

Englewood Hospital and Subsidiaries

Consolidated Financial Statements

December 31, 2025 and 2024

Englewood Hospital and Subsidiaries

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Independent Auditors' Report

To the Board of Trustees of
Englewood Hospital

Opinion

We have audited the accompanying consolidated financial statements of Englewood Hospital and Subsidiaries (the Hospital), which comprise the consolidated balance sheets as of December 31, 2025 and 2024, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Hospital as of December 31, 2025 and 2024, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

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

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Baker Tilly US, LLP

Iselin, New Jersey
April 23, 2026

Englewood Hospital and Subsidiaries

Consolidated Balance Sheets

December 31, 2025 and 2024

(In Thousands)

	<u>2025</u>	<u>2024</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 19,292	\$ 9,604
Short-term investments	206,076	129,629
Patient accounts receivable, net	139,580	129,381
Other receivables	42,912	17,357
Inventories	27,812	29,756
Prepaid expenses and deposits	12,823	13,117
	<u>448,495</u>	<u>328,844</u>
Total current assets	448,495	328,844
Assets Limited as to Use	28,077	32,395
Property, Plant and Equipment, Net	338,898	345,543
Operating Lease Right-of-Use Assets	101,090	87,833
Finance Lease Right-of-Use Assets	41,422	40,854
Due From Affiliates	255	575
Interest in Net Assets of Englewood Health Foundation	116,024	108,341
Other Assets	20,786	22,901
	<u>20,786</u>	<u>22,901</u>
Total assets	<u>\$ 1,095,047</u>	<u>\$ 967,286</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 79,149	\$ 74,319
Accrued expenses and other current liabilities	107,796	82,613
Due to affiliates	1,468	794
Current portion of estimated amounts due to third-party payors	8,446	12,196
Current portion of finance lease obligations	18,982	18,783
Current portion of operating lease obligations	14,395	13,878
Current portion of long-term debt	19,207	12,220
	<u>249,443</u>	<u>214,803</u>
Total current liabilities	249,443	214,803
Accrued Postretirement Benefit Liability	458	574
Estimated Amounts Due to Third-Party Payors, Net of Current Portion	46,944	34,730
Long-Term Debt, Net of Current Portion	68,884	87,075
Long-Term Finance Lease Obligations, Net of Current Portion	23,489	32,832
Long-Term Operating Lease Obligations, Net of Current Portion	98,410	83,521
Other Liabilities	17,594	14,410
	<u>505,222</u>	<u>467,945</u>
Total liabilities	505,222	467,945
Net Assets		
Net assets without donor restrictions	473,801	391,000
Net assets with donor restrictions	116,024	108,341
	<u>589,825</u>	<u>499,341</u>
Total net assets	589,825	499,341
Total liabilities and net assets	<u>\$ 1,095,047</u>	<u>\$ 967,286</u>

See notes to consolidated financial statements

Englewood Hospital and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

Years Ended December 31, 2025 and 2024

(In Thousands)

	<u>2025</u>	<u>2024</u>
Operating Revenue		
Net patient service revenue	\$ 1,282,498	\$ 1,166,455
Other revenue	48,230	25,962
	<u>1,330,728</u>	<u>1,192,417</u>
Operating Expenses		
Salaries and wages	402,971	373,802
Fringe benefits	86,388	75,911
Physician fees	15,112	12,175
Supplies and other	691,659	641,475
Interest	5,050	6,321
Depreciation and amortization	49,321	52,285
	<u>1,250,501</u>	<u>1,161,969</u>
Revenue in excess of expenses	80,227	30,448
Net change in unrealized (loss) gains on investments	(178)	853
Contributions for capital purposes and other equity transfers	3,193	2,388
Change in postretirement benefit liabilities	(441)	(161)
	<u>82,801</u>	<u>33,528</u>
Change in net assets without donor restrictions	82,801	33,528
Net Assets With Donor Restrictions		
Change in interest in net assets of Englewood Health Foundation	7,683	9,808
	<u>90,484</u>	<u>43,336</u>
Change in net assets	90,484	43,336
Net Assets, Beginning	<u>499,341</u>	<u>456,005</u>
Net Assets, Ending	<u>\$ 589,825</u>	<u>\$ 499,341</u>

See notes to consolidated financial statements

Englewood Hospital and Subsidiaries

Consolidated Statements of Cash Flows

Years Ended December 31, 2025 and 2024

(In Thousands)

