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FEDERAL FORM 990

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

FOR THE YEAR ENDED DECEMBER 31, 2024

PUBLIC DISCLOSURE COPY

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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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ENGLEWOOD HOSPITAL AND MEDICAL CENTER
Doing business as ENGLEWOOD HOSPITAL
Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
350 ENGLE STREET
City or town, state or province, country, and ZIP or foreign postal code
ENGLEWOOD, NJ 07631

D Employer identification number
22-1487173

E Telephone number
(201)894-3037

G Gross receipts $
1,193,971,874.

F Name and address of principal officer: ANTHONY ORLANDO
350 ENGLE STREET, ENGLEWOOD, NJ 07631

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.ENGLEWOODHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other | **L** Year of formation: 1888 | **M** State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPREHENSIVE, STATE-OF-THE-ART PATIENT SERVICES, EMPHASIZE CARING AND OTHER HUMAN VALUES IN THE TREATMENT OF PATIENTS AND IN RELATIONS WITH THEIR FAMILIES.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	21
	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 2024 (Part V, line 2a)	**5**	3,868
	6 Total number of volunteers (estimate if necessary)	**6**	325
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	NONE
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	NONE

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	8,044,220.	6,061,513.
	9 Program service revenue (Part VIII, line 2g)	1,076,996,798.	1,178,908,273.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,808,058.	5,399,863.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,478,862.	3,602,225.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,091,327,938.	1,193,971,874.
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	276,982,554.	280,897,415.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) NONE		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	802,170,884.	881,072,320.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,079,153,438.	1,161,969,735.
	19 Revenue less expenses. Subtract line 18 from line 12	12,174,500.	32,002,139.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	901,663,731.	933,750,279.
	21 Total liabilities (Part X, line 26)	445,660,794.	434,409,658.
	22 Net assets or fund balances. Subtract line 21 from line 20	456,002,937.	499,340,621.

Part II Signature Block

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

Sign Here

Signature of officer — Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SCOTT J MARIANI				P00642486

Firm's name WITHUMSMITH+BROWN, PC — Firm's EIN 22-2027092
Firm's address 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981 — Phone no. 973-898-9494

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2024)

JSA
4E1010 2.000

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 $ 1,011,638,541. including grants of $ NONE) (Revenue $ 1,178,908,273.)

SEE SCHEDULE O

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

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

4e Total program service expenses 1,011,638,541.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	492		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 3,868			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on 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		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
ANTHONY T. ORLANDO 350 ENGLE STREET ENGLEWOOD, NJ 07631
201-894-3280

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) WARREN GELLER	55.00									
SECRETARY - TRUSTEE; PRES/CEO	8.00	X		X				2,382,784.	NONE	336,466.
(2) ANTHONY T. ORLANDO	55.00									
EVP, FINANCE/CFO	8.00			X				1,160,274.	NONE	63,318.
(3) HELENE D. WOLK	55.00									
EVP, OPERATIONS/COO	NONE				X			1,053,294.	NONE	24,727.
(4) PATRICIA G. WILSON	55.00									
SVP, HUMAN RESOURCES/CHRO	NONE					X		846,468.	NONE	53,407.
(5) MICHAEL PIETROWICZ	55.00									
SVP, PLANNING & PROG DEV/CSO	NONE					X		799,994.	NONE	63,588.
(6) KATHLEEN A. KAMINSKY, MS, RN	55.00									
SVP, PATIENT SVCS/CNO	NONE			X				744,530.	NONE	57,463.
(7) MATTHEW AMODEO	55.00									
EVP, LEGAL AFFAIRS/CLO	NONE					X		773,406.	NONE	8,035.
(8) VICKI LYN HOFFMAN	55.00									
VP, OPERATIONS	NONE					X		519,335.	NONE	30,871.
(9) MARCELLO GUARNERI	55.00									
VP, FINANCE	NONE					X		505,656.	NONE	37,921.
(10) PETER SYMINGTON, M.D.	1.00									
TRUSTEE	56.00	X						NONE	313,762.	16,824.
(11) MARK SHAPIRO, M.D.	3.00									
TRUSTEE (TERM 01/01/24)	55.00	X						NONE	250,000.	NONE
(12) RICHARD LERNER	3.00									
CHAIRMAN - TRUSTEE	4.00	X		X				NONE	NONE	NONE
(13) STEVEN E. SIESSER, ESQ.	3.00									
VICE CHAIRMAN - TRUSTEE	3.00	X		X				NONE	NONE	NONE
(14) LEON REDENSKY	3.00									
TREASURER - TRUSTEE	3.00	X		X				NONE	NONE	NONE

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			
(15) JONATHAN ABAD	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(16) DAVID ABRAMSON, M.D.	5.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(17) KALPANA BAINS	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(18) LOLA BROWN, PH.D.	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(19) IRA COHEN	3.00									
TRUSTEE	3.00	X						NONE	NONE	NONE
(20) MICHAEL GUTTER	1.00									
TRUSTEE	2.00	X						NONE	NONE	NONE
(21) RICHARD HAN	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(22) CLARICE MAY JACOBSON	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(23) ASHWIN JATHAVEDAM, M.D.	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(24) JONATHAN LEFCOURT	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(25) GREGG LOBEL, M.D.	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
1b Sub-total ▶								8,785,741.	563,762.	692,620.
c Total from continuation sheets to Part VII, Section A ▶								NONE	NONE	NONE
d Total (add lines 1b and 1c) ▶								8,785,741.	563,762.	692,620.

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 ▶ 786

		Yes	No
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*		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

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			
(26) ROBERT F. MANGANO	3.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(27) ARI NAIM	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(28) THOMAS C. SENTER, ESQ.	3.00									
TRUSTEE	4.00	X						NONE	NONE	NONE
(29) LISA SEPULVEDA	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(30) BARINE TEE	1.00									
TRUSTEE	1.00	X						NONE	NONE	NONE
(31) ANA BURGA, M.D.	1.00									
TRT-MD STF PRES(TERM 01/01/24)	3.00	X						NONE	NONE	NONE
(32) IN JIN CHOI	1.00									
TRUSTEE (TERM 01/01/24)	1.00	X						NONE	NONE	NONE
(33) SUN CHONG KIM	3.00									
TRUSTEE (TERM 01/01/24)	1.00	X						NONE	NONE	NONE
(34) STEVEN RUDNITSKY	3.00									
TRUSTEE (TERM 01/01/24)	1.00	X						NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶

		Yes	No
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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
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*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 130

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	4,375,472.			
	e	Government grants (contributions)	1e	1,686,041.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f		6,061,513.			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	622110	1,166,455,291.	1,166,455,291.		
	b	OTHER HEALTHCARE RELATED REVENUE	622110	12,123,182.	12,123,182.		
	c	RENTAL INCOME FROM AFFILIATES	531190	329,800.	329,800.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		1,178,908,273.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,891,277.		NONE	4,891,277.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	774,942.				
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c	774,942.	NONE			
	d	Net rental income or (loss)		774,942.			774,942.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a		508,586.			
	b	Less: cost or other basis and sales expenses 7b					
	c	Gain or (loss) 7c		508,586.			
	d	Net gain or (loss)		508,586.			508,586.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a		NONE			
	b	Less: direct expenses 8b		NONE			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a		NONE			
	b	Less: direct expenses 9b		NONE			
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances 10a		NONE			
	b	Less: cost of goods sold 10b		NONE			
	c	Net income or (loss) from sales of inventory		NONE			
Miscellaneous Revenue			Business Code				
	11a	CAFETERIA/VENDING SALES	722210	2,827,283.			2,827,283.
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		2,827,283.			
	12	**Total revenue.** See instructions		1,193,971,874.	1,178,908,273.	NONE	9,002,088.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	5,822,856.		5,822,856.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	222,134,611.	175,766,764.	46,367,847.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,384,848.	3,380,940.	1,003,908.	
9 Other employee benefits	30,486,811.	23,506,877.	6,979,934.	
10 Payroll taxes	18,068,289.	13,931,567.	4,136,722.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	1,455,648.	219,877.	1,235,771.	
c Accounting	369,127.		369,127.	
d Lobbying	4,589.		4,589.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 432,275,120.	415,793,095.	16,482,025.	NONE
12 Advertising and promotion	3,731,307.	3,373,163.	358,144.	
13 Office expenses	3,244,512.	1,583,717.	1,660,795.	
14 Information technology	21,042,887.	17,494,947.	3,547,940.	
15 Royalties	NONE			
16 Occupancy	36,806,887.	10,679,445.	26,127,442.	
17 Travel	651,268.	486,116.	165,152.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	204,581.	164,276.	40,305.	
20 Interest	6,321,421.	6,321,421.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	52,284,776.	40,141,504.	12,143,272.	
23 Insurance	8,324,182.	4,446,415.	3,877,767.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	148,710,617.	148,677,395.	33,222.	
b PHARMACEUTICALS/DRUGS	100,317,532.	100,236,612.	80,920.	
c CONTRACTED SERVICES	56,536,335.	39,813,283.	16,723,052.	
d FOOD/DIETARY	3,171,479.	3,171,479.		
e All other expenses	5,620,052.	2,449,648.	3,170,404.	
25 **Total functional expenses.** Add lines 1 through 24e	1,161,969,735.	1,011,638,541.	150,331,194.	NONE
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	5,010.	1	5,010.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	92,860,639.	4	101,971,121.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7	Notes and loans receivable, net	2,371,043.	7	2,371,043.
	8	Inventories for sale or use	26,457,397.	8	29,755,295.
	9	Prepaid expenses and deferred charges	5,846,843.	9	10,618,819.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1000318851.			
	b	Less: accumulated depreciation — 10b: 654,775,701.	351,271,524.	10c	345,543,150.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	251,960,825.	13	274,732,702.
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	170,890,450.	15	168,753,139.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	901,663,731.	16	933,750,279.
Liabilities	17	Accounts payable and accrued expenses	105,804,292.	17	122,084,027.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	145,894.	19	233,882.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	176,821,950.	23	149,182,608.
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	162,888,658.	25	162,909,141.
	26	**Total liabilities.** Add lines 17 through 25	445,660,794.	26	434,409,658.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** [X] **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	357,470,282.	27	391,000,368.
	28	Net assets with donor restrictions	98,532,655.	28	108,340,253.
		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	456,002,937.	32	499,340,621.
	33	Total liabilities and net assets/fund balances	901,663,731.	33	933,750,279.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,193,971,874.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,161,969,735.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,002,139.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	456,002,937.
5	Net unrealized gains (losses) on investments	5	853,200.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	10,482,345.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	499,340,621.

Part XII Financial Statements and Reporting

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

			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?	2a		X
	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?	2b	X	
	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

2024

Open to Public Inspection

Name of the organization	Employer identification number
ENGLEWOOD HOSPITAL AND MEDICAL CENTER	22-1487173

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2024.** 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 - 2023.** 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 - 2024.** 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 - 2023.** 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 . . . . . ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	3c		
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.*	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 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).*	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
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).*	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 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.***	9b		
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.***	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		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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 governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(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 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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

2024

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

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

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

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

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

Name of organization	Employer identification number (EIN)
ENGLEWOOD HOSPITAL AND MEDICAL CENTER	22-1487173

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 EINs 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)					

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

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)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		4,589.
j Total. Add lines 1c through 1i			4,589.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

SCHEDULE C, PART II-B; LINES 1G & 1I

ENGLEWOOD HOSPITAL IS A MEMBER OF FAIR SHARE HOSPITALS COLLABORATIVE ("FSHC"), THE COMMERCE AND INDUSTRY ASSOCIATION OF NEW JERSEY ("CIANJ") AND THE NEW JERSEY BUSINESS & INDUSTRY ASSOCIATION ("NJBIA") WHICH ALL ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO $4,589 DURING 2024.

SCHEDULE D (Form 990)
(Rev. December 2024)

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

Open to Public Inspection

Name of the organization
ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number
22-1487173

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 (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c 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 2d 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 $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

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:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 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		180,588.		180,588.
b Buildings		121,145,942.	59,910,183.	61,335,759.
c Leasehold improvements				
d Equipment		867,324,214.	593,210,489.	274,113,725.
e Other		11,568,107.	1,655,029.	9,913,078.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				345,543,150.

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, line 12, col. (B))*		

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)CASH & CASH EQUIVALENTS	60,213,512.	FMV
(2)GOVT & FIXED INCOME SECURITIES	61,892,970.	FMV
(3)ACCRUED INTEREST	292,049.	FMV
(4)MORTGAGE RESERVE FUND	16,344,489.	FMV
(5)PROCEEDS UNDER LEASE AGREEMENT	16,050,887.	FMV
(6)OTHER INVESTMENTS	11,598,543.	FMV
(7)INVESTMENTS IN EHF NET ASSETS	108,340,252.	FMV
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*	274,732,702.	

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

(a) Description	(b) Book value
(1)DUE FROM AFFILIATES	12,093,066.
(2)OTHER RECEIVABLES	17,082,866.
(3)RIGHT OF USE ASSETS	128,686,584.
(4)OTHER ASSETS	10,890,623.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	168,753,139.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)DUE TO THIRD PARTY PAYORS	46,925,769.
(3)ACCRUED PENS & POST-RET HLTH LIAB	574,164.
(4)ESTIMATED MALPRACTICE CLAIMS	3,556,784.
(5)LEASE LIABILITY	99,126,230.
(6)DUE TO AFFILIATES	417,786.
(7)OTHER LIABILITIES	12,308,408.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	162,909,141.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF ENGLEWOOD HOSPITAL AND SUBSIDIARIES FOR THE YEARS ENDED DECEMBER 31, 2024 AND DECEMBER 31, 2023; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE SYSTEM'S 2024 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740):

THE HOSPITAL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2024 AND 2023.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number

22-1487173

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 900.0000 %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a		X
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)			30,308,848.	1,156,323.	29,152,525.	2.51
b Medicaid (from Worksheet 3, column a)			196,775,603.	124,767,409.	72,008,194.	6.20
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs			227,084,451.	125,923,732.	101,160,719.	8.71
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,245,566.		1,245,566.	0.11
f Health professions education (from Worksheet 5)			18,603,638.	295,796.	18,307,842.	1.58
g Subsidized health services (from Worksheet 6)			327,236,894.	173,974,739.	153,262,155.	13.19
h Research (from Worksheet 7)			627,875.	100,317.	527,558.	0.05
i Cash and in-kind contributions for community benefit (from Worksheet 8)			412,500.		412,500.	0.04
j **Total.** Other benefits			348,126,473.	174,370,852.	173,755,621.	14.97
k **Total.** Add lines 7d and 7j			575,210,924.	300,294,584.	274,916,340.	23.68

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	25,373,166.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	3,970,901.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	155,294,788.		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	259,327,189.		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-104,032,401.		
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers', directors', trustees', or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ENGLEWOOD HOSPITAL AND MEDICAL CENTER 350 ENGLE STREET ENGLEWOOD NJ 07631 WWW.ENGLEWOODHEALTH.ORG	10	202								
	X	X		X		X	X			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment (CHNA)				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 2022			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X	
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.ENGLEWOODHEALTH.ORG			
b	[X] Other website (list url): WWW.HEALTHYBERGEN.ORG			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2022			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," list url: WWW.ENGLEWOODHEALTH.ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 200.0000 % for eligibility for discounted care of 900.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[X] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	X	
a	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	X	
a	[X] The FAP was widely available on a website (list url): WWW.ENGLEWOODHEALTH.ORG			
b	[X] The FAP application form was widely available on a website (list url): WWW.ENGLEWOODHEALTH.ORG			
c	[X] A plain language summary of the FAP was widely available on a website (list url): WWW.ENGLEWOODHEALTH.ORG			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations			
j	[ ] Other (describe in Section C)			

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

Billing and Collections

Name of hospital facility or letter of facility reporting group: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

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

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

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

Name of hospital facility or letter of facility reporting group: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

			Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:			
a	[X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	[ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c	[ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	[ ] The hospital facility used a prospective Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.	**23**		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.	**24**		X

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

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

SCHEDULE H, PART V, SECTION B, QUESTION 5

WHILE CONDUCTING ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") ENGLEWOOD HOSPITAL AND MEDICAL CENTER ("ENGLEWOOD HOSPITAL") TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY.

