 (2.44–2.94)	11.15 (7.25–17.15)
Age (per 1 year increase)	1.02 (1.02–1.02)	1.04 (1.03–1.05)
Sex		
Female	1.00 (referent)	1.00 (referent)
Male	1.30 (1.23–1.37)	2.38 (1.71–3.31)
Race or ethnicity		
Non-Hispanic White	1.00 (referent)	1.00 (referent)
Non-Hispanic Black	0.76 (0.67–0.85)	0.98 (0.69–1.38)
Hispanic	1.00 (0.87–1.14)	0.63 (0.31–1.27)
Non-Hispanic other	1.07 (0.91–1.26)	1.55 (0.68–3.50)
Patient residence		
Private residence	1.00 (referent)	1.00 (referent)
Nursing home	1.08 (0.9–1.29)	1.30 (0.74–2.30)
Homeless/homeless shelter	1.11 (0.85–1.46)	0.17 (0.02–1.21)
Other	1.40 (1.11–1.77)	1.00 (0.44–2.28)
Missing/unknown	1.25 (0.99–1.58)	1.91 (1.01–3.60)
Chronic conditions		
None	1.00 (referent)	1.00 (referent)
1	1.95 (1.78–2.13)	0.66 (0.39–1.11)
≥2	3.57 (3.23–3.94)	0.94 (0.62–1.44)
Insurance status		
Private insurance	1.00 (referent)	1.00 (referent)
Medicare/Medicaid	1.02 (0.93–1.12)	0.76 (0.52–1.11)
Other insurance	0.61 (0.48–0.76)	0.59 (0.22–1.57)
Self-pay	0.80 (0.67–0.97)	1.72 (0.91–3.24)
Other/missing	1.01 (0.81–1.27)	1.15 (0.64–2.05)

^aAdmission included admission to inpatient service (including intensive care or operating room), admission to observation, or interfacility transfer excluding those who died in the ED. Death included death in the ED or during hospitalization.

Abbreviations: CI, confidence interval; ED, emergency department; EMS, emergency medical services; OR, odds ratio.

using prehospital research focused on EMS patients would apply more directly to the EMS patient population and would therefore be most desirable. Moreover, this study highlights the importance of using the prehospital literature to contextualize and interpret findings from EMS research and should at least call for caution when comparing EMS patient populations to the overlapping, though distinct, general ED population. In addition, the higher degree of acuity among EMS patients should be kept in mind by ED clinicians and administrators, highlighting the importance of EMS-ED handoff procedures that should be prioritized to maximize effective communication and minimize delays in care.

These findings also intersect with the field of public health. Ongoing public health research on resource-intensive health care users should consider EMS users as a target for interventions to improve quality

of care, efficiency, and cost-effectiveness. These findings suggest that EMS users tend to present with higher acuity and consume more hospital resources than others, providing a wider target window for improvement compared to undifferentiated ED patients. Moreover, EMS patient data can be sourced from EMS agencies, including citywide municipal agencies that cross the boundaries of hospital systems and insurance providers, likely offering a more comprehensive cross-section of the patients that compose a given community. These findings also raise the question of the patient-driven and EMS-mediated factors that might drive trends in who uses EMS versus other means to present to the ED. Recent reports have discussed the emergence of ride-share apps as an increasingly popular alternative to ambulances, particularly for lower acuity patients.¹⁴ Similarly, it has been reported that activation of EMS via

9-1-1, followed by declining transport and using a ride-share app or other modes of self-transport for transportation to the ED, might be a growing trend based on joint-decision making between patients, EMS, and medical direction that is likely more prevalent among lower acuity patients.¹⁵ These recent changes would contribute to higher concentration of higher acuity patients among those arriving to the ED via EMS.