	<u>2025</u>	<u>2024</u>
Cash Flows From Operating Activities		
Change in net assets	\$ 90,484	\$ 43,336
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Contributions for capital purposes and other equity transfers	(3,193)	(2,388)
Depreciation and amortization	49,321	52,285
Net change in unrealized loss (gains) on investments	178	(853)
Increase in interest in net assets of Englewood Health Foundation	(7,683)	(9,808)
Gain on sale of property and equipment	(13)	(509)
Change in pension and postretirement benefit liabilities	441	161
Changes in operating assets and liabilities:		
Change in operating lease assets and liabilities	2,149	411
Patient accounts receivable, net	(10,199)	(13,785)
Inventories	1,944	(3,299)
Other receivables, prepaid expenses and deposits and other assets	(23,146)	(6,527)
Due to affiliates, net	994	598
Estimated amounts due to third-party payors	8,464	7,343
Accounts payable, accrued expenses and other liabilities	33,197	20,166
Accrued postretirement benefit liability	(557)	(228)
Net cash provided by operating activities	<u>142,381</u>	<u>86,903</u>
Cash Flows From Investing Activities		
Net purchases of property and equipment	(43,044)	(50,035)
Change in net assets limited as to use	5,320	15,973
Change in short-term investments, net	(76,625)	(33,700)
Net cash used in investing activities	<u>(114,349)</u>	<u>(67,762)</u>
Cash Flows From Financing Activities		
Principal payments on long-term debt	(11,391)	(11,811)
Principal payments on finance lease obligations	(19,584)	(19,088)
Proceeds made available under finance leases	10,440	4,779
Contributions for capital purposes and other equity transfers	3,193	2,388
Net cash used in financing activities	<u>(17,342)</u>	<u>(23,732)</u>
Net increase (decrease) in cash and cash equivalents and restricted cash	10,690	(4,591)
Cash and Cash Equivalents and Restricted Cash, Beginning	<u>11,026</u>	<u>15,617</u>
Cash and Cash Equivalents and Restricted Cash, Ending	<u>\$ 21,716</u>	<u>\$ 11,026</u>
Supplemental Disclosures of Cash Flow Information		
Cash paid for interest, net of amount capitalized	<u>\$ 4,404</u>	<u>\$ 5,682</u>
Supplemental Disclosure of Noncash Investing		
Assets acquired under finance leases	<u>\$ 16,005</u>	<u>\$ 16,142</u>
Reconciliation of Cash and Cash Equivalents and Restricted Cash to Consolidated Balance Sheets		
Cash and cash equivalents	\$ 19,292	\$ 9,604
Assets limited as to use	<u>2,424</u>	<u>1,422</u>
Total cash and cash equivalents and restricted cash	<u>\$ 21,716</u>	<u>\$ 11,026</u>

See notes to consolidated financial statements

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2025 and 2024

1. Hospital and Summary of Significant Accounting Policies

Englewood Hospital (the Hospital) is a not-for-profit, teaching, tax-exempt, acute care hospital with 531 licensed beds located in Englewood, New Jersey established and operated for the delivery and promotion of healthcare. It is operated to serve the public rather than private interests. To further this purpose, the Hospital provides various programs for medical training, research and education, in addition to programs established to improve the health of the community.

Englewood Health (the System) is the parent corporation of the Hospital. Its purpose is the performance of planning activities related to the promotion of health of people within the System's service area. The System's Board of Trustees consists of, among others, certain officers of the Hospital.

Englewood Health Alliance ACO (ACO) and Englewood Health ACO (ACO2) were formed to participate in various shared savings programs, population health activities and other assorted "value based" arrangements with government and private payers, as well as with employers, for the betterment of access to high quality healthcare services for the members of the communities which served.

Englewood Medical Associates, Inc. (EMA), is a not-for-profit corporation and wholly owned subsidiary of the Hospital, which provides physician services to the Hospital and Medical Associates of Englewood, P.C., doing business as Englewood Health Physician Network (EHPN), Physician Partners of Englewood, P.C. (PPE) and Emergency Physicians of Englewood, P.C. (EPE). EHPN, PPE and EPE were incorporated for the purpose of establishing relationships with physician practices.

Englewood Health Urgent Care, P.C. (EHUC), a for-profit corporation, was formed to establish relationships with community-based walk-in and urgent care facilities.

The System is also the parent corporation of Englewood Healthcare Enterprises, Inc., Englewood Healthcare Properties, Inc. and Englewood Health Foundation (the Foundation). The Foundation performs fundraising and development on behalf of the System and its affiliates.

On December 23, 2025, the System signed a definitive agreement to merge with Robert Wood Johnson Barnabas Health. As of the issuance of this report, the related regulatory review and approval processes were ongoing.

The following items comprise the significant accounting policies which are followed by the Hospital.

Basis of Consolidated Financial Statement Presentation

The consolidated financial statements include the accounts of the Hospital, EMA, EHPN, PPE, EPE, ACO, ACO2 and EHUC, which meet the criteria of consolidation with the Hospital. All significant intercompany balances have been eliminated in consolidation.

Numeric schedules presented in the notes to the consolidated financial statements are presented in thousands (000's). All numbers included in narrative portions are presented in whole numbers.

Classification of Net Assets

The Hospital separately accounts for and reports upon net assets that are donor restricted and net assets without donor restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Resources arising from the results of operations or net assets set aside by the Board of Trustees are not considered to be donor restricted.

Englewood Hospital and Subsidiaries

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When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions.

The Hospital recognizes its interest in net assets of the Foundation. Contributions to net assets without donor restrictions from the Foundation are recorded in the consolidated statements of operations and changes in net assets as a component of other revenue. Changes in the Hospital's interest in the Foundation's net assets with donor restrictions are included in the accompanying consolidated statements of operations and changes in net assets.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts in the consolidated financial statements and accompanying notes. There is at least a reasonable possibility that certain estimates will change by material amounts in the near term. Actual results could differ from those estimates.

Cash and Cash Equivalents and Restricted Cash

The Hospital classifies as cash equivalents all highly liquid financial instruments with maturities of three months or less when purchased, which are not deemed to be assets limited as to use or short-term investments. For purposes of the consolidated statements of cash flows, cash and cash equivalents and restricted cash include investments purchased with an initial maturity of three months or less.

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.

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.

The Hospital's patient accounts receivable are separately presented on the consolidated balance sheets as of December 31, 2025 and 2024. Patient accounts receivable as of December 31, 2023 totaled approximately \$115,596,000.