THIS CHNA IS A SYSTEMATIC, DATA-DRIVEN APPROACH TO DETERMINING THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF RESIDENTS IN THE SERVICE AREA OF ENGLEWOOD HOSPITAL. SUBSEQUENTLY, THIS INFORMATION MAY BE USED TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS. A CHNA PROVIDES INFORMATION SO THAT COMMUNITIES MAY IDENTIFY ISSUES OF GREATEST CONCERN AND DECIDE TO COMMIT RESOURCES TO THOSE AREAS, THEREBY MAKING THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS. THIS ASSESSMENT FOR ENGLEWOOD HOSPITAL IS PART OF A REGIONAL PROJECT CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) FOR THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) OF BERGEN COUNTY ("THE PARTNERSHIP"). PRC IS A NATIONALLY RECOGNIZED HEALTH CARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS IN HUNDREDS OF COMMUNITIES ACROSS THE UNITED STATES SINCE 1994. METHODOLOGY - THIS ASSESSMENT INCORPORATES DATA FROM MULTIPLE SOURCES, INCLUDING PRIMARY RESEARCH (THROUGH THE PRC COMMUNITY HEALTH SURVEY AND PRC ONLINE KEY INFORMANT SURVEY), AND QUALITATIVE RESEARCH INCLUDING FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AS WELL AS A REVIEW OF SECONDARY DATA INCLUDING VITAL STATISTICS AND OTHER EXISTING HEALTH INDICATORS.

ONLINE KEY INFORMANT SURVEY

TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION.

LOCAL STAKEHOLDERS WERE ASKED TO PROVIDE INPUT ABOUT COMMUNITIES IN BERGEN COUNTY; THE INPUT ALSO INCLUDED STAKEHOLDERS WHO WORK MORE REGIONALLY OR STATEWIDE.

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

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

IN ALL, 146 COMMUNITY STAKEHOLDERS IN BERGEN COUNTY TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED BELOW:

- 17 PHYSICIANS
- 15 PUBLIC HEALTH REPRESENTATIVES
- 39 OTHER HEALTH PROVIDERS
- 26 SOCIAL SERVICES PROVIDERS
- 49 OTHER COMMUNITY LEADERS

FINAL PARTICIPATION INCLUDED REPRESENTATIVES OF THE ORGANIZATIONS OUTLINED BELOW:

- ACADEMIC MEDICAL PRACTICE
- AGE-FRIENDLY ENGLEWOOD
- AGE-FRIENDLY TEANECK
- ALL THINGZ AP
- ANNIE CLYDE HOLT FOOD PANTRY
- ASIAN WOMEN'S CHRISTIAN ASSOCIATION
- BALANCE AND THRIVE COUNSELING CENTER
- BC SPECIAL SERVICES SCHOOL DISTRICT
- BECTON DICKINSON/PRIVATE PRACTICE/CHIP
- BEHAVIORAL HEALTH
- BERGEN COMMUNITY COLLEGE
- BERGEN COUNTY
- BERGEN COUNTY COMMISSIONER
- BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES
- BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES-DRUG PREVENTION ALLIANCE
- BERGEN COUNTY DIVISION OF SENIOR SERVICES
- BERGEN FAMILY CENTER
- BERGEN FAMILY CENTER, SOUTHEAST SENIOR CENTER FOR INDEPENDENT LIVING
- BERGEN NEW BRIDGE MEDICAL CENTER
- BERGEN VOLUNTEER MEDICAL INITIATIVE
- BERGEN'S PROMISE
- BOROUGH OF WESTWOOD
- BOYS & GIRLS CLUB
- CARLSTADT HEALTH DEPARTMENT
- CENTER FOR FOOD ACTION
- CHRISTIAN HEALTH
- CHURCH OF THE TABERNACLE NORTH BERGEN
- COMMUNITY CHEST
- COMMUNITY HEALTH
- COMMUNITY OUTREACH
- COMPREHENSIVE BEHAVIORAL HEALTH CARE
- DIGITAL VOICE NETWORK
- DWIGHT MORROW HS
- EASTWICK COLLEGE
- EBENEEZER CHURCH

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

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

- EMBODY WELLNESS
- ENGLEWOOD HEALTH
- ENGLEWOOD HEALTH DEPARTMENT
- EZ RIDE-BIKE & PEDESTRIAN
- FAMILY PROMISE OF RIDGEWOOD
- FAMILY SUCCESS CENTER
- FOOD PANTRY-FAIRLAWN
- FRANKLIN LAKES RECREATION
- FUSION MUSLIM COMMUNITY CENTER OF NJ
- GALILEE CHURCH
- GARFIELD PUBLIC SCHOOL
- GENERATIONS COUNSELING & CARE MANAGEMENT
- GREATER BERGEN COMMUNITY ACTION
- HACKENSACK MERIDIAN
- HACKENSACK MERIDIAN HEALTH-PASCACK VALLEY MEDICAL CENTER
- HACKENSACK PUBLIC SCHOOLS
- HEALTHBARN USA
- HOLY NAME MEDICAL CENTER
- HOLY NAME CANCER COMMUNITY
- HOLY NAME FITNESS
- JEWISH FAMILY AND CHILDREN'S SERVICES
- KOREAN AMERICAN SENIOR CITIZENS ASSOCIATION OF NJ
- KOREAN COMMUNITY CENTER
- K-RADIO, ESTHER HA FOUNDATION
- LPM STRATEGIES, LLC
- MAYWOOD HEALTH DEPARTMENT/WELLNESS
- MEADOWLANDS AREA YMCA
- MEALS ON WHEELS NORTHERN JERSEY
- METRO COMMUNITY CENTER/CHURCH
- MIDLAND PARK SENIOR CENTER AND AGE FRIENDLY RIDGEWOOD
- MOUNT BETHEL CHURCH
- NAACP, BERGEN COUNTY CHAPTER
- NEW JERSEY BUDDIES
- OFFICE OF CONCERN FOOD PANTRY
- PASCACK MEDICAL GROUP
- PASCACK VALLEY MEDICAL CENTER
- PASCACK VALLEY MEDICAL GROUP
- PEDIATRIC EMERGENCY DEPARTMENT
- PHYSICIANS' PRACTICE ENHANCEMENT
- PILGRIM CHURCH
- PRESBYTERIAN CHURCH OF TEANECK
- RENFREW CENTER FOR EATING DISORDERS
- RIDGECREST APARTMENTS
- RIDGEWOOD PUBLIC SCHOOLS
- RUSSELL BERRIE FOUNDATION
- SADDLE BROOK PUBLIC SCHOOLS
- SHOPRITE
- SODEXO

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

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

- TEANECK HEALTH DEPARTMENT
- TEANECK RECREATION DEPARTMENT
- TEANECK RECREATION CENTER
- THE CENTER FOR ALCOHOL AND DRUG RESOURCES
- TOWNSHIP OF TEANECK
- VALLEY HOME CARE
- VALLEY HOSPITAL
- VANTAGE HEALTH SYSTEM
- WEST BERGEN MENTAL HEALTHCARE
- WESTWOOD FOR ALL AGES
- WFM PROJECT & CONSTRUCTION
- YOUNG MEN'S CHRISTIAN ASSOCIATION NORTHERN NEW JERSEY

FOCUS GROUPS & KEY INFORMANT INTERVIEWS

TO COMPLEMENT THE SURVEY AND OTHER FINDINGS, MULTIPLE FOCUS GROUPS WERE HELD THROUGHOUT THE COUNTY AMONG THOSE REPRESENTING THE FOLLOWING POPULATIONS:

- AFRICAN AMERICAN COMMUNITY LEADERS
- ELDER CARE PROVIDERS
- EMT/FIRST RESPONDERS
- HEALTH OFFICERS FROM BERGEN COUNTY COMMUNITIES
- KOREAN LANGUAGE SPEAKERS
- LGBTQ+ COMMUNITY MEMBERS
- MENTAL HEALTH AND SUBSTANCE USE PROVIDERS
- LATINX COMMUNITY LEADERS
- YOUTH SERVICE PROVIDERS

IN ADDITION, A SERIES OF ONE-ON-ONE INTERVIEWS WAS ALSO CONDUCTED WITH A VARIETY OF KEY INFORMANTS. THESE FOCUS GROUPS AND INTERVIEWS WERE CONDUCTED BY 35TH STREET CONSULTING, LLC.

SCHEDULE H, PART V, SECTION B, QUESTIONS 6A & 6B

ENGLEWOOD HOSPITAL'S CHNA WAS COMPLETED IN COLLABORATION WITH THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP ("CHIP") OF BERGEN COUNTY, WHICH INCLUDED BERGEN NEW BRIDGE MEDICAL CENTER, CHRISTIAN HEALTH - RAMAPO RIDGE PSYCHIATRIC HOSPITAL, ENGLEWOOD HOSPITAL, HACKENSACK MERIDIAN HEALTH HACKENSACK UNIVERSITY MEDICAL CENTER, HACKENSACK MERIDIAN HEALTH PASCACK VALLEY MEDICAL CENTER, HOLY NAME MEDICAL CENTER, AND THE VALLEY HOSPITAL. REPRESENTATIVES FROM THESE SEVEN HOSPITALS, ALONG WITH REPRESENTATIVES OF THE BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES ("BCDHS") AND THE CHIP OF BERGEN COUNTY, WORKED COLLABORATIVELY TO PLAN AND EXECUTE THE CHNA. THE STEERING COMMITTEE HIRED PROFESSIONAL RESEARCH

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

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

CONSULTANTS, INC. ("PRC"), A PUBLIC HEALTH RESEARCH AND CONSULTING FIRM, TO SUPPORT THEIR EFFORTS AND COMPLETE THE CHNA.

SCHEDULE H, PART V, SECTION B, QUESTIONS 7A & 7B

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTHCARE SYSTEM, INC. AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR THE SYSTEM. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: HTTPS://WWW.ENGLEWOODHEALTH.ORG/ABOUT-US/HEALTH-EQUITY-EFFORTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

ADDITIONALLY, THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY'S CHNA, WHICH INCLUDES THIS ORGANIZATION, IS MADE WIDELY AVAILABLE AT THE FOLLOWING URL: WWW.HEALTHYBERGEN.ORG

SCHEDULE H, PART V, SECTION B, QUESTION 10A

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10A, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S IMPLEMENTATION STRATEGY IS MADE WIDELY AVAILABLE AND CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED WITHIN THE SYSTEM'S WEBSITE: HTTPS://WWW.ENGLEWOODHEALTH.ORG/ABOUT-US/HEALTH-EQUITY-EFFORTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

SCHEDULE H, PART V, SECTION B, QUESTION 11

THE ORGANIZATION IS COMMITTED TO IMPROVING THE HEALTH STATUS AND WELL-BEING OF ALL RESIDENTS LIVING IN THEIR SERVICE AREA. CERTAINLY ALL GEOGRAPHIC, DEMOGRAPHIC, AND SOCIOECONOMIC SEGMENTS OF THE POPULATION FACE CHALLENGES THAT MAY IMPEDE THEIR ABILITY TO ACCESS CARE OR MAINTAIN GOOD HEALTH. REGARDLESS OF AGE, RACE/ETHNICITY, INCOME, FAMILY HISTORY, OR OTHER CHARACTERISTICS, EVERYONE IS IMPACTED IN SOME WAY BY HEALTH-RELATED DISPARITIES. WITH THIS IN MIND, ENGLEWOOD'S IMPLEMENTATION STRATEGY INCLUDES ACTIVITIES THAT WILL SUPPORT ALL RESIDENTS, ACROSS ALL SEGMENTS OF THE POPULATION. HOWEVER, BASED ON THE ASSESSMENT'S QUANTITATIVE AND QUALITATIVE FINDINGS, THE IMPLEMENTATION STRATEGY WILL PRIORITIZE CERTAIN DEMOGRAPHIC AND SOCIO-ECONOMIC SEGMENTS OF THE POPULATION.

THE ORGANIZATION'S IMPLEMENTATION STRATEGY WAS APPROVED BY THE ENGLEWOOD

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

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

HEALTH BOARD OF TRUSTEES ON FEBRUARY 23, 2023. THE IMPLEMENTATION STRATEGY IS THE RESULT OF BERGEN COUNTY'S CHNA, CONDUCTED IN 2022. THE ASSESSMENT INCORPORATES DATA FROM MULTIPLE SOURCES, INCLUDING PRIMARY RESEARCH AND QUALITATIVE RESEARCH INCLUDING FOCUS GROUPS, KEY INFORMANT INTERVIEWS, AS WELL AS A REVIEW OF SECONDARY DATA INCLUDING VITAL STATISTICS AND OTHER EXISTING HEALTH INDICATORS.

BASED ON THE RESULTS FROM ITS CHNA, ENGLEWOOD HAS PRIORITIZED THE SIGNIFICANT NEEDS IDENTIFIED INTO THE FOLLOWING PRIORITY AREAS:

1) HEALTHY MINDS - MENTAL HEALTH, SUBSTANCE ABUSE, AND STRESS.

2) HEALTHY BODIES - CHRONIC DISEASE PREVENTION AND AWARENESS.

3) BUILDING BRIDGES - COMMUNICATION, CONNECTION, OUTREACH, AND ACCESS.

ENGLEWOOD HEALTH IS COMMITTED TO ACHIEVING IMPROVED HEALTH THROUGH BETTER QUALITY CARE AT LOWER COSTS. TO ADDRESS THE NEEDS OF ITS COMMUNITY, ENGLEWOOD HEALTH IS ALLOCATING SIGNIFICANT RESOURCES TO ACHIEVE THE GOALS SET FORTH IN ITS IMPLEMENTATION STRATEGY. ENGLEWOOD HEALTH'S POPULATION HEALTH DEPARTMENT, WHICH INCLUDES BOTH CLINICAL AND COMMUNITY SUPPORT SERVICES, WILL LEAD THIS EFFORT. ENGLEWOOD HEALTH IS DEDICATED TO BEING THE HEALTHCARE LEADER FOR OUR COMMUNITY.

THE BELOW DESCRIBES THE ORGANIZATION'S PRIORITY AREAS, GOALS, OBJECTIVE/STRATEGIES AND SAMPLE PROCESS/OUTCOME MEASUREMENTS AS DEFINED WITHIN ITS IMPLEMENTATION STRATEGY:

HEALTHY MINDS

GOAL: INCREASE ACCESS TO MENTAL AND BEHAVIORAL HEALTH SUPPORTS AT THE APPROPRIATE LEVEL OF CARE FOR ALL PEOPLE.

OBJECTIVES:

1) EXPAND ACCESS TO BEHAVIORAL HEALTH INFORMATION, SERVICES, EDUCATION, RESOURCES, AND SCREENINGS WITH AN EMPHASIS ON VULNERABLE AND PRIORITY POPULATIONS (MULTIPLE LANGUAGES)
2) EXPAND BEHAVIORAL HEALTH PARTNERSHIPS WITH OUTSIDE ORGANIZATIONS TO FURTHER MEET PATIENT AND COMMUNITY NEEDS
3) CONTINUE TO PROMOTE EFFORTS TO REDUCE BH STIGMA
4) RECRUIT, RETAIN AND PROMOTE DIVERSE BEHAVIORAL HEALTH STAFF

STRATEGIES:

- EXPAND SCREENING OPPORTUNITIES FOR PATIENTS AND COMMUNITY AND INCREASE CONNECTION TO RESOURCES

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

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

- EXPAND EMOTIONAL WELLNESS AWARENESS EDUCATION AND PROGRAMS INCLUDING SKILL BUILDING AND HEALTHY HABITS
- PROVIDE BEHAVIORAL HEALTH AND DISEASE SPECIFIC EMOTIONAL WELLNESS GROUPS FOR PATIENTS/COMMUNITY AND THEIR FAMILIES
- COLLABORATE WITH LOCAL AND REGIONAL PARTNERS TO PROVIDE EDUCATION, INFORMATION AND CONNECTION TO RESOURCES FOR BEHAVIORAL HEALTH ISSUES
- CONTINUE TO SUPPORT EDUCATION AND RESOURCES THAT ADDRESS SUBSTANCE MISUSE AMONG PATIENTS AND THE COMMUNITY AT LARGE
- CONTINUE TO PROVIDE STAFF TRAINING AND DEVELOPMENT ON HIRING WITH A FOCUS ON CULTURE AND DIVERSITY

HEALTHY BODIES

GOAL: INCREASE AVAILABILITY, COORDINATION, AND CONNECTION TO HEALTHY LIVING SERVICES AND RESOURCES FOR ALL PEOPLE.

