

Englewood Hospital and Subsidiaries

Consolidated Financial Statements

December 31, 2019 and 2018

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements
December 31, 2019 and 2018

	<u>Page</u>
Independent Auditors' Report	1
Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7

Independent Auditors' Report

To the Board of Trustees of
Englewood Hospital

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, 2019 and 2018, 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 financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Englewood Hospital and Subsidiaries as of December 31, 2019 and 2018, and the results of their operations and changes in net assets, and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1 to the financial statements in 2019, the Hospital adopted new accounting guidance related to the Financial Accounting Standards Board Accounting Standards Update (ASU) No. 2014-09, *Revenue From Contracts With Customers (Topic 606)* and FASB ASU 2016-18 *Statement of Cash Flows, Restricted Cash (Topic 230)*. Our opinion is not modified with respect to these matters.

Baker Tilly Virchow Krause, LLP

Iselin, New Jersey
April 21, 2020

Englewood Hospital and Subsidiaries

Consolidated Balance Sheets
December 31, 2019 and 2018
(In Thousands)

	<u>2019</u>	<u>2018</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 31,660	\$ 20,567
Short-term investments	55,210	52,329
Patient accounts receivable, net	83,604	72,749
Other receivables	7,093	6,492
Inventories	16,527	15,619
Prepaid expenses and deposits	8,233	9,471
	<u>202,327</u>	<u>177,227</u>
Total current assets	202,327	177,227
Assets limited as to use, net of current portion	18,584	18,027
Property, plant and equipment, net	323,125	322,989
Due from affiliates	2,040	1,900
Interest in net assets of Englewood Health Foundation	76,275	66,196
Other assets	16,545	15,619
	<u>638,896</u>	<u>601,958</u>
Total assets	\$ 638,896	\$ 601,958
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 51,088	\$ 46,372
Accrued expenses and other current liabilities	39,946	38,525
Due to affiliates	1,559	566
Current portion of estimated amounts due to third-party payors	455	3,003
Current portion of long-term debt and capital lease obligations	27,233	27,998
	<u>120,281</u>	<u>116,464</u>
Total current liabilities	120,281	116,464
Accrued pension and postretirement benefit liability	29,159	30,416
Estimated amounts due to third-party payors, net of current portion	20,928	28,772
Long-term debt and capital lease obligations, net of current portion	137,300	152,897
Other liabilities	15,008	13,463
	<u>322,676</u>	<u>342,012</u>
Total liabilities	322,676	342,012
Net Assets		
Net assets without donor restrictions	239,945	193,750
Net assets with donor restrictions	76,275	66,196
	<u>316,220</u>	<u>259,946</u>
Total net assets	316,220	259,946
Total liabilities and net assets	\$ 638,896	\$ 601,958

See notes to financial statements

Englewood Hospital and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

Years Ended December 31, 2019 and 2018

(In Thousands)

	<u>2019</u>	<u>2018</u>
Operating Revenue		
Net patient service revenue	\$ 751,313	\$ 650,610
Other revenue	17,582	15,265
	<u>768,895</u>	<u>665,875</u>
Operating Expenses		
Salaries and wages	247,554	228,362
Fringe benefits	48,585	47,803
Physician fees	2,659	2,229
Supplies and other	381,945	331,747
Interest	6,559	7,419
Depreciation and amortization	37,931	33,783
	<u>725,233</u>	<u>651,343</u>
Revenue in excess of expenses	43,662	14,532

Continued on next page

See notes to financial statements

Englewood Hospital and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

Years Ended December 31, 2019 and 2018

(In Thousands)

	<u>2019</u>	<u>2018</u>
Revenue in excess of expenses (from previous page)	\$ 43,662	\$ 14,532
Net change in unrealized gains on investments	584	21
Contribution from Englewood Health Foundation for capital purposes	1,377	251
Change in pension and postretirement benefit liabilities	<u>572</u>	<u>(3,969)</u>
Change in net assets without donor restrictions	<u>46,195</u>	<u>10,835</u>
Net Assets With Donor Restrictions		
Change in interest in net assets of Englewood Health Foundation	<u>10,079</u>	<u>4,226</u>
Change in net assets with donor restrictions	<u>10,079</u>	<u>4,226</u>
Change in net assets	56,274	15,061
Net Assets at Beginning of the Year	<u>259,946</u>	<u>244,885</u>
Net Assets at End of Year	<u><u>\$ 316,220</u></u>	<u><u>\$ 259,946</u></u>

See notes to financial statements

Englewood Hospital and Subsidiaries

Consolidated Statements of Cash Flows
Years Ended December 31, 2019 and 2018
(In Thousands)