Assets Limited as to Use and Short-Term Investments

Assets limited as to use and short-term investments consist of cash equivalents, money market funds, certificates of deposit, U.S. government obligations and other fixed income securities. Investment securities are carried at fair value based on quoted market prices or quoted market prices for similar investments. Amounts reported within assets limited as to use represent investments whose use is restricted under terms of the Hospital's mortgage loan agreement (see Note 8).

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

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Investment income and realized gains or losses on investment transactions are recorded as other revenue unless with donor restrictions. The Hospital's investments (see Note 4) are classified as other than trading. As such, unrealized gains and losses on U.S. government obligations and other fixed income securities that are considered temporary are excluded from revenue in excess of expenses.

Debt securities available-for-sale are carried at fair value, with unrealized holding gains and losses reported in net assets without donor restrictions. For available-for-sale debt securities in an unrealized loss position, the Hospital first assesses whether it intends to sell, or it is more likely than not that it will be required to sell the security before recovery of its amortized cost basis. If either of the criteria regarding intent or requirement to sell is met, the security's amortized cost basis is written down to fair value through income. For debt securities available-for-sale that do not meet the aforementioned criteria, the Hospital evaluates whether the decline in fair value has resulted from credit losses or other factors. In making this assessment, the Hospital considers the extent to which fair value is less than amortized cost, any changes to the rating of the security by a rating agency, and adverse conditions specifically related to the security, among other factors. If this assessment indicates that a credit loss exists, the present value of cash flows expected to be collected from the security are compared to the amortized cost of the security.

If the present value of cash flows expected to be collected is less than the amortized cost basis, a credit loss exists and an allowance for credit losses is recorded for the credit loss, limited by the amount that the fair value is less than the amortized cost basis. Any impairment that has not been recorded through an allowance for credit losses is recognized in net assets without donor restrictions.

Changes in the allowance for credit losses are recorded as credit loss expense (or reversal). Losses are charged against the allowance when the Hospital believes the uncollectability of an available-for-sale security is confirmed or when either of the criteria regarding intent or requirement to sell is met. There were no credit losses noted for 2025 and 2024.

Inventories

Inventories are recorded at the lower of cost or net realizable value. The cost of inventories is determined on a first-in, first-out basis.

Investment in Joint Venture

The Hospital holds four investments in joint ventures in which it maintains various percentages of ownership. Approximately \$12.9 million and \$11.6 million, respectively, were recorded within other assets on the consolidated balance sheets as of December 31, 2025 and 2024.

Deferred Costs

Deferred costs include costs incurred in connection with debt financing and refinancing and are amortized by the effective interest method over the period the applicable obligation is outstanding. Accumulated amortization totaled approximately \$5.6 million and \$5.4 million at December 31, 2025 and 2024, respectively. Amortization expense was approximately \$187,000 and \$208,000 during 2025 and 2024, respectively.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2025 and 2024

Property, Plant and Equipment

Property, plant and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at appraised or fair value established at the date of contribution. The carrying amount of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Equipment under capitalized lease obligations and leasehold improvements are amortized using the straight-line method over the lesser of the estimated useful life of the asset or lease term. Such amortization is included in depreciation and amortization in the accompanying consolidated financial statements.

Lease Obligations and Right-of-Use Assets

The Hospital evaluates at contract inception whether a lease exists and recognizes a lease obligation and right-of-use (ROU) asset for all leases with a term greater than 12 months. Leases are classified as either finance or operating. All lease liabilities are measured at the present value of the future lease payments using a discount rate. The future lease payments used to measure the lease liability include fixed payments, as well as the exercise price of any options to purchase the underlying asset that have been deemed reasonably certain of being exercised, if applicable. Future lease payments for optional renewal periods that are not reasonably certain of being exercised are excluded from the measurement of the lease liability. For all leases, the ROU asset is initially derived from the measurement of the lease liability and adjusted for certain items, such as initial direct costs and lease incentives received. ROU assets are subject to long-lived impairment testing.

Operating lease expense is recognized on a straight-line basis over the lease term and is included within supplies and other in the consolidated statements of operations and changes in net assets. For financing leases amortization expense is recorded for the ROU asset and interest expense is recorded for the lease liability. The lease term for operating and financing leases is determined based on the date the Hospital acquires control of the leased premises through the end of the lease term.

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 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 to the patient.

Englewood Hospital and Subsidiaries

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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 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.

Revenue in Excess of Expenses

The consolidated statements of operations and changes in net assets include revenue in excess of expenses as the performance indicator. Changes in net assets without donor restrictions which are excluded from the performance indicator, consistent with industry practice, include net change in unrealized gains and losses on fixed income investments, contributions and transfers for capital purposes, and the change in postretirement benefit liabilities.

Estimated Malpractice Costs

The Hospital is insured for medical malpractice claims under a claims-made policy and excess loss policies. The Hospital records an estimated liability for medical malpractice costs related to reported claims, and incurred claims that have not been reported. Anticipated insurance recoveries associated with reported claims are reported separately in the Hospital's consolidated balance sheets at net realizable value.

Income Taxes

The Hospital is a not-for-profit Hospital described in Section 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from Federal income taxes on related income pursuant to Section 501(a) of the IRC. The Hospital also is exempt from state income taxes.

The Hospital and consolidated entities, except for EHUC, qualify as a tax-exempt Hospital under the IRC and, accordingly, no provision for income taxes with respect to these entities has been made in the accompanying consolidated financial statements. EHUC is a for-profit corporation subject to federal and state income taxes; however, income tax expense is not significant to the consolidated financial statements.

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 2025 and 2024.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

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2. 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 criteria defined by the New Jersey Department of Health (DOH) without charge or at amounts less than established rates. The Hospital reduces net revenue 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 and 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.