OBJECTIVES:

1) PROVIDE EDUCATION AND INTERVENTIONS REGARDING WELLNESS, HEALTH PROMOTION, PREVENTION EFFORTS, RISK FACTORS, AND HEALTHY BEHAVIORS
2) PROVIDE PROGRAMS THAT PROMOTE EDUCATION AND AWARENESS OF CHRONIC AND COMPLEX CONDITIONS
3) EXPAND CARE DELIVERY TO INCREASE ACCESS TO CARE FOR DIVERSE AND VULNERABLE POPULATIONS
4) SUPPORT PUBLIC HEALTH DEPARTMENTS IN LOCAL PREVENTION AND EMERGENCY INITIATIVES

STRATEGIES:

- INCREASE PARTICIPATION IN BEST PRACTICES FOOD AND HEALTHY LIVING PROGRAMS AMONG DIVERSE AND VULNERABLE POPULATIONS
- IMPLEMENT PROGRAMS AND EVENTS WITH LOCAL AND REGIONAL COLLABORATIVES THAT ADDRESS ISSUES RELATED TO WELLNESS, PREVENTION, AND RISK FACTORS
- EXPAND PROGRAMS AND POLICIES THAT SCREEN FOR AND ADDRESS SDOH (WITH A FOCUS ON NUTRITION AND FOOD SECURITY)
- CONDUCT SCREENINGS FOR CHRONIC DISEASE RISK FACTORS (E.G. CANCER, HIGH BLOOD PRESSURE, CHOLESTEROL, BMI) AND PROVIDE REFERRALS TO APPROPRIATE TREATMENT OR SERVICES
- PROVIDE LINKAGE TO CARE, WITH INCREASED ACCESS TO PROVIDERS AND NAVIGATION WITHIN PHYSICIAN NETWORK
- CONTINUE TO EXPAND PARTNERSHIPS WITH EXTERNAL ORGANIZATIONS TO ENHANCE CARE DELIVERY TO POPULATIONS CURRENTLY EXPERIENCING GAPS IN CARE

BUILDING BRIDGES

GOAL: INCREASE EQUITABLE ACCESS TO THE RESOURCES NEEDED TO PREVENT,

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

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

SCREEN AND TREAT DISEASE

OBJECTIVES:

1) EXPAND RESOURCES, TOOLS AND NAVIGATION SERVICES THAT REMOVE BARRIERS TO CARE (LANGUAGE, AGE/TRANSPORTATION)
2) IMPLEMENT LOCAL AND REGIONAL EFFORTS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE ISSUES
3) ENHANCE ENGLEWOOD HOSPITAL COMPETENCY / HEALTH EQUITY COMMITMENT TO PATIENTS AND COMMUNITY AND INCREASE COMMUNICATION ON THIS TOPIC

STRATEGIES:

- PROMOTE BETTER AWARENESS OF HEALTH CARE ACCESS OPPORTUNITIES, AFFORDABLE TRANSPORTATION OPTIONS AND EXECUTE COMMUNICATION IN A CULTURALLY INFORMED APPROACH
- INCREASE SCREENING FOR SOCIAL DETERMINANTS OF HEALTH
- FACILITATE EASE OF REFERRAL ACCESS AND INCREASE CONNECTIONS BETWEEN PARTNER AGENCIES
- MAKE APPROPRIATE REFERRALS TO COMMUNITY-BASED RESOURCES
- CONTINUE TO EXPAND OPPORTUNITIES FOR COLLABORATIVE ACTION WITH DIVERSE COMMUNITY PARTNERS
- STRENGTHEN CULTURAL COMPETENCY TRAINING FOR TEAM MEMBERS AND PHYSICIANS

SCHEDULE H, PART V, SECTION B, QUESTION 13A

DUE TO CHARACTER LIMITATIONS, THE PERCENTAGE REFLECTED IN SCHEDULE H, PART V, SECTION B, QUESTION 13, FOR THE ORGANIZATION'S FEDERAL POVERTY GUIDELINE ("FPG") FAMILY INCOME LIMIT TO DETERMINE ELIGIBILITY FOR DISCOUNTED CARE IS 900%. HOWEVER, THIS ORGANIZATION OFFERS DISCOUNTED CARE TO ALL UNINSURED PATIENTS FOR EMERGENCY AND MEDICALLY NECESSARY CARE REGARDLESS OF INCOME.

SCHEDULE H, PART V, SECTION B, QUESTION 16

DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR THE SYSTEM. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY ARE MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE. THESE DOCUMENTS CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN THE SYSTEM'S WEBSITE: HTTPS://WWW.ENGLEWOODHEALTH.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE-AND-BILLING-POLICIES

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 3B

DUE TO CHARACTER LIMITATIONS, THE PERCENTAGE REFLECTED IN SCHEDULE H, PART I, LINE 3B, FOR THE ORGANIZATION'S FEDERAL POVERTY GUIDELINE ("FPG") FAMILY INCOME LIMIT TO DETERMINE ELIGIBILITY FOR DISCOUNTED CARE IS 900%. HOWEVER, THIS ORGANIZATION OFFERS DISCOUNTED CARE TO ALL UNINSURED PATIENTS FOR EMERGENCY AND MEDICALLY NECESSARY CARE REGARDLESS OF INCOME.

SCHEDULE H, PART I, LINE 3C

IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, ENGLEWOOD HOSPITAL USES OTHER FACTORS IN DETERMINING ELIGIBILITY CRITERIA FOR FREE AND DISCOUNTED CARE. OTHER FACTORS TO DETERMINE ELIGIBILITY INCLUDE:

- ASSET LEVEL;
- MEDICAL INDIGENCY;
- INSURANCE STATUS;
- UNDERINSURANCE STATUS; AND

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- RESIDENCY.

ADDITIONAL INFORMATION WITH RESPECT TO ENGLEWOOD HOSPITAL'S ELIGIBILITY

CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW.

NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM ("CHARITY CARE")

==========

CHARITY CARE IS A NEW JERSEY PROGRAM IN WHICH FREE OR DISCOUNTED CARE IS

AVAILABLE TO PATIENTS WHO RECEIVE INPATIENT AND OUTPATIENT SERVICES AT

ACUTE CARE HOSPITALS THROUGHOUT THE STATE OF NEW JERSEY. HOSPITAL

ASSISTANCE AND REDUCED CHARGE CARE ARE ONLY AVAILABLE FOR NECESSARY

EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.

PATIENTS MAY BE ELIGIBLE FOR CHARITY CARE IF THEY ARE NEW JERSEY

RESIDENTS WHO:

1) HAVE NO HEALTH COVERAGE OR HAVE COVERAGE THAT PAYS ONLY PART OF THE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HOSPITAL BILL (UNINSURED OR UNDERINSURED);

2) ARE INELIGIBLE FOR ANY PRIVATE OR GOVERNMENTAL SPONSORED COVERAGE

(SUCH AS MEDICAID); AND

3) MEET THE FOLLOWING INCOME AND ASSET ELIGIBILITY CRITERIA DESCRIBED

BELOW.

INCOME ELIGIBILITY CRITERIA

PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO 200% OF THE

FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR 100% CHARITY CARE COVERAGE.

PATIENTS WITH FAMILY GROSS INCOME GREATER THAN 200% BUT LESS THAN OR

EQUAL TO 300% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR

DISCOUNTED CARE.

ASSET CRITERIA

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE INCLUDES ASSET ELIGIBILITY THRESHOLDS WHICH STATES THAT

INDIVIDUAL ASSETS CANNOT EXCEED $7,500 AND FAMILY ASSETS CANNOT EXCEED

$15,000 AS OF THE DATE OF SERVICE.

RESIDENCY CRITERIA

CHARITY CARE MAY BE AVAILABLE TO NON-NEW JERSEY RESIDENTS, REQUIRING

IMMEDIATE MEDICAL ATTENTION FOR AN EMERGENCY MEDICAL CONDITION.

ADDITIONALLY, PLEASE NOTE THAT THIS ORGANIZATION OFFERS DISCOUNTED CARE

TO ALL UNINSURED PATIENTS FOR EMERGENCY AND MEDICALLY NECESSARY CARE

REGARDLESS OF INCOME.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I; QUESTION 7

THE ORGANIZATION'S COST TO CHARGE RATIO REFLECTS TOTAL OPERATING COSTS,

EXCLUDING BAD DEBT AND OTHER OPERATING REVENUE, TO GROSS CHARGES.

THE HOSPITAL UTILIZED WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS TO

DERIVE ITS COST-TO-CHARGE RATIO.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I; QUESTION 7B

ENGLEWOOD HOSPITAL PARTNERED WITH BERGEN COUNTY AND THE STATE OF NEW JERSEY THROUGH A PROVIDER ASSESSMENT MECHANISM TO MAKE THE STATE OF NEW JERSEY MEDICAID PROGRAM HEALTHIER FOR ALL. THE PROGRAM INCREASES FINANCIAL RESOURCES PROVIDED TO CERTAIN HOSPITALS USING THE STATE OF NEW JERSEY'S MEDICAID PROGRAM AND CERTAIN FEDERAL MATCHING FUNDS IN ORDER TO BETTER SERVE THE NEEDS IN THE COMMUNITY. THE ADDITIONAL FUNDS RECEIVED FROM THE PROGRAM DURING 2024 TOTALED APPROXIMATELY $24.6M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. THE ASSOCIATED COUNTY OPTION EXPENSES ASSOCIATED WITH THE PROGRAM DURING 2024 TOTALED APPROXIMATELY $18.0M AND ARE INCLUDED IN SCHEDULE H, PART I; LINE 7B; MEDICAID TOTAL COMMUNITY BENEFIT EXPENSE. IN ADDITION, ENGLEWOOD HOSPITAL RECEIVED MEDICAID ADD-ON PAYMENTS AND QUALITY IMPROVEMENT PROGRAM - NEW JERSEY ("QIP-NJ") FUNDING TO SUPPORT CONTINUED POPULATION HEALTH IMPROVEMENT ACROSS NEW JERSEY. THE ADDITIONAL FUNDS RECEIVED FROM MEDICAID ADD-ON PAYMENTS AND QIP-NJ PROGRAM DURING 2024 TOTALED APPROXIMATELY $4.9M AND ARE INCLUDED IN SCHEDULE H, PART I;

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

LINE 7B; DIRECT OFFSETTING MEDICAID REVENUE. IF ENGLEWOOD HOSPITAL DID NOT RECEIVE THESE ADDITIONAL FUNDS, THE NET COMMUNITY BENEFIT EXPENSE REPORTED ON SCHEDULE H, PART I; LINE 7K WOULD BE $286,349,473 AND THE NET COMMUNITY BENEFIT PERCENTAGE REPORTED ON SCHEDULE H, PART I; LINE K WOULD BE 24.64%.

SCHEDULE H, PART II

NOT APPLICABLE.

SCHEDULE H, PART III, QUESTIONS 2 & 3

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS FINANCIAL STATEMENT, WHICH IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN MEDICARE AND MEDICAID HEALTH COVERAGE AND OTHER COLLECTION INDICATORS. ADDITIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RESULT FROM THE PROVISION FOR BAD DEBTS; DEDUCTIONS FROM THE ALLOWANCE

FOR DOUBTFUL ACCOUNTS RESULT FROM ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE.

THE ESTIMATED BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, REFLECTED ON SCHEDULE H,

PART III, LINE 3, IS APPROXIMATELY 13.89% OF THE TOTAL BAD DEBT EXPENSE.

THIS PERCENTAGE REPRESENTS THE PORTION OF SELF-PAY INDIVIDUALS INCLUDED

WITHIN THE BAD DEBT EXPENSE AMOUNT. HAD THESE INDIVIDUALS COMPLETED THE

REQUIREMENTS NECESSARY TO APPLY FOR FINANCIAL ASSISTANCE, THEY WOULD HAVE

LIKELY BEEN ELIGIBLE.

THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE)

METHODOLOGY AND FINANCIAL ASSISTANCE POLICIES ARE CONSISTENTLY APPLIED.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, QUESTION 4

ENGLEWOOD HOSPITAL AND ITS SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE TEXT BELOW WAS OBTAINED FROM THE ENGLEWOOD HOSPITAL AND SUBSIDIARIES AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOOTNOTES:

PATIENT ACCOUNTS RECEIVABLE

ACCOUNTS RECEIVABLE ARE RECORDED AT NET REALIZABLE VALUE AT THE TRANSACTION PRICE BASED ON STANDARD CHARGES FOR SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO UNINSURED OR UNDERINSURED PATIENTS IN ACCORDANCE WITH THE HOSPITAL'S POLICIES, AND/OR IMPLICIT PRICE CONCESSIONS PROVIDED TO UNINSURED OR UNDERINSURED PATIENTS, AND DO NOT BEAR INTEREST. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT REVENUE IN THE PERIOD OF THE CHANGE.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE HOSPITAL ASSESSES COLLECTABILITY ON PATIENT CONTRACTS PRIOR TO THE RECOGNITION OF NET PATIENT SERVICE REVENUES. PATIENT ACCOUNTS RECEIVABLE IS RECORDED AT ITS NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF THROUGH THE PROVISION FOR CREDIT LOSS WHEN THE HOSPITAL HAS EXHAUSTED ALL COLLECTION EFFORTS AND DETERMINES ACCOUNTS ARE IMPAIRED BASED ON CHANGES IN PATIENT CREDIT WORTHINESS.

REVENUE RECOGNITION

NET PATIENT SERVICE REVENUE IS RECOGNIZED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE HOSPITAL EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING COMMERCIAL AND GOVERNMENTAL PROGRAMS) AND OTHERS AND INCLUDES VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS AND INVESTIGATIONS. GENERALLY, THE HOSPITAL BILLS THE PATIENTS AND THIRD-PARTY PAYORS SEVERAL

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DAYS AFTER THE SERVICES ARE PERFORMED AND/OR THE PATIENT IS DISCHARGED

FROM THE FACILITY. REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE

SATISFIED.

PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE

SERVICES PROVIDED BY THE HOSPITAL. REVENUE FOR PERFORMANCE OBLIGATIONS

SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL SERVICES INCURRED IN

RELATION TO TOTAL EXPECTED (OR ACTUAL) PAYMENTS. THE HOSPITAL BELIEVES

THAT THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF

SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS

NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS

SATISFIED OVER TIME RELATE TO PATIENTS IN THE HOSPITAL RECEIVING

INPATIENT ACUTE CARE SERVICES. THE HOSPITAL MEASURES THE PERFORMANCE

OBLIGATION FROM ADMISSION INTO THE FACILITY TO THE POINT WHEN IT IS NO

LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY

AT THE TIME OF DISCHARGE. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED

AT A POINT IN TIME ARE RECOGNIZED WHEN SERVICES ARE PROVIDED AND THE

HOSPITAL DOES NOT BELIEVE IT IS REQUIRED TO PROVIDE ADDITIONAL SERVICES

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO THE PATIENT.

GENERALLY, BECAUSE ALL THE HOSPITAL'S PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, THE HOSPITAL HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION PROVIDED IN ACCOUNTING STANDARD CODIFICATION (ASC) 606-10-50-14(A) AND, THEREFORE, THE HOSPITAL IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY UNSATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATIONS REFERRED TO ABOVE ARE PRIMARILY RELATED TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE CONTRACTS ARE GENERALLY COMPLETED WHEN THE PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WEEKS OF THE END OF THE REPORTING PERIOD.

THE HOSPITAL DETERMINES THE TRANSACTION PRICE BASED ON STANDARD CHARGES FOR SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO UNINSURED PATIENTS IN

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ACCORDANCE WITH THE HOSPITAL'S POLICY, AND /OR IMPLICIT PRICE CONCESSIONS

PROVIDED TO UNINSURED PATIENTS. THE HOSPITAL DETERMINES ITS ESTIMATES OF

CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS,

ITS DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. THE HOSPITAL DETERMINES

ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL

COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS.

NET PATIENT SERVICE REVENUE

THE HOSPITAL HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE FOR

PAYMENTS TO THE HOSPITAL AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES.

PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER

DISCHARGE, REIMBURSED COSTS, DISCOUNTS FROM CHARGES AND PER DIEM

PAYMENTS. NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET

REALIZABLE AMOUNTS DUE FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR

SERVICES RENDERED AND INCLUDES ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS

DUE TO ONGOING AND FUTURE AUDITS, REVIEWS AND INVESTIGATIONS. RETROACTIVE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED

BASIS IN THE PERIOD THAT RELATED SERVICES ARE RENDERED AND ADJUSTED IN

FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER

SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS.

CHARITY CARE AND COMMUNITY BENEFIT

IN ACCORDANCE WITH ITS MISSION AND PHILOSOPHY, THE HOSPITAL COMMITS

SUBSTANTIAL RESOURCES TO SPONSOR A BROAD RANGE OF SERVICES TO BOTH THE

INDIGENT AS WELL AS THE BROADER COMMUNITY. COMMUNITY BENEFITS PROVIDED TO

THE INDIGENT INCLUDE THE COST OF PROVIDING SERVICES TO PERSONS WHO CANNOT

AFFORD HEALTH CARE DUE TO INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED

OR UNDERINSURED. THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF:

TRADITIONAL CHARITY CARE; UNPAID COSTS OF CARE PROVIDED TO BENEFICIARIES

OF MEDICARE AND MEDICAID AND OTHER INDIGENT PUBLIC PROGRAMS.