Beyond the outcome measures, the factors associated with EMS use described in this study using a nationally representative sample largely align with limited prior reports that examined specific regions or populations (eg, geriatric patients or frequent EMS users). Similar to the associations seen here, these studies found that EMS use was associated with older age, public health insurance, greater use of hospital resources, higher triage score severity, and greater rates of hospitalization, as well as increased representation of patients who are male and African American.^{3-5,16,17}

Findings from this study are largely consistent with limited prior reports found outside the peer-reviewed literature. Prior use of NHAMCS data has indicated that over time, older, sicker, and more complex patients tend to be concentrated in EDs, whereas lower risk patients who tend to require simpler care are increasingly being channeled into urgent care, virtual encounters, and other options for acute care.¹⁸⁻²⁰ Similarly, it has been noted that rates of EMS transport to the ED are increasing, and based on recent review of data from the 2022 Emergency Department Benchmarking Alliance, it seems that EMS patients have higher admission rates than others.²¹

Novel aspects of this work include the use of nationally representative data, the direct comparison of adult ED patients by mode of presentation, and the consideration of key sociodemographic factors to compare patient outcomes among users of EMS versus others in the ED. These innovations generate new insights into the important differences in patients who present to the ED via EMS, ranging from sociodemographic factors to hospital resource use to patient outcome measures.

In conclusion, patients who arrive to the ED by EMS differ from other ED patients in multiple important aspects, including key demographic, socioeconomic, and clinical factors that include patient outcomes. These differences should be accounted for when contextualizing new and prior ED-based study findings to prehospital-based research, and vice versa. These findings also bear important implications in the domains of ED and EMS operations, as well as public health. Future prehospital-based research will benefit from a more thorough understanding of how EMS patient samples differ from those in other acute care settings to guide more accurate interpretation of new results as the field continues to grow.

AUTHOR CONTRIBUTIONS

Gregory A. Peters, Scott A. Goldberg, and Rebecca E. Cash conceived the study. All authors assisted in designing the statistical analysis. Rebecca E. Cash obtained and analyzed the data. All authors contributed to interpretation of results. Gregory A. Peters drafted the

manuscript and all authors contributed substantially to its revision. Rebecca E. Cash takes responsibility for the paper as a whole.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

ORCID

Gregory A. Peters MD  <https://orcid.org/0000-0003-0026-9985>

Rebecca E. Cash PhD, MPH  <https://orcid.org/0000-0002-0355-1014>

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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AUTHOR BIOGRAPHY



Gregory Peters, MD, is a resident physician at the Harvard Affiliated Emergency Medicine Residency in Emergency Medicine at Massachusetts General Hospital and Brigham & Women's Hospital in Boston, Massachusetts.

EXHIBIT 65



Final Updates to the Leapfrog Hospital Safety Grade Methodology for Fall 2024

On May 21, 2024, Leapfrog published planned updates to the Hospital Safety Grade methodology and held a public comment period through June 7, 2024. We received a variety of thoughtful comments with different perspectives, which were helpful in finalizing the methodology. We thank all the commenters for their insights.

This document includes the final updates to the methodology as well as responses to the comments received. Additionally, Table 2 on pages 5-6 includes a summary of data sources and anticipated reporting periods for the fall 2024 Hospital Safety Grades. More information can be found on the Hospital Safety Grade website at <https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information>.

SUMMARY OF CHANGES

Starting with the fall 2024 Hospital Safety Grade update, Leapfrog will update the Imputation Methodology for CPOE, BCMA, IPS, and Hand Hygiene measures for hospitals that do not submit a 2024 Leapfrog Hospital Survey by August 31, 2024. The methodology change comes under the guidance of Leapfrog's national expert panel, the research team at Johns Hopkins Medicine, and in response to stakeholder feedback.

FINAL UPDATE TO IMPUTATION METHOD FOR CPOE, BCMA, IPS, AND HAND HYGIENE

BACKGROUND

The Leapfrog Group aims to ensure that the public has timely, transparent, and trustworthy information about a hospital's patient safety performance. Leapfrog's always commits to using the best and most recent data publicly available to calculate Hospital Safety Grades.

To ensure the Hospital Safety Grade methodology continues to support these goals, Leapfrog's blue-ribbon Expert Panel, researchers at Johns Hopkins Medicine, and our internal team of experts annually review measures and methodology. The review includes research on current evidence and available data, as well as analysis of hospital performance trends and variables. As a result of this, the panel advised that Leapfrog modify the current imputation method, which is used to fill in missing data among hospitals that did not complete the most recent Leapfrog Survey.

Leapfrog published the planned imputation revisions and solicited public comments. After review of comments, Leapfrog is now finalizing the methodology changes effective for the fall 2024 release of the Hospital Safety Grade.