A summary of the estimated cost of community benefits provided to both the indigent and the broader community follows:

	December 31,	
	2025	2024
Community benefits provided to the indigent:		
Financial assistance, which includes charity care and uninsured discounts provided	\$ 26,357	\$ 29,153
Unpaid cost of public programs, Medicaid and other indigent care programs	47,788	72,008
Community benefits to the broader community:		
Nonbilled services for the community	891	1,246
Education and research provided for the community	18,797	18,307
Subsidized health services	167,492	153,262
	<u>\$ 261,325</u>	<u>\$ 273,976</u>

The 2025 amounts are estimated while the 2024 amounts are based on the Hospital's Form 990 as filed with the Internal Revenue Service (IRS).

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 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 \$16,000 and \$1,200,000 for the years ended December 31, 2025 and 2024, respectively.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

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3. Net Patient Service Revenue

The composition of the Hospital's net patient care service revenue by payor for the years ended December 31 is as follows:

	<u>2025</u>	<u>2024</u>
Medicare and Medicaid	\$ 498,628	\$ 458,045
Managed care	727,728	671,312
Commercial and other	56,142	37,098
Total	<u>\$ 1,282,498</u>	<u>\$ 1,166,455</u>

The composition of net patient service revenue based on the Hospital's lines of business for years ended December 31 is as follows:

	<u>2025</u>	<u>2024</u>
Inpatient	\$ 296,152	\$ 288,864
Outpatient and physician practices	986,346	877,591
Total	<u>\$ 1,282,498</u>	<u>\$ 1,166,455</u>

The Hospital has agreements with third-party payors that provide for payment for services rendered at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare and Medicaid

Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services. Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data. Medicare cost reports of the Hospital have been audited and settled for years through 2021 at December 31, 2025.

Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under cost-based and fee schedule methodologies. The Hospital is reimbursed for outpatient services at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediary. Medicaid cost reports of the Hospital have been audited and settled for years through 2023 at December 31, 2025.

For the years ended December 31, 2025 and 2024, net patient service revenue was increased by approximately \$14,222,000 and \$8,194,000, respectively, for favorable adjustments and settlements related to prior years.

Englewood Hospital and Subsidiaries

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The Hospital receives Medicaid funding under the New Jersey County Option Hospital Fee Program (the Program). This Program is administered through the New Jersey Department of Human Services and requires participating hospitals to pay quarterly assessed fees based on inpatient and/or outpatient services within their county. These payments are pooled with federal Medicaid matching funds, and after program expenses and county allocations, are redistributed to the participating hospitals as State Directed Payments. This funding supports local hospitals to compensate for the relatively low reimbursements hospitals currently receive so they can continue to provide the necessary care and services to low-income citizens. The payments to the hospitals are subject to an annual reconciliation based on actual Medicaid volumes. Fee expense recognized by the Hospital was approximately \$20,875,000 and \$18,034,000 and is included within supplies and other expense for the years ended December 31, 2025 and 2024, respectively. Revenue of approximately \$42,068,000 and \$24,555,000 is included within net patient service revenue for the years ended December 31, 2025 and 2024, respectively. This Program requires annual review and approval by federal and state agencies. There is no guarantee this Program will renew each year. The current Program is approved through June 30, 2026. The application for the year ending June 30, 2027 is pending federal review and approval.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that has been enacted by the federal government, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse impact on the Hospital.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that could have a material adverse effect on its consolidated financial statements.

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 claims subsequent to initial payment.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients, and offers those uninsured or underinsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charges by any contractual adjustment, discounts and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustment to net patient service revenue in the period of the change. For the years ended December 31, 2025 and 2024, the impact of changes in the estimates of discounts and contractual adjustments for performance obligations satisfied in prior years was insignificant to the consolidated financial statements.

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and other patient balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the Hospital's Self-Pay Discount program, as well as the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients.

Englewood Hospital and Subsidiaries

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4. Investments and Assets Limited as to Use

The composition and reported value of short-term investments and assets limited as to use consist of the following:

	<u>December 31,</u>	
	<u>2025</u>	<u>2024</u>
Short-term investments:		
Cash and cash equivalents, money market funds, certificates of deposit and other	\$ 70,344	\$ 56,262
U.S. government obligations and other fixed income securities	135,732	73,367
Total short-term investments	<u>\$ 206,076</u>	<u>\$ 129,629</u>

Assets limited as to use are maintained for the following purposes:

	<u>December 31,</u>	
	<u>2025</u>	<u>2024</u>
Mortgage reserve fund	\$ 16,080	\$ 16,344
Proceeds available under lease agreements	11,997	16,051
Total assets limited as to use	<u>\$ 28,077</u>	<u>\$ 32,395</u>

Assets held in the mortgage reserve fund are invested in U.S. government obligations and other fixed income securities.

Assets limited as to use are held by a trustee in a mortgage reserve fund under terms of the Hospital's mortgage loan agreement (see Note 8).

For the years ended December 31, 2025 and 2024, investment income, which consists primarily of interest income on short-term investments and assets limited as to use, totaled approximately \$6,754,000 and \$4,527,000, respectively, and is included in other revenue in the accompanying consolidated statements of operations and changes in net assets.

5. Fair Value Measurements

The Hospital follows the provisions of authoritative guidance relating to fair value measurements. This guidance defines fair value, establishes a framework for measuring fair value under accounting principles generally accepted in the United States of America, and enhances disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework that this guidance establishes for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to the Hospital for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

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Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets and other observable inputs.