CHARITY CARE IS PROVIDED BY THE HOSPITAL TO PATIENTS WHO MEET CERTAIN

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("DOH") WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. THE HOSPITAL REDUCES NET REVENUES IN ACCORDANCE WITH THESE CRITERIA. THE HOSPITAL'S RECORDS IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES.

COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY INCLUDE THE COSTS OF PROVIDING SERVICES TO OTHER POPULATIONS WHO MAY NOT QUALIFY AS INDIGENT BUT MAY NEED SPECIAL SERVICES AND SUPPORT. THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF: SERVICES SUCH AS HEALTH PROMOTION AND EDUCATION, HEALTH SCREENINGS, ALL OF WHICH ARE NOT BILLED OR CAN BE OPERATED ONLY ON A DEFICIT BASIS; UNPAID PORTIONS OF TRAINING HEALTH PROFESSIONALS SUCH AS MEDICAL RESIDENTS, STUDENTS IN ALLIED HEALTH PROFESSIONS; AND THE UNPAID PORTIONS OF TESTING MEDICAL EQUIPMENT AND CONTROLLED STUDIES OF THERAPEUTIC PROTOCOLS.

THE COSTS OF CHARITY CARE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE DERIVED FROM BOTH ESTIMATED AND ACTUAL DATA. THE ESTIMATED COST OF CHARITY CARE INCLUDES THE DIRECT AND INDIRECT COST OF PROVIDING SUCH

Part VI Supplemental Information

Provide the following information.

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2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SERVICES AND IS ESTIMATED UTILIZING THE HOSPITAL'S RATIO OF COST TO GROSS

CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES

ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS.

THE HOSPITAL RECEIVES PAYMENTS FROM THE NEW JERSEY HEALTH CARE SUBSIDY

FUNDS FOR CHARITY CARE AND SUCH AMOUNTS TOTALED APPROXIMATELY $1,200,000

AND $2,000,000 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023,

RESPECTIVELY.

OTHER THIRD-PARTY PAYORS

THE HOSPITAL ALSO HAS ENTERED INTO PAYMENT AGREEMENTS WITH CERTAIN

COMMERCIAL INSURANCE CARRIERS AND HEALTH MAINTENANCE ORGANIZATIONS. THE

BASIS FOR PAYMENT TO THE HOSPITAL UNDER THESE AGREEMENTS INCLUDES

PROSPECTIVELY DETERMINED RATES PER DISCHARGE OR DAYS OF HOSPITALIZATION

AND DISCOUNTS FROM ESTABLISHED CHARGES. SOME OF THESE AGREEMENTS HAVE

RETROSPECTIVE AUDIT CLAUSES, ALLOWING THE PAYOR TO REVIEW AND ADJUST

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CLAIMS SUBSEQUENT TO INITIAL PAYMENT.

THE HOSPITAL RECOGNIZES PATIENT SERVICE REVENUE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF THESE ESTABLISHED RATES FOR THE SERVICES RENDERED. FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE HOSPITAL RECOGNIZES REVENUES ON THE BASIS OF ITS STANDARD RATES, DISCOUNTED IN ACCORDANCE WITH THE HOSPITAL'S POLICY. ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE HOSPITAL'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE HOSPITAL RECORDS A SIGNIFICANT PROVISION OF BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED.

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, NET PATIENT SERVICE REVENUE WAS INCREASED BY APPROXIMATELY $8,194,000 AND $8,205,000, RESPECTIVELY, FOR FAVORABLE ADJUSTMENTS AND SETTLEMENTS RELATED TO PRIOR YEARS.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2024 MEDICARE COST REPORT.

THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") §501(C)(3).

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER §501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC §501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD.

CHARITY CARE STANDARD

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC §501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL MUST PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS WHO CANNOT PAY FOR SUCH SERVICES. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS.

COMMUNITY BENEFIT STANDARD

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY.

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY THE DEPARTMENT OF TREASURY REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN

Part VI Supplemental Information

Provide the following information.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT. OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING: ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS

INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES

WITH THE AHA'S POSITION. AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED

AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM

990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL

VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING

MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR

THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN

ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD

- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. FROM THE

LATEST DATA PROVIDED BY THE AHA, MEDICARE REIMBURSES HOSPITALS ONLY 87

CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE

POOR. MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES

Part VI Supplemental Information

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF

THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED

"DUAL ELIGIBLE."

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND

MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY

BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE

UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE

TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT

A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE

COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A

COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART

I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING

REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY

BENEFIT AS FOLLOWS:

Part VI Supplemental Information

Provide the following information.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR THOSE WHO DO NOT PAY ALL, OR A PORTION OF THE ALREADY DISCOUNTED BILLED AMOUNTS UNDER OUR FINANCIAL ASSISTANCE POLICY. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE."

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A

RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF

UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY

BENEFIT" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE

EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE

GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE

DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND

CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS

SHOULDER IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX,

NATIONAL ORIGIN OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS

SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS

THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART III, SECTION B; QUESTION 9B

IT IS THE POLICY OF ENGLEWOOD HOSPITAL TO TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY FOR ALL EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES AND TO BILL AND COLLECT ACCOUNTS RECEIVABLE IN ACCORDANCE WITH ALL FEDERAL AND STATE BILLING AND COLLECTION REGULATIONS. ADDITIONALLY, IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6), THE ORGANIZATION'S BILLING AND COLLECTION POLICY DOES CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AS FURTHER OUTLINED BELOW.

INCLUDED BELOW ARE THE PROCEDURES OUTLINED WITHIN THAT POLICY:

1) THE BILLS FOR ALL INSURED PATIENTS WILL BE SENT DIRECTLY FROM ENGLEWOOD HOSPITAL TO THE PATIENT'S INSURANCE COMPANY. IF THE INSURANCE COMPANY DENIES THE CLAIM FOR REASONS SUCH AS: BENEFITS EXHAUSTED, EXPERIMENTAL, MEDICAL NECESSITY, PRE-EXISTING CONDITION, NON-COVERED CHARGES, ETC. THE PATIENT WILL BE BILLED AT THE UNINSURED RATE OF

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PERCENTAGE OF GROSS CHARGES AS OUTLINED IN THE FINANCIAL ASSISTANCE POLICY.

2) IF A PATIENT'S INSURANCE PAYS THE CLAIM AND THERE IS A DEDUCTIBLE, CO-PAY, OR CO-INSURANCE AMOUNT DUE FROM THE PATIENT, THE HOSPITAL WILL BILL THE PATIENT THE AMOUNT INDICATED AS PATIENT RESPONSIBILITY BY THE INSURANCE COMPANY.

3) BILLS FOR UNINSURED PATIENTS ARE REDUCED TO A PERCENTAGE OF GROSS CHARGES AS DESCRIBED IN THE FINANCIAL ASSISTANCE POLICY.

4) PATIENTS WILL RECEIVE BILLING STATEMENTS AND COLLECTION LETTERS FROM ENGLEWOOD HOSPITAL ON ALL BALANCES THAT ARE DEEMED PATIENT RESPONSIBILITY. THE BILLING STATEMENTS AND COLLECTION LETTERS INCLUDE INFORMATION ABOUT FINANCIAL ASSISTANCE AVAILABILITY.

5) EMPLOYEES FROM THE FINANCIAL COUNSELING DEPARTMENT WILL ATTEMPT TO CONTACT THE PATIENT BY TELEPHONE ON UNPAID BALANCES OF $5,000 OR GREATER

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THAT ARE DEEMED PATIENT RESPONSIBILITY. THEY WILL EXPLAIN THE

AVAILABILITY OF FINANCIAL ASSISTANCE WHEN SPEAKING WITH THE PATIENT. ALL

CALLS ARE DOCUMENTED WITHIN THE FINANCIAL SYSTEM

6) IN ADDITION TO FINANCIAL ASSISTANCE, PAYMENT PLANS WILL BE OFFERED TO

PATIENTS. PATIENTS CAN MAKE MONTHLY PAYMENTS ON OUTSTANDING BALANCES.

PAYMENT PLANS WILL BE APPROVED FOR A PERIOD OF ONE YEAR. PAYMENT PLANS

BEYOND ONE YEAR MUST BE APPROVED BY THE FINANCIAL COUNSELING MANAGER.

7) ALL UNPAID BALANCES THAT ARE DUE FROM PATIENTS WILL BE REFERRED TO

OUTSIDE COLLECTION AGENCIES AFTER COLLECTION ATTEMPTS BY ENGLEWOOD

HOSPITAL HAVE FAILED. THE COLLECTION AGENCIES WILL ATTEMPT TO OBTAIN

PAYMENT FROM THE PATIENT. IF FULL PAYMENT IS NOT RECEIVED, THE COLLECTION

AGENCIES WILL NOTIFY THE PATIENT BY MAIL THAT THEY MAY PROCEED WITH

EXTRAORDINARY COLLECTION ACTIONS ("ECAS") AS DEFINED IN INTERNAL REVENUE

CODE SECTION 501(R) WHICH CAN INCLUDE FILING OF JUDGMENTS THAT INCLUDE

WAGE GARNISHMENTS, SEIZING BANK ACCOUNTS, AND PLACING LIENS ON PROPERTY

OWNED IN THE STATE OF NEW JERSEY. THE COLLECTION AGENCIES MUST NOTIFY THE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PATIENT IN WRITING AT LEAST 30 DAYS BEFORE INITIATING ECAS. THE

COLLECTION AGENCIES WILL REFRAIN FROM ENGAGING IN ECAS UNTIL AT LEAST 120

DAYS AFTER THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT SENT BY

THE HOSPITAL.

8) ALL REFERRALS TO OUTSIDE COLLECTION AGENCIES ARE APPROVED BY THE

FINANCIAL COUNSELING MANAGER.

9) REFER TO THE FINANCIAL ASSISTANCE POLICY FOR THE HOSPITAL'S FINANCIAL

ASSISTANCE GUIDELINES.

10) REFER TO NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM/CHARITY

CARE POLICY FOR PROCEDURES ON APPLYING FOR ASSISTANCE THROUGH THE NEW

JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM/CHARITY CARE AT ENGLEWOOD

HOSPITAL.

IN ADDITION, ENGLEWOOD HOSPITAL DOES NOT ENGAGE IN ANY ACTIONS THAT

DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE, SUCH AS BY

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DEMANDING THE EMERGENCY DEPARTMENT PATIENTS PAY BEFORE RECEIVING

TREATMENT FOR EMERGENCY MEDICAL CONDITIONS OR BY PERMITTING DEBT

COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE

SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A

NON-DISCRIMINATORY BASIS.

THE ORGANIZATION'S BILLING AND COLLECTION POLICY IS MADE WIDELY AVAILABLE

ON ITS WEBSITE:

HTTPS://WWW.ENGLEWOODHEALTH.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANC

E/FINANCIAL-ASSISTANCE-AND-BILLING-POLICIES

SCHEDULE H, PART VI; QUESTION 2

IN ADDITION TO THE CHNA PROCESS OUTLINED IN SCHEDULE H, PART V, SECTION

B, QUESTIONS 1-12 AND THE NARRATIVE RESPONSE TO SCHEDULE H, PART V,

SECTION B, QUESTION 5 INCLUDED IN SCHEDULE H, PART V, SECTION C, THE

ORGANIZATION'S CHNA ASSESSED THE HEALTHCARE NEEDS OF THE COMMUNITY IT

SERVES BY INCORPORATING DATA FROM SECONDARY SOURCES (VITAL STATISTICS AND

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OTHER EXISTING HEALTH-RELATED DATA). A VARIETY OF EXISTING SECONDARY DATA

WAS OBTAINED FROM THE FOLLOWING SOURCES TO COMPLEMENT THE RESEARCH USED

FOR THE ORGANIZATION'S CHNA:

- CENTER FOR APPLIED RESEARCH AND ENVIRONMENTAL SYSTEMS;

- CENTERS FOR DISEASE CONTROL & PREVENTION, OFFICE OF INFECTIOUS DISEASE,

NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION;

- CENTERS FOR DISEASE CONTROL & PREVENTION, OFFICE OF PUBLIC HEALTH

SCIENCE SERVICES, CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY

SERVICES, DIVISION OF HEALTH INFORMATICS AND SURVEILLANCE;

- CENTERS FOR DISEASE CONTROL & PREVENTION, OFFICE OF PUBLIC HEALTH

SCIENCE SERVICES, NATIONAL CENTER FOR HEALTH STATISTICS;

- COMMUNITY COMMONS;

- ESRI ARCGIS MAP GALLERY;

- NATIONAL CANCER INSTITUTE, STATE CANCER PROFILES;

- OPENSTREETMAP;

- TRUVEN HEALTH ANALYTICS AND DIGNITY HEALTH;

- US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY;

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- US CENSUS BUREAU, COUNTY BUSINESS PATTERNS;

- US CENSUS BUREAU, DECENNIAL CENSUS;

- US DEPARTMENT OF AGRICULTURE, ECONOMIC RESEARCH SERVICE;

- US DEPARTMENT OF HEALTH & HUMAN SERVICES;

- US DEPARTMENT OF HEALTH & HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION;

- US DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF INVESTIGATION; AND

- US DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS.

ENGLEWOOD HOSPITAL ALSO UTILIZES AN INDEPENDENT MARKET RESEARCH COMPANY TO SOLICIT SURVEYS AND COMMENTS FROM ALL PATIENTS OF THE MEDICAL CENTER REGARDING THEIR PATIENT CARE. THE INDEPENDENT MARKET RESEARCH COMPANY ANALYZES AND PROVIDES REPORTS ON THE ORGANIZATION'S PERFORMANCE IN A VARIETY OF AREAS AND PROCEDURES.

ADDITIONALLY, THIS ORGANIZATION MONITORS ITS PERFORMANCE ON THE INTERNET WEB SITE REFERRED TO AS HEALTHGRADES, WHICH OFFERS COMPARATIVE DATA TO OTHER HOSPITALS. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES RELEASE

Part VI Supplemental Information

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"REPORT CARDS" TO THE PUBLIC REGARDING THE HOSPITAL'S PERFORMANCE.

ENGLEWOOD HOSPITAL ACQUIRES DEMOGRAPHIC DATA FOR ITS SURROUNDING COMMUNITIES AND MAKES DETERMINATIONS AS TO WHETHER THE NEEDS OF ANY OF THE GROUPS WITHIN THE COMMUNITY ARE BEING SERVED. ALL OF THESE TOOLS ARE UTILIZED BY THE HOSPITAL'S TO DETERMINE IF THE COMMUNITY IS BEING FULLY SERVED.

SCHEDULE H, PART VI; QUESTION 3

ENGLEWOOD HOSPITAL INFORMS AND EDUCATES PATIENTS WHO MAY BE BILLED FOR PATIENT CARE ABOUT ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING THE AVAILABILITY OF FINANCIAL ASSISTANCE. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) THE AVAILABILITY OF FINANCIAL ASSISTANCE IS WIDELY PUBLICIZED IN THE FOLLOWING WAYS:

IN AN EFFORT TO ENSURE THE COMMUNITY SERVED BY THE ORGANIZATION IS AWARE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, INFORMATIVE SIGNS AND

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

POSTERS ARE POSTED IN THE FOLLOWING HOSPITAL LOCATIONS: EMERGENCY ROOM, ADMITTING DEPARTMENT, OUTPATIENT REGISTRATION DEPARTMENT AND THE FINANCIAL COUNSELING DEPARTMENT. THESE SIGNS AND POSTERS ADVISE PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND PROVIDE ADDITIONAL INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE.

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE AND MAY BE OBTAINED ON THE ORGANIZATION'S WEBSITE AT THE FOLLOWING URL: WWW.ENGLEWOODHEALTH.ORG/FOR-PATIENTS-VISITORS/BILLING-INSURANCE.

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST, FREE OF CHARGE IN THE PATIENT REGISTRATION AREAS AND THE FINANCIAL COUNSELING DEPARTMENT LOCATED AT 350 ENGLE STREET ENGLEWOOD, NJ 07631. PAPER COPIES MAY BE REQUESTED BY CONTACTING (201)894-3031. REPRESENTATIVES ARE AVAILABLE MONDAY THROUGH FRIDAY 9AM TO 5PM. ADDITIONALLY, THE ORGANIZATION HAS AN EMPLOYEE OF THE BERGEN COUNTY BOARD OF SOCIAL SERVICES ON-SITE AT THE HOSPITAL AT LEAST THREE DAYS PER WEEK TO ASSIST PATIENTS WITH MEDICAID APPLICATIONS, IF

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ELIGIBLE.

IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R), THESE DOCUMENTS ARE ALSO TRANSLATED AND AVAILABLE IN THE FOLLOWING LIMITED ENGLISH PROFICIENCY ("LEP") LANGUAGES: SPANISH, KOREAN, CHINESE, RUSSIAN, JAPANESE, ITALIAN, TAGALOG, ARABIC, GUJARATI, GREEK, PORTUGUESE, PORTUGUESE CREOLE, SERBIO-CROATIAN AND ARMENIAN.

IT IS IMPORTANT TO NOTE THAT ANY AND ALL PATIENTS NOT ELIGIBLE FOR CHARITY CARE UNDER THE STATE OF NEW JERSEY CHARITY CARE GUIDELINES, AND WHO HAVE NO OTHER INSURANCE COVERAGE ARE CLASSIFIED AS A "SELF-PAY" PATIENT. SUCH PATIENTS' BILLS ARE AUTOMATICALLY DISCOUNTED PER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY (WHICH APPROXIMATES 115% OF MEDICARE RATES).

Part VI Supplemental Information

Provide the following information.

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SCHEDULE H, PART VI; QUESTION 4

ENGLEWOOD HOSPITAL IS LOCATED IN BERGEN COUNTY, NEW JERSEY. THE HOSPITAL'S PRIMARY COMMUNITY BENEFITS SERVICE AREA INCLUDES 9 CITIES AND TOWNS IN NORTHERN BERGEN COUNTY (BERGENFIELD, CLIFFSIDE PARK, CRESSKILL, DUMONT, ENGLEWOOD, FORT LEE, PALISADES PARK, TEANECK, AND TENAFLY), AND PATERSON IN PASSAIC COUNTY.

INCLUDED BELOW ARE DEMOGRAPHIC INFORMATION AS CAPTURED WITHIN ITS MOST RECENTLY CONDUCTED CHNA:

POPULATION AND AGE

- THE PERCENTAGE OF BERGEN COUNTY RESIDENTS OVER THE AGE OF 65 (17.0%) WAS SIGNIFICANTLY HIGH COMPARED TO NEW JERSEY OVERALL (15.9%). THE MEDIAN AGE IN BERGEN COUNTY (41.9) WAS ALSO HIGHER THAN NEW JERSEY OVERALL (39.9).

Part VI Supplemental Information

Provide the following information.

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2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- BERGEN COUNTY IS ALMOST ENTIRELY URBAN, WITH 99.9% OF THE POPULATION

LIVING IN AREAS DESIGNATED AS URBAN. THE URBAN POPULATION IN BERGEN

COUNTY IS SIGNIFICANTLY HIGHER THAN NEW JERSEY (94.7%).

RACE & ETHNICITY

- BERGEN COUNTY IS PREDOMINANTLY WHITE (71.6%), THOUGH THERE IS A LARGE

ASIAN POPULATION. THE PERCENTAGE OF ASIAN RESIDENTS IN BERGEN COUNTY

(16.3%) WAS SIGNIFICANTLY HIGH COMPARED TO THE STATE OVERALL (9.5%).

- THE PERCENTAGE OF BLACK/AFRICAN AMERICAN RESIDENTS IN BERGEN COUNTY

(6.0%) WAS SIGNIFICANTLY LOW COMPARED TO THE STATE OVERALL (13.5%).

- THE PERCENTAGE OF HISPANIC/LATINO RESIDENTS IN BERGEN COUNTY (19.9%)

WAS SIMILAR TO THE STATE OVERALL (20.2%).

LINGUISTIC ISOLATION

Part VI Supplemental Information

Provide the following information.

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- A TOTAL OF 7.2% OF BERGEN COUNTY POPULATION AGE 5 AND OLDER LIVE IN A

HOME IN WHICH NO PERSON AGE 14 OR OLDER IS PROFICIENT IN ENGLISH

(SPEAKING ONLY ENGLISH OR SPEAKING ENGLISH VERY WELL). THIS IS A HIGHER

PERCENTAGE OF LINGUISTIC ISOLATION THAN THE REST OF THE STATE (6.3%).

SOCIAL DETERMINANTS OF HEALTH

==========

SOCIAL DETERMINANTS OF HEALTH (SDOH) ARE THE CONDITIONS IN THE

ENVIRONMENTS WERE PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND

AGE THAT AFFECT A WIDE RANGE OF HEALTH, FUNCTIONING, AND QUALITY-OF-LIFE

OUTCOMES AND RISKS.

POVERTY

- THE LATEST CENSUS ESTIMATE SHOWS 6.7% OF BERGEN COUNTY'S TOTAL

POPULATION LIVING BELOW THE FEDERAL POVERTY LEVEL, WHICH IS LESS THAN THE

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NEW JERSEY AVERAGE OF 10.0%.

- AMONG CHILDREN (AGES 0 TO 17), THE PERCENTAGE IN BERGEN COUNTY LIVING

BELOW THE FEDERAL POVERTY LEVEL IS 7.4%, REPRESENTING ABOUT 14,492

CHILDREN. THE NEW JERSEY AVERAGE IS 7.4%.

EDUCATION

- AMONG THE BERGEN COUNTY POPULATION AGE 25 AND OLDER, AN ESTIMATED 7.5%

(OVER 49,000 PEOPLE) DO NOT HAVE A HIGH SCHOOL DIPLOMA. THIS IS LESS THAN

THE NEW JERSEY AVERAGE OF 10.2% OF THE POPULATION WITHOUT A HIGH SCHOOL

DIPLOMA.

EMPLOYMENT

- ACCORDING TO DATA DERIVED FROM THE US DEPARTMENT OF LABOR, THE

UNEMPLOYMENT RATE IN BERGEN COUNTY AS OF JULY 2022 WAS 3.5%, WHICH IS

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CONSISTENT WITH THE NEW JERSEY UNEMPLOYMENT RATE.

FINANCIAL RESILIENCE

- A TOTAL OF 19.7% OF BERGEN COUNTY RESIDENTS WOULD NOT BE ABLE TO AFFORD AN UNEXPECTED $400 EXPENSE WITHOUT GOING INTO DEBT. THIS IS BETTER THAN THE NATIONAL AVERAGE. THE DISPARITY IS HIGHER IN CENTRAL BERGEN AND SOUTHEAST BERGEN.

HOUSING

- A CONSIDERABLE SHARE (34.2%) OF BERGEN COUNTY ADULTS REPORTED THAT THEY WERE SOMETIMES, USUALLY, OR ALWAYS WORRIED OR STRESSED ABOUT HAVING TO PAY THEIR RENT OR MORTGAGE IN THE PAST YEAR.
- A TOTAL OF 16.3% OF BERGEN COUNTY RESIDENTS REPORT LIVING IN UNHEALTHY OR UNSAFE HOUSING CONDITIONS DURING THE PAST YEAR. THIS IS HIGHER THAN

Part VI Supplemental Information

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THE U.S. FINDING OF APPROXIMATELY 12.2%.

FOOD ACCESS

- US DEPARTMENT OF AGRICULTURE DATA SHOW THAT 10.3% OF THE BERGEN COUNTY POPULATION (REPRESENTING OVER 92,000 RESIDENTS) HAVE LOW FOOD ACCESS, MEANING THAT THEY DO NOT LIVE NEAR A SUPERMARKET OR LARGE GROCERY STORE. THIS IS SIGNIFICANTLY BELOW THE STATE AVERAGE OF 23.8% AND NATIONAL AVERAGE OF 22.2%.
- OVERALL, 28.5% OF BERGEN COUNTY RESIDENTS ARE DETERMINED TO BE FOOD INSECURE, HAVING RUN OUT OF FOOD IN THE PAST YEAR AND/OR BEEN WORRIED ABOUT RUNNING OUT OF FOOD. THIS IS LESS THAN THE NATIONAL AVERAGE OF 34.1%, HOWEVER IT IS A SIGNIFICANT INCREASE IN BERGEN COUNTY SINCE 2016 (19.5%).
- A TOTAL OF 8.7% OF BERGEN COUNTY ADULTS REPORT USING A FOOD PANTRY OR RECEIVING FREE MEALS FROM A CHARITABLE ORGANIZATION WITHIN THE PAST YEAR.

Part VI Supplemental Information

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HEALTH LITERACY

- MOST BERGEN COUNTY ADULTS REPORT LITTLE TO NO TROUBLE UNDERSTANDING HEALTH INFORMATION, WHETHER WRITTEN OR SPOKEN. HOWEVER, 12.5% REPORT THAT HEALTH INFORMATION IS SELDOM OR NEVER WRITTEN IN A WAY THAT IS EASY FOR THEM TO UNDERSTAND. ANOTHER 8.6% REPORT THAT HEALTH INFORMATION IS SELDOM OR NEVER SPOKEN IN A WAY THAT IS EASY FOR THEM TO UNDERSTAND.

INTERNET ACCESS

- MOST BERGEN COUNTY ADULTS (94.1%) REPORT THAT THEY HAVE ACCESS TO HIGH-SPEED INTERNET THAT IS SUFFICIENT FOR THEIR DAILY NEEDS.

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SCHEDULE H, PART VI; QUESTION 5

ENGLEWOOD HOSPITAL WAS FOUNDED IN 1888. THE HOSPITAL IS A LEADING PROVIDER OF HIGH-QUALITY, COMPREHENSIVE, AND HUMANISTIC CARE SERVING NORTHERN NEW JERSEY AND BEYOND. ENGLEWOOD HOSPITAL IS A PROVIDER OF GENERAL ACUTE HEALTHCARE SERVICES IN BERGEN COUNTY, NEW JERSEY AND IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, EHMC PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, IT OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;

2. OPERATES AN EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

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3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4. CONTROL OF ENGLEWOOD HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES. SURPLUS FUNDS ARE REINVESTED IN THE ORGANIZATION, PRINCIPALLY THROUGH CAPITAL INVESTMENT, AND ALSO TO MEET FUTURE PROGRAMMATIC NEEDS, WHICH MEETS THE ORGANIZATION'S COMMITMENT TO MEET THE EXPECTATIONS OF ITS PATIENTS BY PROVIDING QUALITY HEALTHCARE AND THEREFORE, MAKES THESE INVESTMENTS TO SECURE ITS FUTURE OF SERVICE DELIVERY TO THE COMMUNITY.

THE OPERATIONS OF THE HOSPITAL AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT

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THE USE AND CONTROL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

ADDITIONALLY, VARIOUS COMMUNITY BUILDING ACTIVITIES UNDERTAKEN BY THIS ORGANIZATION IMPROVE THE MEDICAL AND SOCIO-ECONOMIC WELL-BEING OF THE COMMUNITIES IT SERVES. THIS IS ACCOMPLISHED THROUGH NUMEROUS ACTIVITIES WHICH ARE NOT A PART OF PART I, FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS, AND ARE NOT INCLUDED ELSEWHERE ON SCHEDULE H. THESE ACTIVITIES INCLUDE PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS SUCH AS EDUCATION, POVERTY, UNEMPLOYMENT, ACCESS TO CARE, HEALTH ADVOCACY AND ECONOMIC DEVELOPMENT.

THE ORGANIZATION PROVIDES NUMEROUS EDUCATIONAL PROGRAMS FOR THE COMMUNITY WHICH INCLUDES, BUT IS NOT LIMITED TO:

- ACCELERATED CHILDBIRTH CLASSES;

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- BREASTFEEDING CLASSES;

- CHILDBIRTH REFRESHER CLASSES;

- HEALTH FAIRS AT VARIOUS COMMUNITY EVENTS; AND

- SIBLING PREPARATION CLASSES.

ENGLEWOOD HOSPITAL ALSO PROVIDES NUMEROUS HEALTH SCREENINGS FOR THE COMMUNITY WHICH INCLUDES, BUT IS NOT LIMITED TO:

- BLOOD DRIVES;

- HOSPITAL SCREENINGS;

- SKIN CANCER SCREENINGS;

- PROSTATE CANCER SCREENINGS; AND

- VEIN SCREENING.

IN ADDITION, THE ORGANIZATION PROVIDES VARIOUS PROGRAMS THAT PROMOTE GOOD HEALTH THESE INCLUDE, BUT ARE NOT LIMITED TO:

- FLU/COVER YOUR MOUTH EDUCATIONAL HANDOUTS AND POSTERS;

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- HAND HYGIENE PUBLIC SERVICE ANNOUNCEMENTS AND POSTERS;

- PILATES (WHICH PROMOTES IMPROVED HEALTH);

- POSTNATAL YOGA;

- PRENATAL YOGA; AND

- WEIGHT WATCHERS AT WORK (FOR EMPLOYEES).

ENGLEWOOD HOSPITAL REACHES OUT TO NOTIFY THE COMMUNITY ABOUT ITS VARIOUS PROGRAMS AND SERVICES VIA A COMMUNITY NEWSLETTER PUBLISHED QUARTERLY. ADDITIONALLY, THE ORGANIZATION ADVERTISES IN COMMUNITY AND REGIONAL NEWSPAPERS.

FOR ADDITIONAL INFORMATION, PLEASE REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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SCHEDULE H, PART VI; QUESTION 6

OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISES ENGLEWOOD HEALTHCARE SYSTEM AND ITS AFFILIATES:

ENGLEWOOD HEALTHCARE SYSTEM, INC.

ENGLEWOOD HEALTHCARE SYSTEMC, INC. ("ENGLEWOOD HEALTH") IS THE TAX-EXEMPT PARENT OF ENGLEWOOD HEALTHCARE SYSTEM AND AFFILIATES ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELIVERY SYSTEM CONSISTS OF A GROUP OF AFFILIATED HEALTHCARE ORGANIZATIONS. THE SOLE MEMBER OR STOCKHOLDER OF EACH ENTITY IS EITHER ENGLEWOOD HEALTH OR ANOTHER SYSTEM AFFILIATE CONTROLLED BY ENGLEWOOD HEALTH. THE ORGANIZATION WAS FOUNDED IN 1986 AND IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3). ADDITIONALLY, THE ORGANIZATION IS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

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THE ORGANIZATION'S PURPOSE IS TO COORDINATE AND SUPPORT THE PLANNING AND

OTHER ACTIVITIES RELATED TO THE PROMOTION OF HEALTH OF PEOPLE IN THE

SYSTEM'S SERVICE AREA OF BERGEN COUNTY.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER, INC.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER, INC. ("ENGLEWOOD HOSPITAL") WAS

FOUNDED IN 1888 AND IS CURRENTLY A 531-LICENSED BED, MAJOR TEACHING,

ACUTE CARE HOSPITAL LOCATED IN ENGLEWOOD, NEW JERSEY. THE ORGANIZATION'S

MISSION IS TO PROVIDE COMPREHENSIVE, STATE-OF-THE-ART PATIENT SERVICES;

EMPHASIZE CARING AND OTHER HUMAN VALUES IN THE TREATMENT OF PATIENTS AND

IN RELATIONS WITH THEIR FAMILIES, AND AMONG EMPLOYEES, MEDICAL STAFF, AND

COMMUNITY; BE A CENTER OF EDUCATION AND RESEARCH; AND PROVIDE EMPLOYEES

AND MEDICAL STAFF WITH MAXIMUM OPPORTUNITIES TO ACHIEVE THEIR PERSONAL

AND PROFESSIONAL GOALS.

ENGLEWOOD HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS

CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY

HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER

REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MOREOVER, IT OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS

REVENUE RULING 69-545.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. ("ENGLEWOOD HEALTH

FOUNDATION") IS NOT-FOR-PROFIT ORGANIZATION FOUNDED IN 1995. THE

ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT

PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE

FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1).

THROUGH FUNDRAISING AND DEVELOPMENT ACTIVITIES ENGLEWOOD HEALTH

FOUNDATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ENGLEWOOD HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT

HOSPITAL ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE

SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF

RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MEDICAL ASSOCIATES OF ENGLEWOOD, P.C.

MEDICAL ASSOCIATES OF ENGLEWOOD, P.C. ("ENGLEWOOD HEALTH PHYSICIAN

NETWORK") IS A NOT-FOR-PROFIT ORGANIZATION FOUNDED IN 2011. THE

ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT

PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND IS A SUPPORTING

ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE

ORGANIZATION IS STRUCTURED AS A PROFESSIONAL CORPORATION PURSUANT TO THE

PROVISIONS OF THE PROFESSIONAL SERVICES CORPORATION ACT OF NEW JERSEY.

THE ORGANIZATION'S PURPOSE IS TO PROVIDE PHYSICIAN SERVICES TO FURTHER

THE CHARITABLE AND HEALTHCARE PURPOSES OF THE ENGLEWOOD HEALTH AND ITS

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AFFILIATES. BY PRACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF INDIVIDUALS IN NEW JERSEY, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHYSICIAN PRACTICE PLANS OF ENGLEWOOD HOSPITAL AND IS AN INTEGRAL PART OF THE SYSTEM.