	<u>2019</u>	<u>2018</u> (As Adjusted)
Cash Flows From Operating Activities		
Change in net assets	\$ 56,274	\$ 15,061
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Contribution from Englewood Health Foundation	(1,377)	(251)
Depreciation and amortization	37,931	33,783
Net change in unrealized gains and losses on investments	(584)	(21)
Increase in interest in net assets of Englewood Health Foundation	(10,079)	(4,226)
Gain on sale of property and equipment	(253)	(171)
Change in pension and postretirement benefit liabilities	(572)	3,969
Changes in operating assets and liabilities:		
Patient accounts receivable, net	(10,855)	(3,798)
Inventories	(908)	(2,195)
Other receivables, prepaid expenses and deposits and other assets	(289)	(2,152)
Due to affiliates, net	854	(907)
Estimated amounts due to third-party payors	(10,392)	(2,589)
Accounts payable, accrued expenses and other liabilities	7,682	(4,022)
Accrued pension costs	(685)	(2,259)
Net cash provided by operating activities	<u>66,747</u>	<u>30,222</u>
Cash Flows From Investing Activities		
Net purchases of property and equipment	(24,963)	(27,821)
Change in net assets limited as to use	(188)	11,109
Change in short-term investments, net	(2,297)	(14,847)
Net cash used in investing activities	<u>(27,448)</u>	<u>(31,559)</u>
Cash Flows From Financing Activities		
Principal payments on long-term debt and capital lease obligations	(29,214)	(32,345)
Contribution from Englewood Health Foundation	1,377	251
Net cash used in financing activities	<u>(27,837)</u>	<u>(32,094)</u>
Net increase (decrease) in cash and cash equivalents and restricted cash	11,462	(33,431)
Cash and Cash Equivalents and Restricted Cash, Beginning	<u>20,929</u>	<u>54,360</u>
Cash and Cash Equivalents and Restricted Cash, Ending	<u>\$ 32,391</u>	<u>\$ 20,929</u>
Supplemental Disclosures of Cash Flow Information		
Cash paid for interest, net of amount capitalized	<u>\$ 6,107</u>	<u>\$ 7,068</u>
Supplemental Disclosure of Noncash Investing		
Assets acquired under capital leases	<u>\$ 12,568</u>	<u>\$ 18,360</u>
Reconciliation of Cash and Restricted Cash to Balance Sheets		
Cash and cash equivalents	\$ 31,660	\$ 20,567
Assets limited as to use	731	362
Total cash and cash equivalents and restricted cash	<u>\$ 32,391</u>	<u>\$ 20,929</u>

See notes to financial statements

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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.

The System is also the parent corporation of Englewood Healthcare Enterprises, Inc., Englewood Healthcare Properties, Inc. and Englewood Health Foundation (the Foundation). The Foundation was organized to raise funds for the Hospital.

On September 23, 2019, The System signed a definitive agreement to merge with Hackensack Meridian Health. The affiliation is subject to regulatory approvals and is expected to be finalized in 2020.

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

Basis of Financial Statement Presentation

The consolidated financial statements include the accounts of the Hospital, Englewood Medical Associates, Inc. (EMA), 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), Emergency Physicians of Englewood, P.C. (EPE), Englewood Health Alliance ACO (ACO), and Englewood Health ACO (ACO2), all not-for-profit corporations which meet the criteria of consolidation with the Hospital. EHPN, PPE and EPE were incorporated for the purpose of establishing relationships with physician practices. 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.

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 the 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.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States 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

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 statements of cash flows, cash, cash equivalents and restricted cash and cash equivalents 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.

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. 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).

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 that are considered temporary are excluded from revenue in excess of expenses.

Investment income and realized gains or losses on funds with donor restrictions that are temporary in nature are available for without donor restriction purposes, these amounts are included in other revenue.

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 two investments in joint ventures in which it maintains various percentages of ownership. Approximately \$5.9 million and \$6.1 million, respectively, were recorded within other assets on the consolidated balance sheets as of December 31, 2019 and 2018.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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 \$4.1 million and \$3.9 million at December 31, 2019 and 2018, respectively. Amortization expense was approximately \$298,000 and \$315,000 during 2019 and 2018, respectively.

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.

Revenue Recognition

Net patient service revenues are 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.

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.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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 for capital purposes and the change in pension and 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 (the Code) and is exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital also is exempt from state income taxes.

The Hospital and consolidated entities qualify as a tax-exempt Hospital under the Code, and accordingly, no provision for income taxes with respect to these entities has been made in the accompanying 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 2019 and 2018.

Reclassifications

Certain reclassifications have been made to the prior period to confirm with current reporting.

New Accounting Pronouncements

In 2019, the Hospital adopted the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue From Contracts With Customers (Topic 606)*. ASU No. 2014-09 supersedes the revenue recognition requirements in *Topic 605, Revenue Recognition*, and most industry specific guidance. The core principle under ASU No. 2014-09 is that revenues are recognized to depict the transfer of promised goods or services to customers (patients) in an amount that reflects the consideration at which the entity expects to be entitled in exchange for those goods or services. Additionally, ASU No. 2014-09 requires enhanced disclosures of revenue arrangements.