Level 3 - Fair value is based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows and other similar techniques.

Financial assets carried at fair value, excluding assets in the defined benefit pension plan, are classified in the table below in one of the three categories described above:

	December 31, 2025			
	Total	Level 1	Level 2	Level 3
Reported at fair value:				
Money market funds and certificates of deposit	\$ 14,348	\$ 14,348	\$ -	\$ -
U.S. government obligations	147,715	147,715	-	-
Mortgage-backed securities	1,667	-	1,667	-
Total	163,730	<u>\$ 162,063</u>	<u>\$ 1,667</u>	<u>\$ -</u>
Cash and cash equivalents	<u>58,426</u>			
Total investments	<u>\$ 222,156</u>			
	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Reported at fair value:				
Money market funds and certificates of deposit	\$ 10,642	\$ 10,642	\$ -	\$ -
U.S. government obligations	85,818	85,818	-	-
Mortgage-backed securities	2,100	-	2,100	-
Total	98,560	<u>\$ 96,460</u>	<u>\$ 2,100</u>	<u>\$ -</u>
Cash and cash equivalents	<u>47,413</u>			
Total investments	<u>\$ 145,973</u>			

The following methods and assumptions were used by the Hospital in estimating fair value disclosures for the consolidated financial statements:

Money market funds and certificates of deposit - The carrying amount of money market funds and certificates of deposit approximates fair value due to the short-term nature of these instruments.

The fair values for U.S. government obligations and mortgage-backed securities included in assets whose use is limited and investments are based on quoted market prices for identical (Level 1) or similar investments (Level 2).

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6. Property, Plant and Equipment

A summary of property, plant and equipment follows:

	December 31,	
	2025	2024
Depreciable assets:		
Land improvements	\$ 1,801	\$ 1,704
Buildings	192,918	192,918
Fixed equipment	355,051	335,583
Major movable equipment	480,477	460,069
	<u>1,030,247</u>	<u>990,274</u>
Less accumulated depreciation and amortization	<u>697,191</u>	<u>654,776</u>
	<u>333,056</u>	<u>335,498</u>
Nondepreciable assets:		
Land	181	181
Construction in progress	5,509	9,697
Deposits on equipment	152	167
	<u>5,842</u>	<u>10,045</u>
Property, plant and equipment, net	<u>\$ 338,898</u>	<u>\$ 345,543</u>

Substantially all property, plant and equipment is collateralized under long-term debt agreements (see Note 8).

Depreciation expense related to property and equipment amounted to approximately \$49.1 million and \$52.0 million in 2025 and 2024, respectively.

The Hospital capitalizes interest on construction in progress. During 2025 and 2024, approximately \$555,000 and \$573,000, respectively, of net interest income was capitalized.

7. Due From (to) Affiliates

Amounts due from (to) affiliates were as follows:

	December 31,	
	2025	2024
Englewood Healthcare Properties	\$ 1,102	\$ 1,215
Englewood Health	-	284
Englewood Healthcare Enterprises, Inc.	(3,223)	(2,899)
Englewood Health Foundation	908	1,181
Due to affiliates, net	<u>\$ (1,213)</u>	<u>\$ (219)</u>

The Foundation released from restrictions and contributed approximately \$4.9 and \$3.2 million to the Hospital in 2025 and 2024, respectively, for operating purposes. Those amounts are included in other revenue.

Amounts due from affiliates result from the Hospital's payment of various expenses on behalf of these affiliates. These amounts are settled monthly or as funds become available.

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8. Long-Term Debt and Lines of Credit

Long-term debt consists of the following:

	December 31,	
	2025	2024
FHA Section 241 insured mortgage loans (a)	\$ 55,993	\$ 58,939
FHA Section 242 insured mortgage loan (b)	21,249	26,180
Other loan (c)	11,755	15,269
	88,997	100,388
Less current portion	(19,207)	(12,220)
Less deferred financing costs, net	(906)	(1,093)
Total	\$ 68,884	\$ 87,075

- (a) In 2013 and 2015, a total of three mortgage loans were made available and are payable to Prudential Huntoon Paige Associates, LLC. The loans are insured under the provisions of the Federal Housing Authority (FHA) Section 241 program. The mortgage loans are collateralized by a second lien on substantially all of the Hospital's assets. A loan evidenced by notes in the amount of \$7,926,100, \$20,000,000 and \$50,000,000 shall bear interest at the rates of 4.95%, 4.95% and 4.99% per annum, respectively, payable in monthly installments. In April 2021, the mortgage loans were modified to achieve a more favorable interest rate of 2.63% on all three notes. The mortgage loans proceeds were used to provide funds for certain construction, renovations and improvements. Principal and interest payments are due through March 1, 2041.
- (b) As of December 31, 2011, the mortgage loan was made available through the proceeds of the New Jersey Health Care Facilities Financing Authority (NJHCFFA), Series 2002 revenue bonds, and was insured under the provisions of the Federal Housing Authority (FHA) Section 242 program. In June 2012, the mortgage loan was modified, the Series 2002 Revenue bonds were defeased and the mortgage loan was backed by the proceeds of GNMA securities. The mortgage loan is collateralized by a first lien on substantially all of the Hospital's assets. Principal and interest payments are due through December 1, 2029 with interest at a fixed rate of 2.96% of the unpaid balance until the loan is fully paid.
- (c) Other loan payable are due to a nonlending third party at an interest rate of 4.5%, and was paid off in full in March 2026.