CHANGES TO IMPUTATION METHOD FOR CPOE, BCMA, IPS, AND HAND HYGIENE

1) New Step 1 Imputation (Does not apply to BCMA)

If the hospital had a score assigned by Leapfrog in the previous two rounds of grades (i.e., spring 2024, fall 2023), the hospital is assigned the most recent score on that measure in the current Hospital Safety Grade (i.e., fall 2024). This is a reduction from the previous methodology, which imputed scores from up to four previous rounds of grades. This will help ensure any historical data used in calculating the Safety Grade is reflective of hospital protocols within the past 2 years (e.g., the reporting periods for CPOE IPS, and Hand Hygiene on the 2023 Leapfrog Hospital Survey was 2023).

Note that Step 1 imputation will be temporarily paused for the BCMA measure. In 2024, Leapfrog expanded the BCMA Standard to include pre-operative and post-anesthesia care units in addition to med-surg units, critical care units, and labor and delivery units. Due to these changes, scores from the 2023 Leapfrog Hospital Survey are not an accurate representation of performance on the current measure and thus not suitable for Step 1 imputation.

2) New Step 2 Imputation

For hospitals that do not have historical data from the last two rounds of the Safety Grade (Step 2 imputation then applies), instead of imputing a score based on the cohort mean, hospitals will be assigned a point value that is equivalent to receiving "Limited Achievement" for that measure on the Leapfrog Hospital Survey (Table 1). This category assignment would reflect hospital commitment to transparency as a sign of genuine momentum for improvement. Hospitals that decline to complete the Survey should not inadvertently benefit when compared to hospitals that demonstrate, through transparency, they are on a pathway to achieve Leapfrog's high standards for patient safety.

Step 2 imputation for the IPS measure will only apply to hospitals that operate an adult or pediatric medical and/or surgical ICU or neuro ICU. A hospital's ICU designation will be determined using the most recently available CMS Cost Report. Hospitals that report operating one or more medical, surgical and/or pediatric ICU beds in Worksheet S-3 Part 1 will be eligible for Step 2 Imputation.

Table 1. Step 2 Imputation Point Assignments Beginning Fall 2024

	Leapfrog Hospital Survey Performance Category	Corresponding Safety Grade Measure Score
CPOE	Limited Achievement 	15
BCMA	Limited Achievement 	25
IPS	Limited Achievement 	5
Hand Hygiene	Limited Achievement 	15

PUBLIC REPORTING OF IMPUTED MEASURE SCORES

Leapfrog will denote imputed measure scores, when applicable, on each hospital's Safety Grade page of the public reporting website (<https://www.hospitalsafetygrade.org/>). Website users will be able to easily identify scores that were imputed.

RESPONSES TO PUBLIC COMMENTS

Four commenters supported the change to the imputation methodology.

We appreciate the feedback and agree that hospital commitment to transparency should be acknowledged as a sign of genuine momentum for improvement. Hospitals that decline to complete the Survey should not inadvertently benefit when compared to hospitals that transparently demonstrate they are on a clear pathway to achieve Leapfrog's high standards for patient safety.

One commenter expressed concerns about the public not realizing a score was imputed on the Hospital Safety Grade website (www.HospitalSafetyGrade.org).

We appreciate this feedback and in response, will add a new denotation to the Hospital Safety Grade website to clearly indicate when a score for a measure has been imputed.

Two commentors expressed concerns about Step 2 Imputation misrepresenting the current procedures or infrastructure of the hospital to the public.

Hospitals eligible for Step 2 Imputation may or may not score higher if they complete a Leapfrog Hospital Survey, but without the data, Leapfrog will lean toward caution. Our analyses have shown that performance among hospitals that intermittently complete the annual Survey is lower than those hospitals that complete the Survey on an annual basis. The expert panel recognized that hospitals with a drop in performance may be incentivized to not report via the Leapfrog Hospital Survey and scores calculated using participating hospitals would misrepresent their true performance.

We encourage hospitals to complete the Leapfrog Hospital Survey so they can receive credit for implementing processes that protect patients and save lives. The Survey continues to be free and open from April 1 to November 30, with substantial technical assistance available from Leapfrog's dedicated Help Desk.