EMERGENCY PHYSICIANS OF ENGLEWOOD, P.C.

EMERGENCY PHYSICIANS OF ENGLEWOOD, P.C. IS A NOT-FOR-PROFIT ORGANIZATION FOUNDED IN 2012. THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND IS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION IS STRUCTURED AS A PROFESSIONAL CORPORATION PURSUANT TO THE PROVISIONS OF THE PROFESSIONAL SERVICES CORPORATION ACT OF NEW JERSEY. THE ORGANIZATION'S PURPOSE IS TO PROVIDE EMERGENCY ROOM SERVICES AT ENGLEWOOD HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3)

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TAX-EXEMPT HOSPITAL ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY

HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER

REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

PHYSICIAN PARTNERS OF ENGLEWOOD, P.C.

PHYSICIAN PARTNERS OF ENGLEWOOD, P.C. IS A NOT-FOR-PROFIT ORGANIZATION

FOUNDED IN 2012. THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE

SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND IS

A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION IS STRUCTURED AS A PROFESSIONAL CORPORATION PURSUANT TO

THE PROVISIONS OF THE PROFESSIONAL SERVICES CORPORATION ACT OF NEW

JERSEY. THE ORGANIZATION'S PURPOSE IS TO PROVIDE PHYSICIAN SERVICES FOR

PATIENTS OF ENGLEWOOD HOSPITAL; A RELATED INTERNAL REVENUE CODE

§501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION, THAT PROVIDES MEDICALLY

NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY

TO PAY.

ENGLEWOOD MEDICAL ASSOCIATES, INC.

ENGLEWOOD MEDICAL ASSOCIATES, INC. IS A NOT-FOR-PROFIT ORGANIZATION

FOUNDED IN 1996. THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE

SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND IS

A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION WAS FORMED TO ACQUIRE PHYSICIAN MEDICAL PRACTICES AND

EMPLOY FULL-TIME FACULTY PHYSICIANS IN SUPPORT OF ENGLEWOOD HOSPITAL; A

RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT HOSPITAL

ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO

ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,

CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE ORGANIZATION IS

CURRENTLY INACTIVE.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ENGLEWOOD HEALTHCARE PROPERTIES, INC.

ENGLEWOOD HEALTHCARE PROPERTIES, INC. IS A NOT-FOR-PROFIT ORGANIZATION FOUNDED IN 1989. THE ORGANIZATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(2).

THE ORGANIZATION'S PURPOSE IS TO MANAGE REAL PROPERTY IN SUPPORT OF ENGLEWOOD HOSPITAL'S PRIMARY TAX-EXEMPT PURPOSE OF PROVIDING QUALITY HEALTHCARE SERVICES IN BERGEN COUNTY, NEW JERSEY.

ENGLEWOOD HEALTH ALLIANCE ACO, LLC

ENGLEWOOD HEALTH ALLIANCE ACO, LLC IS A LIMITED LIABILITY COMPANY FORMED IN THE STATE OF NEW JERSEY WHOSE SOLE MEMBER IS ENGLEWOOD HOSPITAL. THIS

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ORGANIZATION IS AN ACCOUNTABLE CARE ORGANIZATION FORMED WITH THE PURPOSE

OF PROMOTING THE PROVISION OF BETTER CARE FOR INDIVIDUALS, IMPROVED

HEALTH FOR POPULATIONS AND LOWER PER CAPITA GROWTH IN EXPENDITURES OF

HORIZON BENEFICIARIES.

ENGLEWOOD HEALTH ACO, LLC

ENGLEWOOD HEALTH ACO, LLC IS A LIMITED LIABILITY COMPANY FORMED IN THE

STATE OF NEW JERSEY WHOSE SOLE MEMBER IS ENGLEWOOD HOSPITAL. THIS

ORGANIZATION IS AN ACCOUNTABLE CARE ORGANIZATION FORMED WITH THE PURPOSE

TO OPERATE AND PARTICIPATE IN THE MEDICARE SHARED SAVINGS PROGRAM.

ENGLEWOOD HEALTHCARE ENTERPRISES, INC.

ENGLEWOOD HEALTHCARE ENTERPRISES, INC. IS A WHOLLY-OWNED SUBSIDIARY OF

ENGLEWOOD HEALTHCARE SYSTEM. THE ORGANIZATION WAS FORMED IN 1988 FOR THE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PURPOSE OF PROVIDING HEALTHCARE SERVICES WITHIN THE SYSTEM'S PRIMARY

SERVICE AREA. THIS ORGANIZATION PROVIDES CLINICAL AND ADMINISTRATIVE

STAFF SUPPORT THE PROFESSIONAL CORPORATIONS WITHIN THE ENGLEWOOD HOSPITAL

PHYSICIAN INTEGRATION PROGRAM.

SCHEDULE H, PART VI; QUESTION 7

THIS ORGANIZATION IS LOCATED IN THE STATE OF NEW JERSEY. NO COMMUNITY

BENEFIT REPORT IS REQUIRED TO BE FILED BY THIS STATE.

SCHEDULE J
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number: 22-1487173

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 indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ 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**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	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**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
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**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WARREN GELLER	(i)	1,592,709.	554,508.	235,567.	308,500.	27,966.	2,719,250.	NONE
1 SECRETARY - TRUSTEE; PRES/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANTHONY T. ORLANDO	(i)	763,766.	224,700.	171,808.	34,500.	28,818.	1,223,592.	NONE
2 EVP, FINANCE/CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HELENE D. WOLK	(i)	740,510.	197,300.	115,484.	11,500.	13,227.	1,078,021.	NONE
3 EVP, OPERATIONS/COO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICIA G. WILSON	(i)	551,969.	136,700.	157,799.	34,500.	18,907.	899,875.	NONE
4 SVP, HUMAN RESOURCES/CHRO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL PIETROWICZ	(i)	521,304.	129,700.	148,990.	34,500.	29,088.	863,582.	NONE
5 SVP, PLANNING & PROG DEV/CSO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHLEEN A. KAMINSKY,	(i)	487,685.	113,200.	143,645.	31,242.	26,221.	801,993.	NONE
6 SVP, PATIENT SVCS/CNO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW AMODEO	(i)	595,542.	159,200.	18,664.	250.	7,785.	781,441.	NONE
7 EVP, LEGAL AFFAIRS/CLO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VICKI LYN HOFFMAN	(i)	366,118.	68,600.	84,617.	2,600.	28,271.	550,206.	NONE
8 VP, OPERATIONS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARCELLO GUARNERI	(i)	406,156.	88,100.	11,400.	6,900.	31,021.	543,577.	NONE
9 VP, FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETER SYMINGTON, M.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 TRUSTEE	(ii)	234,985.	71,451.	7,326.	NONE	16,824.	330,586.	NONE
MARK SHAPIRO, M.D.	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 TRUSTEE (TERM 01/01/24)	(ii)	250,000.	NONE	NONE	NONE	NONE	250,000.	NONE
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I; QUESTION 4B

THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THIS INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: WARREN GELLER, $274,000.

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED AN INCENTIVE PAYMENT DURING CALENDAR YEAR 2024 WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2024 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization
ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number
22-1487173

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID KAMINSKY	FAMILY MEMBER OF OFFICER	125,104.	EMPLOYEE		X
(2) MICHAEL WILSON	FAMILY MEMBER OF OFFICER	97,467.	EMPLOYEE		X
(3) ANGELA ORLANDO	FAMILY MEMBER OF OFFICER	62,637.	EMPLOYEE		X
(4) ANDREW BRUNNQUELL	FAMILY MEMBER OF OFFICER	46,677.	EMPLOYEE		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND AND OVERVIEW

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ENGLEWOOD HOSPITAL AND MEDICAL CENTER ("ENGLEWOOD HOSPITAL") IS PART OF ENGLEWOOD HEALTHCARE SYSTEM ("ENGLEWOOD HEALTH") DELIVERS NATIONALLY RECOGNIZED INPATIENT AND OUTPATIENT CARE THROUGH ITS HOSPITAL AND INTEGRATED NETWORK OF PHYSICIAN PRACTICES AND IMAGING CENTERS ACROSS BERGEN, HUDSON, PASSAIC, ESSEX AND MORRIS COUNTIES.

ENGLEWOOD HOSPITAL, INCORPORATED IN 1888 AND OPEN SINCE 1890, CONSISTENTLY EARNS HIGH MARKS FOR CLINICAL EXCELLENCE AND PATIENT SAFETY. IT HOLDS THE LEAPFROG HOSPITAL SAFETY GRADE 'A' AND HAS BEEN NAMED A LEAPFROG TOP TEACHING HOSPITAL SEVEN TIMES, INCLUDING IN 2024. ENGLEWOOD HOSPITAL IS NATIONALLY RECOGNIZED FOR NURSING EXCELLENCE, EARNING A FIFTH CONSECUTIVE DESIGNATION BY THE MAGNET RECOGNITION PROGRAM IN 2021. THE HOSPITAL IS LICENSED FOR 531 BEDS (CURRENTLY STAFFING ~290) ON ITS 1.3 MILLION SQUARE FOOT CAMPUS LOCATED AT 350 ENGLE STREET IN ENGLEWOOD (BERGEN COUNTY), NEW JERSEY.

ENGLEWOOD HOSPITAL IS A PROVIDER OF GENERAL ACUTE HEALTHCARE SERVICES IN BERGEN COUNTY, NEW JERSEY. ENGLEWOOD HOSPITAL IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, ENGLEWOOD HOSPITAL PROVIDES HEALTHCARE SERVICES

TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, ENGLEWOOD HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545:

1. PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE, AND MEDICAID PATIENTS;

2. OPERATES AN EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

4. CONTROL OF ENGLEWOOD HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES, WHICH COMPRISES INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES, AND ADVANCE MEDICAL CARE, COMMUNITY OUTREACH PROGRAMS, AND ACTIVITIES.

THE OPERATIONS OF ENGLEWOOD HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY

DEMONSTRATE THAT THE USE AND CONTROL OF ENGLEWOOD HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

ENGLEWOOD HOSPITAL PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY. MOREOVER, ENGLEWOOD HOSPITAL PROVIDES HEALTHCARE SERVICES TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH AND HUMAN SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. ENGLEWOOD HOSPITAL MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE AMOUNT OF CHARITY CARE IT PROVIDES. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER ITS FINANCIAL ASSISTANCE POLICY.

THE ENGLEWOOD HEALTH PHYSICIAN NETWORK, A COORDINATED NETWORK OF MORE THAN 800 OFFICE-BASED AND HOSPITAL-BASED PROVIDERS, OFFERS PRIMARY CARE, SPECIALTY CARE, INPATIENT CARE, AND URGENT CARE AT MORE THAN 120 LOCATIONS IN FIVE COUNTIES ACROSS NORTHERN NEW JERSEY. AREAS OF CLINICAL EXCELLENCE OFFERED BY THE HEALTH SYSTEM INCLUDE CARDIAC SURGERY AND CARDIAC CARE, CANCER CARE, ORTHOPEDIC SURGERY, PRIMARY CARE, SPINE SURGERY, VASCULAR SURGERY, AND WOMEN'S HEALTH, AS WELL AS BLOODLESS MEDICINE AND SURGERY AND MINIMALLY INVASIVE ROBOTIC SURGERY. THE HOSPITAL'S STATE-OF-THE-ART IMAGING CENTERS ACROSS THE REGION ENHANCE ACCESS TO DIAGNOSTIC IMAGING, BREAST IMAGING, AND CARDIAC IMAGING. THE SYSTEM ALSO INCLUDES JOINT VENTURE SERVICES IN URGENT CARE, HOME HEALTH,

AND AMBULATORY SURGERY.

ENGLEWOOD HOSPITAL IS A COMMUNITY TEACHING HOSPITAL, OFFERING A VASCULAR SURGERY FELLOWSHIP AND A BREAST SURGERY FELLOWSHIP, RESIDENCY PROGRAMS IN DENTISTRY, INTERNAL MEDICINE, NURSING, PHARMACY, AND PODIATRY, AND TRAINING PROGRAMS IN RADIOGRAPHY, EMERGENCY MEDICAL SERVICES, AND OTHER DISCIPLINES.

ENGLEWOOD HOSPITAL'S FOCUS ON HEALTH EQUITY AND POPULATION HEALTH ENCOMPASSES OUTREACH TO UNDERSERVED COMMUNITIES TO ENHANCE INDIVIDUAL AND PUBLIC HEALTH, PREVENT DISEASE, SUPPORT LIFELONG WELLNESS, REDUCE THE BURDEN OF MENTAL HEALTH CHALLENGES AND SUBSTANCE USE DISORDERS, AND MEET THE CULTURAL, SOCIAL, AND HOLISTIC NEEDS OF SPECIFIC POPULATIONS.

WITH ITS HIGH-QUALITY, CULTURALLY SENSITIVE INPATIENT CARE, OUTPATIENT SERVICES, AND COMMUNITY HEALTH AND WELLNESS PROGRAMS, ENGLEWOOD HOSPITAL DELIVERS A HEALTHCARE EXPERIENCE THAT PUTS PATIENTS AT THE CENTER.

VISION: TO BE THE MOST TRUSTED CHOICE FOR HEALTHCARE BY THE COMMUNITIES WE SERVE.

MISSION: TO TRANSFORM LIVES THROUGH HEALTHCARE, FROM PREVENTIVE SERVICES TO HIGHLY SPECIALIZED, LIFESAVING TREATMENTS.

COMMUNITY HEALTH

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ENGLEWOOD HEALTH IS DEDICATED TO ENGAGING OUR PATIENTS AND COMMUNITY MEMBERS IN A WIDE RANGE OF EDUCATIONAL OPPORTUNITIES, PREVENTION PROGRAMS, AND WELLNESS EFFORTS WITH THE GOALS OF IMPROVING ACCESS, ENHANCING THE HEALTH OF THE COMMUNITY, ADVANCING HEALTHCARE KNOWLEDGE, AND OFFSETTING THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS.

THE HEALTH SYSTEM IMPLEMENTS TARGETED OUTREACH TO UNDERSERVED COMMUNITIES TO ENHANCE INDIVIDUAL AND PUBLIC HEALTH, PREVENT DISEASE, SUPPORT LIFELONG WELLNESS, REDUCE THE BURDEN OF MENTAL HEALTH CHALLENGES AND SUBSTANCE USE DISORDERS, AND MEET THE SPECIFIC NEEDS OF DIVERSE POPULATIONS. AN ESSENTIAL COMPONENT TO ALL OF THESE INITIATIVES IS TO REMOVE ANY BARRIERS TO VITAL RESOURCE CONNECTIONS, TO FURTHER ENABLE COMMUNITY MEMBERS TO HAVE ACCESS TO THE RESOURCES AND TOOLS THEY NEED TO LIVE THEIR HEALTHIEST LIVES.

2024 COMMUNITY HEALTH HIGHLIGHTS:

IN 2024, THROUGH A WIDE RANGE OF INITIATIVES AND OUTREACH PROGRAMS, OUR DEDICATED TEAMS MADE A SIGNIFICANT IMPACT ON THE LIVES OF COUNTLESS INDIVIDUALS. WE CONDUCTED OVER 138,000 SOCIAL DETERMINANTS OF HEALTH (SDOH) SCREENINGS TO BETTER UNDERSTAND AND ADDRESS THE NEEDS OF OUR PATIENTS. ADDITIONALLY, OUR FIND HELP DIGITAL RESOURCE PROGRAM LAUNCHED IN JULY 2024 AND IS INTEGRATED INTO OUR ELECTRONIC HEALTH RECORD SYSTEM.

IN THE FIRST FIVE MONTHS OF USING THIS NEW SYSTEM, WE CONNECTED NEARLY 900 PATIENTS WITH IDENTIFIED NEEDS TO ESSENTIAL RESOURCES AND SERVICES. FOR THE FIRST TIME, WE HOSTED A SCREENING EVENT ON THE ANNUAL LUNG CANCER SCREENING DAY, A NATIONWIDE INITIATIVE TO PROMOTE EARLY LUNG CANCER DETECTION THROUGH LOW-DOSE COMPUTED TOMOGRAPHY (LDCT) SCREENINGS, AND OUR YEAR-TO-DATE TOTAL NOW SURPASSES 2,300 INDIVIDUALS SCREENED. ENGLEWOOD HEALTH HOSTED MORE THAN 400 EDUCATIONAL EVENTS AND HEALTH LECTURES, EMPOWERING MORE THAN 21,000 COMMUNITY MEMBERS WITH VALUABLE HEALTH KNOWLEDGE. THESE REMARKABLE ACHIEVEMENTS UNDERSCORE OUR STRONG COMMITMENT TO DELIVERING COMPREHENSIVE CARE THAT EXTENDS BEYOND HOSPITAL WALLS, AND WE REMAIN DEDICATED TO FOSTERING A HEALTHIER COMMUNITY.