The Hospital has available lines of credit (\$15.0 million and \$10.0 million) with various banks. Under the terms of the line of credit agreements, interest is payable at various rates that are based on the going prime rate at the time the funds are drawn. The \$15.0 million line of credit is unsecured and expires August 31, 2026. The \$10.0 million line of credit is secured by \$4.0 million in assets of the Hospital and expires on September 15, 2026. No amounts were drawn on the lines as of December 31, 2025 and 2024.

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Principal payments on long-term debt for the next five years and thereafter follow:

2026	\$	19,207
2027		8,514
2028		8,754
2029		9,001
2030		3,478
Thereafter		<u>40,043</u>
Total	\$	<u>88,997</u>

9. Retirement Plan and Postretirement Healthcare Benefits

The Hospital maintains a defined contribution retirement plan covering substantially all nonunion employees who have completed one year of service, have worked 1,000 hours or more during the year and have attained 21 years of age. This plan also covers Bargaining Unit (Union) employees hired on or after January 1, 2007 who have completed one year of service, have worked 1,000 hours or more during the year and have attained age 21. As of January 1, 2013, this plan also covers Bargaining Unit (Union) employees hired prior to January 1, 2007, who have completed one year of service, have worked 1,000 hours or more during the year and have attained age 21. Employees may contribute a percentage of their annual salary, which will be matched by the Hospital, at a rate of 50%. The required levels of service and contribution percentages are as follows:

	Contributions	
	Employee	Employer Match
Years of service:		
Less than 5 years	4.00 %	2.00 %
5 to 9 years	6.00	3.00
10 to 14 years	7.00	3.50
15 to 19 years	8.00	4.00
20 to 24 years	9.00	4.50
25 to 29 years	10.00	5.00
30 to 34 years	11.00	5.50
35 or more years	12.00	6.00

Individuals may contribute in excess of the above employee contributions, up to the ERISA limitations, without Hospital matching.

For the years ended December 31, 2025 and 2024, pension expense related to the defined contribution plan was approximately \$4.4 million and \$4.2 million, respectively.

The Hospital also sponsors a defined benefit postretirement plan which provides medical, dental and life insurance benefits to eligible retirees and their eligible dependents. Eligibility for this plan is limited to a closed group of retirees who were covered by the collective bargaining agreement during employment and who met certain length of service requirements.

The Hospital's medical and dental plan contribution for retirees both under and over age 65 is fixed based on years of service. The retiree's contribution is based on the difference between the Hospital's fixed contribution and current premium, as determined annually by the carrier. The medical and dental insurance plans contain other cost-sharing features such as deductibles and co-insurance. The life insurance benefit is provided on a noncontributory basis. The Hospital's funding policy is to pay the cost of medical and dental benefits as incurred.

Englewood Hospital and Subsidiaries

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The reconciliation of the beginning and ending balances of the benefit obligation and the fair value of the plans' assets for the years ended December 31 is as follows:

	Postretirement Healthcare Benefits	
	2025	2024
Changes in benefit obligation:		
Benefit obligation, beginning of year	\$ 651	\$ 720
Interest cost	30	37
Actuarial (gain)	(142)	(95)
Benefits and expenses paid	(111)	(103)
Plan participants' contribution	96	92
	<u>524</u>	<u>651</u>
Benefit obligation, end of year	<u>524</u>	<u>651</u>
Changes in plan assets:		
Fair value of plan assets, beginning of year	-	-
Plan participants' contribution	96	92
Employer contributions	15	11
Benefits and expenses paid	(111)	(103)
	<u>-</u>	<u>-</u>
Fair value of plan assets, end of year	<u>-</u>	<u>-</u>
Unfunded status (accrued liabilities)	<u>\$ (524)</u>	<u>\$ (651)</u>

Included in other changes in net assets without donor restrictions at December 31 are the following amounts that have not yet been recognized in postretirement cost:

	Postretirement Healthcare Benefits	
	2025	2024
Unrecognized actuarial (gain)	\$ (590)	\$ (1,031)

The change in the postretirement benefit liabilities to be recognized in future periods as reported in the accompanying consolidated statements of operations and changes in net assets totaled approximately \$(441,000) and \$(161,000) for 2025 and 2024, respectively, and represents the combined change in the amounts for postretirement benefit plan in the table above.

The current portion of postretirement health benefits approximating \$67,000 and \$77,000 are included in accrued expenses and other current liabilities in the accompanying consolidated balance sheets as of December 31, 2025 and 2024, respectively.

Englewood Hospital and Subsidiaries

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Net periodic benefit cost includes the following components:

	Postretirement Healthcare Benefits	
	2025	2024
Interest cost	\$ 30	\$ 37
Amortization of unrecognized (gains)	(582)	(257)
Net periodic benefit cost	<u>\$ (552)</u>	<u>\$ (220)</u>

	Postretirement Healthcare Benefits	
	2025	2024
Weighted-average assumptions used to determine benefit obligations at December 31:		
Discount rates	5.33 %	5.97 %
Weighted-average assumptions used to determine net periodic benefit cost for years ended December 31:		
Discount rate	5.97 %	5.42 %

The Hospital's investment policies and strategies for plan assets include allocations of a diversified portfolio of equity investments, fixed income securities and cash equivalents. Though these assets are long term in nature, a reasonable amount of liquidity should be maintained.