Two commentors requested that the proposed changes be delayed until spring 2025 to allow hospitals time to complete the Leapfrog Hospital Survey.

While we do strongly encourage hospitals to submit their Survey by the Submission Deadline of June 30, 2024, hospitals that wish to have 2024 Leapfrog Hospital Survey data used in their fall 2024 Safety Grade will have until August 31 to submit or resubmit their Survey. Hospitals that wish to have 2024 Leapfrog Hospital Survey data used in their spring 2025 Safety Grade will have until November 30 to submit their Survey. Meanwhile, hospitals that completed a 2023 Leapfrog Hospital Survey will be eligible for Step 1 Imputation.

Four commentors opposed penalizing hospitals that choose not to devote resources to completing a voluntary Survey each year and suggested that they be allowed to opt out of the Hospital Safety Grade.

The Expert Panel noted that participation in the Leapfrog Hospital Survey has grown exponentially in recent years, with 78% of inpatient beds, at Safety Grade eligible hospitals, represented in recent Leapfrog Survey data. As such, a hospital's choice to decline participation in the Survey is itself a data point. A key element of the Hospital Safety Grade is that all eligible hospitals are compared to hospitals nationwide, and non-reporting hospitals exempt themselves from this peer benchmarking and from the responsibility and recognition in the community that comes with full transparency. Without providing the information their peer hospitals do through Survey submission, evidence does not justify awarding that hospital additional points when calculating the Hospital Safety Grade.

Regarding the suggestion that Leapfrog allow hospitals to opt out of earning a Hospital Safety Grade, this would be contrary to Leapfrog's nonprofit mission. As long as patients entrust their lives to American hospitals, Leapfrog will provide the information patients and families need to get the safe care they deserve.

Table 2. Planned Fall 2024 Leapfrog Safety Grade Measures, Data Sources, And Anticipated Reporting Periods

PROCESS/STRUCTURAL MEASURES (12)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Computerized Physician Order Entry (CPOE)	2024 Leapfrog Hospital Survey	2024	Imputation Model Applied	N/A
Bar Code Medication Administration (BCMA)	2024 Leapfrog Hospital Survey	2024	Imputation Model Applied	N/A
ICU Physician Staffing (IPS)	2024 Leapfrog Hospital Survey	2024	Imputation Model Applied	N/A
Safe Practice 1: Culture of Leadership Structures and Systems	2024 Leapfrog Hospital Survey	2024	N/A	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2024 Leapfrog Hospital Survey	2024	N/A	N/A
Total Nursing Care Hours per Patient Day	2024 Leapfrog Hospital Survey	2024	N/A	N/A
Hand Hygiene	2024 Leapfrog Hospital Survey	2024	Imputation Model Applied	N/A
H-COMP-1: Nurse Communication	CMS	10/01/2022 - 09/30/2023	N/A	N/A
H-COMP-2: Doctor Communication	CMS	10/01/2022 - 09/30/2023	N/A	N/A
H-COMP-3: Staff Responsiveness	CMS	10/01/2022 - 09/30/2023	N/A	N/A
H-COMP-5: Communication about Medicines	CMS	10/01/2022 - 09/30/2023	N/A	N/A
H-COMP-6: Discharge Information	CMS	10/01/2022 - 09/30/2023	N/A	N/A

OUTCOME MEASURES (10)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Foreign Object Retained	CMS	07/01/2021 - 06/30/2023	N/A	N/A
Air Embolism	CMS	07/01/2021 - 06/30/2023	N/A	N/A
Falls and Trauma	CMS	07/01/2021 - 06/30/2023	N/A	N/A
CLABSI	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
CAUTI	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
SSI: Colon	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
MRSA	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
C. Diff.	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023	CMS	10/01/2022 - 09/30/2023
PSI 4: Death rate among surgical inpatients with serious treatable conditions	CMS	07/01/2020 - 06/30/2022	N/A	N/A
CMS Medicare PSI 90: Patient safety and adverse events composite*	CMS	07/01/2020 - 06/30/2022	N/A	N/A

*Note: CMS calculates PSI 90 using the ten (10) component PSIs listed above. While scores for each of the 10 component PSIs will NOT be used to calculate fall 2024 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade [website](#).