SUCCESSFULLY LEVERAGING DIGITAL ENGAGEMENT TO IMPROVE ACCESS: ACCESSIBILITY TO CARE IS ESSENTIAL TO SUPPORTING THE HEALTH OF THE POPULATIONS WE SERVE. ENGLEWOOD HEALTH HAS REVOLUTIONIZED IMPORTANT ASPECTS OF CARE AND ENGAGEMENT THROUGH TAILORED MESSAGING AND ACCESS OPTIONS. THROUGH AUTOMATED DIGITAL CAMPAIGNS, WE HAVE CONNECTED TO THOUSANDS OF PATIENTS, EMPOWERING THEM TO TAKE CHARGE OF THEIR HEALTH. WITH SELF-SCHEDULING LINKS, PHONE OPTIONS, AND SOON, VIRTUAL AGENTS, WE HAVE MADE HEALTHCARE MORE ACCESSIBLE AND CONVENIENT. THIS EFFORT HAS ACHIEVED STRONG RESULTS, WITH OVER 10,000 PATIENTS SCHEDULING THEIR OWN MAMMOGRAM SCREENINGS, COLORECTAL SCREENINGS, AND ANNUAL PHYSICALS.

THE SHIRVAN FAMILY LIVE WELL CENTER: IN 2024, THE SHIRVAN FAMILY LIVE WELL CENTER EMPOWERED INDIVIDUALS TO TAKE CONTROL OF THEIR HEALTH AND

WELL-BEING THROUGH FREE EDUCATION, HANDS-ON CLASSES, AND WORKSHOPS. BUILDING ON ITS MISSION, THE CENTER PROVIDED A RANGE OF PROGRAMS AND SERVICES PROMOTING HEALTHY LIVING, DISEASE PREVENTION, AND OVERALL WELLNESS. WITH OVER 6,200 PARTICIPANT VISITS, CLOSE TO 900 CLASSES, AND ALMOST 40 HEALTH TALKS FROM ENGLEWOOD HEALTH CLINICIANS, THE CENTER IS MAKING A POSITIVE IMPACT. HEALTH EDUCATION TOPICS HAVE INCLUDED DIABETES, CANCER, WOMEN'S HEALTH, BEHAVIORAL HEALTH, HEART HEALTH, AND GENERAL HEALTH, WHICH HAVE BEEN WELL-RECEIVED.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ADVANCING MATERNAL HEALTH AND WELLNESS: ENGLEWOOD HEALTH EXPANDED ITS FOCUS ON MATERNAL HEALTH PROGRAMMING AND INITIATIVES ACROSS MULTIPLE AREAS. AS RESEARCH HAS SHOWN THAT HEALTHY BEHAVIORS, SUCH AS REGULAR EXERCISE, BALANCED NUTRITION, AND EMOTIONAL WELLNESS REDUCE THE RISK OF PREGNANCY COMPLICATIONS AND CONTRIBUTE TO LONG-TERM MATERNAL AND INFANT HEALTH, THE MATERNAL HEALTHY LIVING PROGRAM WAS LAUNCHED IN SPRING 2024. THIS PROGRAM, HELD AT THE SHIRVAN FAMILY LIVE WELL CENTER, PROVIDES COMPREHENSIVE PRENATAL CLASSES FOCUSED ON THREE KEY WELLNESS AREAS: PHYSICAL, EMOTIONAL, AND NUTRITIONAL WELLNESS. THE MATERNAL CHILD HEALTH BLOOD PRESSURE MONITORING PROGRAM, LAUNCHED DECEMBER 2023, PROVIDES BLOOD PRESSURE MONITORING PACKS TO ANTEPARTUM AND POSTPARTUM PATIENTS WITH HYPERTENSION DISORDERS.

EXPANSION OF BEHAVIORAL HEALTH SERVICES AND CARE: ENGLEWOOD HEALTH HAS

MADE SIGNIFICANT STRIDES IN EXPANDING ITS BEHAVIORAL HEALTH SERVICES, FOCUSING ON ACCESSIBILITY, ADDICTION SUPPORT, AND DESTIGMATIZING MENTAL HEALTH NEEDS. TO ACHIEVE THIS, THE ORGANIZATION HAS INVESTED IN EDUCATIONAL EVENTS, AWARENESS CAMPAIGNS, AND CRITICAL EXPANSION OF SERVICES. WE RECENTLY OPENED A DEDICATED BEHAVIORAL HEALTH ACCESS CENTER, DESIGNED TO TRIAGE AND CONNECT INDIVIDUALS WITH THE APPROPRIATE RESOURCES, INCLUDING PSYCHIATRISTS, SOCIAL WORKERS, AND OTHER ESSENTIAL SERVICES. IN 2024, THE EMERGENCY DEPARTMENT EXPANDED ITS SUBSTANCE ABUSE SCREENING PROGRAM, AND HAS SINCE SCREENED OVER 20,000 PATIENTS. THIS INITIATIVE ENABLES THE HEALTHCARE TEAM TO IDENTIFY INDIVIDUALS STRUGGLING WITH ADDICTION AND PROVIDE THEM WITH CONNECTIONS TO RESOURCES AND CARE. TO INCREASE LOCAL ACCESS TO THESE SERVICES, WE LAUNCHED A COMPREHENSIVE ADDICTION MEDICINE PROGRAM. BY PROVIDING PERSONALIZED CARE, SCREENINGS, MEDICATION-ASSISTED TREATMENTS, AND BEHAVIORAL INTERVENTIONS, THE PROGRAM AIMS TO SUPPORT INDIVIDUALS STRUGGLING WITH ADDICTION ON THEIR JOURNEY TO RECOVERY AND WELLNESS.

IN 2024 ENGLEWOOD HOSPITAL IMPLEMENTED CLOSE TO 600 PROGRAMS. THESE PROGRAMS IMPACTED MORE THAN 36,000 INDIVIDUALS.

CLINICAL SERVICES

THE HOSPITAL PROVIDES A COMPREHENSIVE RANGE OF MEDICAL SERVICES ACROSS MAJOR SPECIALTY AREAS INCLUDING:

EMERGENCY SERVICES: ENGLEWOOD HOSPITAL DELIVERS HIGH-QUALITY EMERGENCY CARE THROUGH A MODERN, 35,000-SQUARE-FOOT EMERGENCY CARE CENTER DESIGNED TO SUPPORT EFFICIENCY, PATIENT SAFETY, AND COMFORT. SINCE ITS OPENING IN 2009, THE FACILITY HAS BEEN OPTIMIZED TO MEET THE NEEDS OF PATIENTS AND FAMILIES THROUGH A THOUGHTFUL COMBINATION OF ADVANCED TECHNOLOGY, WORKFLOW DESIGN, AND PATIENT-CENTERED AMENITIES. THE TEAM MANAGES A HIGH VOLUME OF CASES WITH A STRONG FOCUS ON QUALITY AND SAFETY. THE DEPARTMENT HAS IMPLEMENTED CONTINUOUS IMPROVEMENTS IN CLINICAL PROTOCOLS, PATIENT FLOW, AND COMMUNICATION PRACTICES TO ENHANCE OUTCOMES AND PATIENT SATISFACTION. IN COLLABORATION WITH ITS EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS AND EMS TEAMS ACROSS THE REGION, THE HOSPITAL ALSO SUPPORTS PRE-HOSPITAL CARE COORDINATION, RAPID TRIAGE, AND SPECIALTY PROTOCOLS FOR CONDITIONS SUCH AS STROKE AND CARDIAC EVENTS. THROUGH ONGOING PROGRAM DEVELOPMENT AND RESPONSIVENESS TO COMMUNITY HEALTH NEEDS, THE EMERGENCY DEPARTMENT AT ENGLEWOOD HEALTH CONTINUES TO SERVE AS A TRUSTED AND VITAL ACCESS POINT FOR URGENT AND EMERGENT CARE IN NORTHERN NEW JERSEY.

DIAGNOSTIC IMAGING AND BREAST CARE: ENGLEWOOD HOSPITAL OFFERS ADVANCED DIAGNOSTIC IMAGING SERVICES ACROSS A GROWING NETWORK OF LOCATIONS, PROVIDING CRITICAL TOOLS FOR EARLY DETECTION, ACCURATE DIAGNOSIS, AND EFFECTIVE TREATMENT PLANNING. THE HEALTH SYSTEM CONTINUES TO INVEST IN HIGH-RESOLUTION IMAGING TECHNOLOGY AND EXPAND ACCESS TO SERVICES THROUGHOUT NORTHERN NEW JERSEY. THE LESLIE SIMON BREAST CARE AND CYTODIAGNOSIS CENTER AT ENGLEWOOD HEALTH IS A REGIONAL LEADER IN THE

DIAGNOSIS AND MANAGEMENT OF BREAST CANCER AND BENIGN BREAST CONDITIONS. THE CENTER PROVIDES A COMPREHENSIVE RANGE OF BREAST IMAGING AND DIAGNOSTIC PROCEDURES, INCLUDING DIGITAL MAMMOGRAPHY, BREAST ULTRASOUND, MRI, FINE NEEDLE ASPIRATION, AND IMAGE-GUIDED CORE BIOPSY. SERVICES ARE FULLY INTEGRATED WITH MULTIDISCIPLINARY CARE TEAMS TO SUPPORT TIMELY AND COORDINATED TREATMENT PLANNING. TO ENHANCE REGIONAL ACCESS, ENGLEWOOD HOSPITAL HAS EXPANDED IMAGING SERVICES, INCLUDING BREAST IMAGING, TO THREE ADDITIONAL LOCATIONS IN EMERSON, FAIR LAWN, AND JERSEY CITY, WITH A FOURTH SITE SCHEDULED TO OPEN IN WOODLAND PARK IN FALL 2025. THESE COMMUNITY-BASED SITES ALLOW FOR CONVENIENT, HIGH-QUALITY SCREENING AND DIAGNOSTICS CLOSER TO WHERE PATIENTS LIVE AND WORK.

CANCER: THE LEFCOURT FAMILY CANCER TREATMENT AND WELLNESS CENTER IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM. ITS CANCER EXPERTS HAVE EXTENSIVE AND SPECIALIZED EXPERIENCE IN DIAGNOSING AND TREATING ALL MAJOR FORMS OF CANCER AND ACHIEVING THE HIGHEST STANDARDS OF EXCELLENCE IN CANCER DIAGNOSIS AND MANAGEMENT. PATIENTS ALSO BENEFIT FROM THE SERVICES OF PATIENT NAVIGATORS AND SPECIALISTS IN NUTRITION, PAIN AND PALLIATIVE MEDICINE, INTEGRATIVE MEDICINE, AND GENETIC COUNSELING, AS WELL AS ACCESS TO NEW TREATMENT OPTIONS THROUGH CLINICAL RESEARCH TRIALS. THE CANCER CENTER BRINGS TOGETHER PROVIDERS, STAFF, SERVICES, AND TECHNOLOGY IN A SINGLE CENTRALIZED LOCATION (FUNDED USING THE PROCEEDS OF ITS 2013 HUD-INSURED MORTGAGE LOAN) THAT EMBODIES A PATIENT-FIRST PHILOSOPHY. IN MORE RECENT YEARS, THE CANCER CENTER HAS EXPANDED OUTPATIENT ONCOLOGY

SERVICES, INCLUDING RECRUITING SEVERAL NEW SPECIALISTS TO SERVE OUR HUDSON COUNTY PATIENTS.

HEART AND VASCULAR: ENGLEWOOD HEALTH IS A NATIONALLY RECOGNIZED REGIONAL CENTER FOR THE DIAGNOSIS AND TREATMENT OF HEART AND VASCULAR DISEASE. THE PROGRAM DELIVERS HIGH-VOLUME, HIGH-QUALITY CARE THROUGH A MULTIDISCIPLINARY TEAM OF MORE THAN 100 CARDIOLOGY AND VASCULAR EXPERTS, SERVING PATIENTS AT OVER 30 LOCATIONS ACROSS BERGEN, HUDSON, ESSEX, PASSAIC, AND MORRIS COUNTIES IN NEW JERSEY. RECOGNIZED BY THE AMERICAN COLLEGE OF CARDIOLOGY, THE SOCIETY OF THORACIC SURGEONS, AND THE AMERICAN HEART ASSOCIATION FOR EXCELLENCE IN QUALITY AND OUTCOMES, ENGLEWOOD HEALTH PROVIDES A FULL SPECTRUM OF CARDIOVASCULAR SERVICES-FROM PREVENTIVE CARDIOLOGY AND CHRONIC DISEASE MANAGEMENT TO COMPLEX INTERVENTIONS AND SURGICAL PROCEDURES. THE PROGRAM CONTINUES TO ADVANCE THROUGH THE ADOPTION OF LEADING-EDGE TECHNOLOGY, A GROWING FOCUS ON MINIMALLY INVASIVE AND CATHETER-BASED THERAPIES, AND CLOSE COORDINATION WITH COMMUNITY-BASED PHYSICIAN PRACTICES. THE CARDIOVASCULAR PROGRAM IS STRUCTURED AROUND KEY AREAS OF EXPERTISE: STRUCTURAL HEART AND VALVE DISEASE, ARRHYTHMIA MANAGEMENT, CORONARY ARTERY DISEASE, AND AORTIC DISEASE. IN ADDITION, THE VASCULAR SURGERY DIVISION OFFERS COMPREHENSIVE CARE AND A LONG-STANDING RECORD OF INNOVATION IN BOTH OPEN AND ENDOVASCULAR PROCEDURES. ENGLEWOOD HEALTH'S HEART AND VASCULAR TEAM TREATS THOUSANDS OF PATIENTS ANNUALLY, COMBINING CLINICAL EXCELLENCE WITH ACCESSIBLE CARE TO IMPROVE OUTCOMES AND QUALITY OF LIFE FOR INDIVIDUALS ACROSS THE REGION.

JOINT AND SPINE: ENGLEWOOD HEALTH OFFERS A COMPREHENSIVE JOINT AND SPINE PROGRAM THAT DELIVERS ADVANCED SURGICAL AND NONSURGICAL CARE TO RESTORE MOBILITY, REDUCE PAIN, AND IMPROVE QUALITY OF LIFE FOR PATIENTS WITH MUSCULOSKELETAL CONDITIONS. THE HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION FOR HIP REPLACEMENT, KNEE REPLACEMENT, AND SPINAL FUSION, EARNING THE GOLD SEAL OF APPROVAL® FOR ITS DEMONSTRATED COMMITMENT TO SAFETY, EFFECTIVENESS, AND PATIENT-CENTERED CARE. FELLOWSHIP-TRAINED ORTHOPEDIC SURGEONS AND NEUROSURGEONS ARE PART OF A MULTIDISCIPLINARY TEAM THAT INCLUDES NURSES AND SPECIALISTS IN PAIN MANAGEMENT AND REHABILITATION, ENSURING SEAMLESS COORDINATION THROUGHOUT EACH PATIENT'S TREATMENT JOURNEY.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MATERNITY: ENGLEWOOD HEALTH IS A HIGH-VOLUME CENTER FOR MATERNITY CARE, DELIVERING SOME 3,000 BABIES ANNUALLY IN A SUPPORTIVE, PATIENT-CENTERED ENVIRONMENT. THE HOSPITAL'S MATERNITY PROGRAM INTEGRATES COMPREHENSIVE PRENATAL, PERINATAL, AND POSTNATAL SERVICES, WITH A STRONG EMPHASIS ON CLINICAL EXCELLENCE, SAFETY, AND INDIVIDUALIZED CARE. NAMED AMONG THE NATION'S TOP HOSPITALS FOR MATERNITY CARE BY U.S. NEWS & WORLD REPORT AND NEWSWEEK, ENGLEWOOD HEALTH COMBINES AWARD-WINNING SERVICES WITH A DEDICATED TEAM OF OBSTETRICIANS, MATERNAL-FETAL MEDICINE SPECIALISTS, NURSES, AND SUPPORT STAFF. PATIENTS BENEFIT FROM ACCESS TO A BROAD NETWORK OF OBSTETRIC PROVIDERS ACROSS BERGEN AND HUDSON COUNTIES,

ENSURING CONTINUITY AND CONVENIENCE THROUGHOUT PREGNANCY. THE HOSPITAL'S MATERNAL-FETAL MEDICINE CENTER PROVIDES ADVANCED DIAGNOSTICS, GENETIC TESTING, AND CARE FOR BOTH ROUTINE AND HIGH-RISK PREGNANCIES. FOR NEWBORNS REQUIRING SPECIALIZED CARE, THE ON-SITE NEONATAL INTENSIVE CARE UNIT (NICU) IS EQUIPPED TO MANAGE PREMATURE BIRTHS AND COMPLEX MEDICAL NEEDS. ENGLEWOOD HEALTH'S MATERNITY PROGRAM IS COMMITTED TO DELIVERING HIGH-QUALITY, EQUITABLE CARE FOR ALL PATIENTS AND THEIR FAMILIES ACROSS THE REGION.