The Hospital expects to pay future benefits under postretirement benefits as follows:

	Postretirement Health Benefits
2026	\$ 67
2027	63
2028	59
2029	55
2030	51
2031-2035	<u>203</u>
Total	<u>\$ 498</u>

Englewood Hospital and Subsidiaries

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For measurement purposes, the following annual rates of increase in the per capita cost of covered health care benefits were assumed for 2025:

Year	Medical Indemnity and Preferred Provider Hospitals	Dental
2025	6.00%	5.00%

The rates are assumed to decrease gradually to 5.0% by 2028 and remain at that level thereafter. The Hospital's contribution for postretirement medical and dental benefits is fixed except for employee discounts and union retirees who retired prior to September 1, 1991. Therefore, the accumulated postretirement benefit obligation and interest cost component of net periodic benefit cost have a relatively low sensitivity to increases in the healthcare cost trend rates. For example, increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement benefit obligation by \$731 for 2025. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement benefit obligation by \$592 for 2025.

10. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under various third-party payor agreements. Accounts receivable from patients and third-party payors were as follows:

	December 31,	
	2025	2024
Medicare and Medicaid	62 %	62 %
Blue Cross	11	12
Other third-party payors	25	24
Self-pay patients	2	2
Total	100 %	100 %

The Hospital maintains cash on deposit with major banks and invests in money market securities with high credit quality financial institutions and limits the credit exposure to any one financial institution; however, such deposits exceed federally insured limits.

11. Liquidity and Availability

Financial assets available for general expenditures within one year of the consolidated balance sheets date, consist of the following:

	December 31,	
	2025	2024
Cash and cash equivalents	\$ 19,292	\$ 9,604
Short-term investments	206,076	129,629
Accounts receivable, net	139,580	129,381
Other receivables	38,189	13,294
Total	\$ 403,137	\$ 281,908

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As part of the Hospital's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. In addition, the Hospital invests excess cash in short-term investments. The Hospital also has available undrawn lines of credit as described in Note 8.

12. Net Assets With Donor Restrictions

The Foundation follows the requirements of the Uniform Prudent Management of Institutional Funds Act as they relate to certain contributions with donor restrictions, effective upon the State of New Jersey's enactment of the legislation in March 2009. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. The Hospital records the contributed assets with donor restrictions as part of its interest in the net assets of the Foundation. The Foundation releases the income without donor restrictions from the related assets on an annual basis in support of Hospital health care services.

Net assets with donor restrictions are available for the following purposes:

	December 31,	
	2025	2024
Health education and research	\$ 38,094	\$ 33,426
Purchase of property and equipment, operational activities and debt service	77,930	74,915
Total	<u>\$ 116,024</u>	<u>\$ 108,341</u>

Net assets with donor restrictions that are perpetual in nature of \$3,124,000 as of December 31, 2025 and 2024 are to be held in perpetuity, the income from which is expendable to support health care services.

Net assets with donor restrictions represent the Hospital's interest in the net assets of the Foundation.

13. Right-of-Use Assets and Lease Obligations

The Hospital is obligated under the terms of several noncancelable finance and operating leases for equipment, medical spaces and office spaces.

Lessee

ROU assets represent the Hospital's right to use an underlying asset for the lease term, while lease liabilities represent the Hospital's obligation to make lease payments arising from the lease. ROU assets and lease liabilities are recognized at the commencement date of a lease based on the net present value of lease payments over the lease term.

Certain of the Hospital's leases include options to renew or terminate the lease. The exercise of lease renewal or early termination options is at the Hospital's sole discretion. The Hospital regularly evaluates the renewal and early termination options and when they are reasonably certain of exercise, the Hospital includes such options in the lease term. Additionally, upon adoption of the new standard, the Hospital made judgments regarding lease terms for certain of its real property leases that were in month-to-month status or that contained auto-renewal clauses. The Hospital estimated a lease end date based on the required length of usage of the property and calculated a ROU asset and lease liability with the resulting estimated lease term.

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In determining the discount rate used to measure the ROU assets and lease liabilities, the Hospital uses the rate implicit in the lease, or if not readily available, the Hospital uses a risk-free rate based on U.S. Treasury note or bond rates for a similar term.

ROU assets are assessed for impairment in accordance with the Hospital's long-lived asset policy. The Hospital reassesses lease classification and remeasures ROU assets and lease liabilities when a lease is modified and that modification is not accounted for as a separate new lease or upon certain other events that require reassessment in accordance with Topic 842.

The Hospital made significant assumptions and judgments in applying the requirements of Topic 842. In particular, the Hospital:

- Evaluated whether a contract contains a lease, by considering factors such as whether the Hospital obtained substantially all rights to control an identifiable underlying asset and whether the lessor has substantive substitution rights;
- Determined whether contracts contain embedded leases;
- Evaluated leases with similar commencement dates, lengths of term, renewal options or other contract terms, which therefore meet the definition of a portfolio of leases, whether to apply the portfolio approach to such leases;
- Determined for leases that contain a residual value guarantee, whether a payment at the end of the lease term was probable and, accordingly, whether to consider the amount of a residual value guarantee in future lease payments;
- Allocated consideration in the contract between lease and nonlease components.

The following table summarizes the lease ROU assets and lease liabilities as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
ROU assets:		
Operating leases	\$ 101,090	\$ 87,833
Finance leases	41,422	40,854
Total ROU assets	<u>\$ 142,512</u>	<u>\$ 128,687</u>
Lease liabilities:		
Current operating lease liabilities	\$ 14,395	\$ 13,878
Current finance lease liabilities	18,982	18,783
Long-term operating lease liabilities	98,410	83,521
Long-term finance lease liabilities	23,489	32,832
Total lease liabilities	<u>\$ 155,276</u>	<u>\$ 149,014</u>

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Below is a summary of expenses incurred pertaining to leases during the years ended December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Finance lease expense:		
Amortization of ROU assets	\$ 14,246	\$ 13,463
Interest on lease liabilities	2,332	2,502
Operating lease expense	16,763	15,931
Short-term lease expense	4	-
	<u> </u>	<u> </u>
Total lease expense	<u>\$ 33,345</u>	<u>\$ 31,896</u>
Weighted-average remaining lease term (in years):		
Operating leases	9.80	8.76
Finance leases	2.92	3.21
Weighted-average discount rate:		
Operating leases	2.59 %	1.80 %
Finance leases	5.83 %	5.74 %

The table below summarizes the Hospital's scheduled future minimum lease payments for years ending after December 31, 2025:

	<u>Operating Leases</u>	<u>Finance Leases</u>
Years ending December 31:		
2026	\$ 17,005	\$ 20,121
2027	15,045	12,364
2028	13,564	5,701
2029	12,378	3,059
2030	10,915	1,329
Thereafter	60,479	1,117
	<u> </u>	<u> </u>
Total lease payments	129,386	43,691
Less present value discount	<u>16,581</u>	<u>1,220</u>
Total lease liabilities	112,805	42,471
Less current portion	<u>14,395</u>	<u>18,982</u>
Long-term lease liabilities	<u>\$ 98,410</u>	<u>\$ 23,489</u>

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The following table includes supplemental cash flow and noncash information related to the leases for the years ended December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 16,627	\$ 15,522
Operating cash flows from finance leases	2,364	2,424
Financing cash flows from finance leases	17,945	15,453
ROU assets obtained in exchange for lease liabilities:		
Operating leases	28,735	3,098
Finance leases	14,741	17,890

Lessor

The Hospital has various sub-lease agreements for medical space under which we are the lessor. These leases meet the criteria for operating lease classification. Lease income associated with these leases is not material.

14. Professional Liability Insurance

The Hospital has malpractice insurance coverage on a claims-made basis through a commercial insurance carrier. It is management's intention to continue existing coverage. The amount of malpractice coverage is \$1,000,000 per claim, with a \$3,000,000 annual aggregate with a per claim deductible of \$500,000 and an aggregate deductible of \$1,500,000. The Hospital maintains an umbrella policy with claims covered up to \$15,000,000 with an annual aggregate of \$15,000,000. In addition, the Hospital has excess liability coverage in the amount of \$5,000,000 per occurrence and \$5,000,000 in annual aggregate. The estimated liability for claims and incidents unknown but related to the reporting periods ended December 31, 2025 and 2024 was approximately \$5.5 million and \$3.6 million, respectively. These amounts are included in other long-term liabilities in the consolidated balance sheets. The Hospital believes that it has adequate insurance coverages for all asserted claims and has no knowledge of unasserted claims which would exceed insurance coverages. Approximately \$935,000 and \$1,654,000 representing the current portion of the insurance receivable and the insurance claims liability as of December 31, 2025 and 2024, respectively, are recorded in other receivables and in accrued expenses and other liabilities. Approximately \$7.4 million and \$10.9 million, representing the noncurrent portion of the insurance receivable and the insurance claims liability as December 31, 2025 and 2024, respectively, are recorded in other assets and in other liabilities.

15. Real Estate Taxes

As a not-for-profit corporation in New Jersey, the Hospital has historically qualified for an exemption from real property taxes; however, a number of cities and municipalities in New Jersey have challenged and continue to challenge such exemption. In 2022, the Hospital signed an agreement with the City of Englewood to establish the parameters for the calculation of the payments in lieu of taxes for the years 2021 through 2025. The Hospital expects to sign a new agreement with the City of Englewood in 2026. Amounts paid in lieu of taxes were not material for 2025 and 2024. The Hospital and affiliates currently pay real estate taxes on various properties that it owns, rents or leases in many of the communities it serves.

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Notes to Consolidated Financial Statements
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16. Expenses by Both Nature and Function

For the years ended December 31, 2025 and 2024, the Hospital's consolidated operating expenses grouped by functional classification are as follows:

	2025		
	Health Care Services	Management and General	Total
Salaries and wages	\$ 345,252	\$ 57,719	\$ 402,971
Fringe benefits	74,015	12,373	86,388
Physician fees	15,112	-	15,112
Supplies and other	589,852	101,807	691,659
Interest	5,050	-	5,050
Depreciation and amortization	41,448	7,873	49,321
Total expenses	<u>\$ 1,070,729</u>	<u>\$ 179,772</u>	<u>\$ 1,250,501</u>

	2024		
	Health Care Services	Management and General	Total
Salaries and wages	\$ 318,606	\$ 55,196	\$ 373,802
Fringe benefits	64,702	11,209	75,911
Physician fees	12,175	-	12,175
Supplies and other	554,788	86,687	641,475
Interest	6,321	-	6,321
Depreciation and amortization	43,471	8,814	52,285
Total expenses	<u>\$ 1,000,063</u>	<u>\$ 161,906</u>	<u>\$ 1,161,969</u>

17. Commitments and Contingencies

Various investigations, lawsuits and claims arising in the normal course of operations are pending or on appeal against the Hospital. While the ultimate effect of such actions cannot be determined at this time, it is the opinion of management that the liabilities which may arise from such actions would not materially affect the consolidated financial position or results of operations of the Hospital.

18. Subsequent Events

The Hospital has evaluated the impact of subsequent events through April 23, 2026, representing the date at which the consolidated financial statements were available to be issued.