ADVANCED SURGICAL SERVICES: ENGLEWOOD HOSPITAL PROVIDES ADVANCED SURGICAL CARE THROUGH A BROAD RANGE OF SPECIALTIES, WITH A FOCUS ON SAFETY, INNOVATION, AND IMPROVED PATIENT OUTCOMES. THE HOSPITAL IS RECOGNIZED FOR ITS LEADERSHIP IN MINIMALLY INVASIVE AND ROBOTIC SURGERY, AS WELL AS ITS NATIONALLY AND INTERNATIONALLY RENOWNED BLOODLESS MEDICINE PROGRAM. THE SURGICAL DEPARTMENT FEATURES STATE-OF-THE-ART TECHNOLOGIES, INCLUDING THREE DA VINCI® SURGICAL SYSTEMS FOR ROBOTIC SURGERY, WHICH ENABLE SURGEONS TO PERFORM COMPLEX PROCEDURES WITH GREATER PRECISION AND MINIMAL DISRUPTION TO SURROUNDING TISSUES. THESE ROBOTIC PLATFORMS SUPPORT A VARIETY OF SPECIALTIES, INCLUDING UROLOGY, GYNECOLOGY, GENERAL SURGERY, AND THORACIC SURGERY, ALLOWING FOR FASTER RECOVERY TIMES, REDUCED POSTOPERATIVE PAIN, AND SHORTER HOSPITAL STAYS. ENGLEWOOD HOSPITAL IS ALSO HOME TO THE INSTITUTE FOR PATIENT BLOOD MANAGEMENT AND BLOODLESS MEDICINE AND SURGERY, A GLOBAL LEADER IN TRANSFUSION-FREE CARE. SINCE ITS FOUNDING IN 1994, THE INSTITUTE HAS SERVED THOUSANDS OF PATIENTS FROM ACROSS THE U.S. AND INTERNATIONALLY, OFFERING BLOODLESS APPROACHES TO

HIGHLY COMPLEX SURGERIES, INCLUDING OPEN-HEART, NEUROSURGICAL, ORTHOPEDIC, AND GASTROINTESTINAL PROCEDURES. THROUGH EVIDENCE-BASED TECHNIQUES-SUCH AS BLOOD CONSERVATION STRATEGIES, OPTIMIZED PREOPERATIVE HEMOGLOBIN LEVELS, AND INTRAOPERATIVE BLOOD SALVAGE-THE INSTITUTE MINIMIZES THE NEED FOR TRANSFUSIONS, LOWERS RISK, AND ENHANCES PATIENT SAFETY.

AWARDS AND ACCOLADES (HIGHLIGHTS)

HOSPITAL ACCREDITATION BY THE JOINT COMMISSION; DISEASE-SPECIFIC CERTIFICATIONS IN HIP AND KNEE REPLACEMENT, SPINAL FUSION SURGERY, AND STROKE CARE.

TOP TEACHING HOSPITAL AWARD FROM THE LEAPFROG GROUP.

LEAPFROG 'A' HOSPITAL SAFETY GRADE.

DIGITAL HEALTH MOST WIRED AWARD.

HEALTHGRADES 100 BEST HOSPITALS FOR ORTHOPEDIC AND SPINE SURGERY.

HEALTHGRADES SURGICAL EXCELLENCE AWARD.

NEWSWEEK'S WORLD'S BEST HOSPITALS 2024 AND BEST-IN-STATE HOSPITALS 2024;

NEWSWEEK'S BEST MATERNITY HOSPITALS LIST.

A BEST HOSPITAL FOR MATERNITY CARE RANKED BY U.S. NEWS & WORLD REPORT.

THE AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE® EMS GOLD ACHIEVEMENT AWARD FOR EMERGENCY MEDICAL SERVICES (EMS); GET WITH THE GUIDELINES® - STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD; GET WITH THE GUIDELINES® - RESUSCITATION SILVER QUALITY ACHIEVEMENT AWARD.

REACCREDITATION FROM THE COMMISSION ON ACCREDITATION OF AMBULANCE SERVICES (CAAS) FOR EMERGENCY MEDICAL SERVICES (EMS).

REACCREDITATION FROM THE METABOLIC AND BARIATRIC SURGERY ACCREDITATION AND QUALITY IMPROVEMENT PROGRAM (MBSAQIP) FOR BARIATRIC SURGERY.

CORE FORM, PART V; QUESTION 1A & CORE FORM, PART VII, SECTION B

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTHCARE SYSTEM, INC. ("ENGLEWOOD HEALTH") AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THIS ORGANIZATION PAYS OUTSTANDING ACCOUNTS PAYABLE INVOICES ON BEHALF OF CERTAIN OTHER AFFILIATES WITHIN THE SYSTEM. IN CONJUNCTION WITH THIS SERVICE, THIS ORGANIZATION ALSO PREPARES AND ISSUES FORMS 1099 TO THE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES FORMS 1099 WITH THE INTERNAL REVENUE SERVICE. THIS ORGANIZATION ALLOCATES

THESE PAYMENTS TO THE APPROPRIATE AFFILIATE WITHIN THE SYSTEM VIA AN INTERCOMPANY ACCOUNT.

CORE FORM, PART V; QUESTION 15

WARREN GELLER AND ANTHONY T. ORLANDO ARE OFFICERS OF THIS ORGANIZATION AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT. MR. GELLER AND MR. ORLANDO ARE EMPLOYED BY THIS ORGANIZATION AND RECEIVE A FEDERAL FORM W-2. ACCORDINGLY, THEIR COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ENGLEWOOD HOSPITAL (EIN: 22-1487173). ENGLEWOOD HOSPITAL FILED A 2024 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO THEIR RESPECTIVE COMPENSATION IN EXCESS OF $1M.

HELENE D. WOLK IS EMPLOYED BY THIS ORGANIZATION AND RECEIVES A FEDERAL FORM W-2. ACCORDINGLY, HER COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ENGLEWOOD HOSPITAL (EIN: 22-1487173). ENGLEWOOD HOSPITAL FILED A 2024 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO HER RESPECTIVE COMPENSATION IN EXCESS OF $1M.

CORE FORM, PART VI, SECTION A; QUESTION 2

RICHARD LERNER & ARI NAIM - BUSINESS RELATIONSHIP.

CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7

ENGLEWOOD HEALTH IS THE SOLE MEMBER OF THIS ORGANIZATION. ENGLEWOOD HEALTH HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

CORE FORM, PART VI, SECTION B; QUESTION 11B

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ENGLEWOOD HEALTH BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE ENGLEWOOD HEALTH GOVERNING BODY HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM.

AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR THEIR REVIEW. THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FORM 990 WAS THEN PRESENTED AND MADE AVAILABLE TO THE ENGLEWOOD HEALTH GOVERNING BODY PRIOR TO FILING WITH THE IRS.

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THE ORGANIZATION AND SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES AND CERTAIN OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE SYSTEM'S DIRECTOR OF AUDIT/COMPLIANCE FOR REVIEW.

THE ORGANIZATION'S GOVERNING BODY HAS A NOMINATING AND GOVERNANCE COMMITTEE ("COMMITTEE") WHICH IS COMPRISED OF MEMBERS ITS GOVERNING BOARD AS WELL AS TRUSTEES OF ENGLEWOOD HEALTH. THE COMMITTEE HAS ASSUMED

RESPONSIBILITY FOR THE OVERSIGHT OF THE CONFLICT OF INTEREST DISCLOSURE AND REVIEW PROCESS.

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THE GOVERNING BODY OF ENGLEWOOD HEALTH, ITS BOARD OF TRUSTEES, HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S VICE PRESIDENTS AND ABOVE ("SENIOR MANAGEMENT PERSONNEL"). THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THESE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, NUMBER OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE.

THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION

COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS WITHIN THE ORGANIZATION ARE REVIEWED ANNUALLY BY THE SYSTEM'S PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE SYSTEM'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.

CORE FORM, PART VI, SECTION C; QUESTION 18

PURSUANT TO STATE OF NEW JERSEY P.L. 2019, CHAPTER 513, (WHICH WAS EFFECTIVE ON JULY 21, 2020), AND AMENDED P.L. 2008, CHAPTER 58 (C.26: 2H-5.1B), THIS ORGANIZATION HAS POSTED ON ITS INTERNET WEBSITE A COPY OF THIS INTERNAL REVENUE SERVICE (IRS) FORM 990 AND ALL SCHEDULES AND SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED TO THE IRS IN CONJUNCTION WITH THE FORM 990 WITH THE EXCEPTION OF THOSE SCHEDULES NOT OPEN FOR PUBLIC INSPECTION. SAID FORM 990 WAS POSTED BY THE ORGANIZATION

AFTER FILING ITS FORM 990 WITH THE IRS.

CORE FORM, PART VI, SECTION C; QUESTION 19

THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY. IN ADDITION, THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

CORE FORM, PART VII AND SCHEDULE J

CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

- CHANGE IN MINIMUM POST-RETIREMENT HEALTH LIABILITIES - ($161,473);
- CHANGE IN INTEREST IN NET ASSETS OF ENGLEWOOD HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION

501(C)(3) TAX-EXEMPT ORGANIZATION - $9,807,598; AND

- EQUITY TRANSFER FOR CAPITAL PURPOSES - $836,220.

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF ENGLEWOOD HOSPITAL AND SUBSIDIARIES, FOR THE YEARS ENDED DECEMBER 31, 2024 AND DECEMBER 31, 2023; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR.

THE GOVERNING BODY OF ENGLEWOOD HEALTH, ITS BOARD OF TRUSTEES, HAS AN AUDIT AND COMPLIANCE COMMITTEE. THE ENGLEWOOD HEALTH AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION AND THE SELECTION OF AN INDEPENDENT AUDITOR.

CORE FORM, PART XII; QUESTION 3A

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). THE SYSTEM ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT AS SET FORTH IN THE UNIFORM GUIDANCE, 2 C.F.R., PART

200, SUBPART F.

Name of the organization: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number: 22-1487173

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROVIDE COMPREHENSIVE, STATE-OF-THE-ART PATIENT SERVICES; EMPHASIZE CARING AND OTHER HUMAN VALUES IN THE TREATMENT OF PATIENTS AND IN RELATIONS WITH THEIR FAMILIES, AND AMONG EMPLOYEES, MEDICAL STAFF, AND COMMUNITY; BE A CENTER OF EDUCATION AND RESEARCH; AND PROVIDE EMPLOYEES AND MEDICAL STAFF WITH MAXIMUM OPPORTUNITIES TO ACHIEVE THEIR PERSONAL AND PROFESSIONAL GOALS. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

Name of the organization: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number: 22-1487173

FORM 990, PART III - PROGRAM SERVICE
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LINE 4A, PROGRAM SERVICE

EXPENSES INCURRED IN PROVIDING INPATIENT, OUTPATIENT AND EMERGENCY MEDICALLY NECESSARY SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT (STATEMENT OF PROGRAM SERVICES) WHICH INCLUDES DETAILED INFORMATION REGARDING THE VARIOUS SERVICES PROVIDED BY THIS ORGANIZATION.

Name of the organization: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number: 22-1487173

FORM 990,PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
QUEST DIAGNOSTICS, INC. P.O. BOX 740709 ATLANTA, GA 30374	LABORATORY	21,550,596.
EPIC SYSTEMS CORPORATION P.O. BOX 88314 MILWAUKEE, WI 53288-0314	IT	8,619,311.
CROTHALL HEALTHCARE, INC. 1500 LIBERTY RIDGE DRIVE, SUITE 210 WAYNE, PA 19087	ENVIRONMENTAL	7,621,503.
WM H YEOMANS, INC. 143 ROSELAND AVENUE CALDWELL, NJ 07006	CONSTRUCTION	6,125,566.
TEAM HEALTH ANESTHESIA P.O. BOX 634850 CINCINNATI, OH 45263	MEDICAL	4,253,175.

Name of the organization: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number: 22-1487173

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
PHYSICIAN FEES	410,906,273.	408,549,666.	2,356,607.	NONE
NURSE PRACTITIONER FEES	5,870,005.	5,870,005.	NONE	NONE
CONSULTING FEES	5,551,430.	1,373,424.	4,178,006.	NONE
NJ SUBSIDY HEALTHCARE FND	5,100,288.	NONE	5,100,288.	NONE
TRANSCRIPTION FEES	93,206.	NONE	93,206.	NONE
OTHER PROFESSIONAL FEES	4,753,918.	NONE	4,753,918.	NONE
TOTALS	432,275,120.	415,793,095.	16,482,025.	NONE

SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number

22-1487173

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ENGLEWOOD HEALTH ALLIANCE ACO, LLC 46-5759919					
350 ENGLE STREET ENGLEWOOD, NJ 07631	HEALTHCARE	NJ	NONE	10.	ENG HOSPITAL
(2) ENGLEWOOD HEALTH ACO, LLC 82-2282888					
350 ENGLE STREET ENGLEWOOD, NJ 07631	HEALTHCARE	NJ	NONE	5,000.	ENG HOSPITAL
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) ENGLEWOOD HOSPITAL & MEDICAL CENTER FDN 22-3367281							
350 ENGLE STREET ENGLEWOOD, NJ 07631	FUNDRAISING	NJ	501(C)(3)	7	ENG HEALTH		X
(2) ENGLEWOOD HEALTHCARE SYSTEM 22-2749097							
350 ENGLE STREET ENGLEWOOD, NJ 07631	HEALTHCARE	NJ	501(C)(3)	12B	N/A		X
(3) ENGLEWOOD HEALTHCARE PROPERTIES, INC. 22-2943092							
350 ENGLE STREET ENGLEWOOD, NJ 07631	PROPERTY ACQ	NJ	501(C)(2)		ENG HEALTH		X
(4) ENGLEWOOD MEDICAL ASSOCIATES, INC. 22-3446625							
350 ENGLE STREET ENGLEWOOD, NJ 07631	HEALTHCARE	NJ	501(C)(3)	12A	ENG HOSPITAL	X	
(5) MEDICAL ASSOCIATES OF ENGLEWOOD, PC 45-2548322							
350 ENGLE STREET ENGLEWOOD, NJ 07631	HEALTHCARE	NJ	501(C)(3)	12A	ENG HOSPITAL	X	
(6) EMERGENCY PHYSICIANS OF ENGLEWOOD, PC 45-4604076							
350 ENGLE STREET ENGLEWOOD, NJ 07631	HEALTHCARE	NJ	501(C)(3)	12A	ENG HOSPITAL	X	
(7) PHYSICIAN PARTNERS OF ENGLEWOOD, PC 45-5597971							
350 ENGLE STREET ENGLEWOOD, NJ 07631	HEALTHCARE	NJ	501(C)(3)	12A	ENG HOSPITAL	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) ENGLEWOOD HEALTHCARE ENTERPRISES, INC. 22-2872393 350 ENGLE STREET ENGLEWOOD, NJ 07631	HEALTHCARE SVCS.	NJ	N/A	C CORP.					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MEDICAL ASSOCIATES OF ENGLEWOOD, PC	D	893,773.	COST
(2)	MEDICAL ASSOCIATES OF ENGLEWOOD, PC	J	54,600.	COST
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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

SCHEDULE R, PART V

THIS ORGANIZATION IS A MEMBER OF ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THE SYSTEM'S ENTITIES WORK TOGETHER TO DELIVER HIGH-QUALITY COST-EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
ENGLEWOOD HOSPITAL AND MEDICAL CENTER	22-1487173

DESCRIPTION OF PROPERTY
RENTAL INCOME

☐ Yes ☐ No Did you actively participate in the operation of the activity during the tax year?

TYPE OF PROPERTY:
REAL RENTAL INCOME

OTHER INCOME:		
RENTAL INCOME	774,942.	
TOTAL GROSS INCOME		774,942.
OTHER EXPENSES:		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		774,942.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		774,942.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	774,942.
	774,942.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL INCOME	774,942.			774,942.
TOTALS	774,942.			774,942.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Identifying number

22-1487173

1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	**1a**	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

SEE STATEMENT 1

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						508,586.

11	Loss, if any, from line 7	**11**	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	508,586.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1a before completing.*)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage. See instructions	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Supplement to Form 4797 Part II Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
FIXED ASSETS	VARIOUS	VARIOUS	508,586.			508,586.
Totals						508,586.