The Hospital applied the modified retrospective approach to all contracts when adopting ASU No. 2014-09. The adoption of ASU No. 2014-09 did not have a material impact on the consolidated financial statements. As a result of the adoption, the majority of what was previously classified as the provision for bad debts in the consolidated statements of operations is now reflected as implicit price concessions, as defined in Topic 606, and therefore included as a reduction of net patient service revenues. For changes in transaction price related to changes in patient circumstances, the Hospital will prospectively recognize those amounts as a provision for bad debts within operating expenses in the consolidated statements of operations. Additionally, as a result of the adoption of ASU No. 2014-09, the allowance for doubtful collections of approximately \$51,904,000 as of January 1, 2019 was reclassified as a component of patient account receivable, net, and the provision for bad debts of \$30,921,000 was reclassified as a component of patient service revenues.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

In 2019, the System retrospectively adopted the FASB's ASU No. 2016-18, *Statement of Cash Flows (Topic 230): Restricted Cash*. The amendments in this update require that a statement of cash flows explain the change during the period in total of cash, cash equivalents and amounts generally described as restricted cash and cash equivalents. Amounts generally described as restricted cash and cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statements of cash flows.

The following line items on the consolidated statement of cash flows for the year ended December 31, 2018 were affected by this change in accounting principle:

	After Adoption of ASU No. 2016-18	As Originally Presented
Change in net assets limited as to use	\$ 11,109	\$ 10,792
Net cash used in investing activities	(31,559)	(31,876)
Decrease in cash and cash equivalents and restricted cash	(33,431)	-
Cash and cash equivalents and restricted cash, beginning of year	54,360	-
Cash and cash equivalents and restricted cash, end of year	20,929	-
Increase (decrease) in cash and cash equivalents	-	(33,748)
Cash and cash equivalents, beginning of year	-	54,315
Cash and cash equivalents, end of year	-	20,567

In March 2017, the FASB issued ASU No. 2017-07, *Compensation - Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. The new guidance requires that an employer report the service cost of net periodic benefit cost in the same line item(s) as other compensation costs arising from services rendered by employees during the period. Other cost components are required to be presented in the consolidated statements of operations and changes in net assets separately from the service cost component, and outside of the operating indicator. The guidance allows for the service cost component to be eligible for capitalization, when applicable. The Organization retrospectively adopted in 2019. There was no significant effect on the financial statements as a result of the adoption of this guidance.

During 2019, the Hospital adopted the guidance in the FASB's ASU No. 2016-01, *Recognition and Measurement of Financial Assets and Financial Liabilities*. The provisions of ASU No. 2016-01: a) requires equity investments (except those accounted for under the equity method of accounting or those that result in consolidation of the investee) to be measured at fair value with changes in fair value recognized within net income (excess of revenue and gains over expenses); and (b) eliminates the requirement to disclose the fair value of financial instruments measured at amortized cost for entities that are not public business entities. The Hospital has adjusted the presentation of these consolidated financial statements accordingly. The adoption of the presentation of unrealized gain component of the ASU No. 2016-01 did not result in a change for the Hospital.

In February 2016, FASB issued ASU No. 2016-02, *Leases (Topic 842)*. ASU No. 2016-02 was issued to increase transparency and comparability among Hospitals by recognizing lease assets and lease liabilities on the consolidated balance sheets and disclosing key information about leasing arrangements. Under the provisions of ASU No. 2016-02, a lessee is required to recognize a right-to-use asset and lease liability, initially measured at the present value of the lease payments, in the consolidated balance sheets. In addition, lessees are required to provide qualitative and quantitative disclosures that enable users to understand more about the nature of the entity's leasing activities. The Hospital will be required to retrospectively adopt the guidance in ASU No. 2016-02 for years beginning after December 15, 2020. The Hospital has not yet determined the impact of adoption of ASU No. 2016-02 on its consolidated financial statements.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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 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 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	
	2019	2018
Community benefits provided to the indigent:		
Financial assistance, which includes charity care and uninsured discounts provided	\$ 24,082	\$ 22,660
Unpaid cost of public programs, Medicaid and other indigent care programs	30,848	26,025
Community benefits to the broader community:		
Non-billed services for the community	1,112	998
Education and research provided for the community	12,808	11,503
Subsidized health services	67,094	61,084
	<u>\$ 135,944</u>	<u>\$ 122,270</u>

The 2019 amounts are estimated while the 2018 amounts are based on the Hospital's Form 990 as filed with the Internal Revenue Service.

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 \$1,100,000 and \$900,000 for the years ended December 31, 2019 and 2018, respectively. This amount is subject to change from year to year based on available State amounts and allocation methodologies. Charity care subsidies and distributions subsequent to June 30, 2019 are presently unknown.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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>2019</u>	<u>2018</u>
Medicare and Medicaid	\$ 308,583	\$ 267,920
Managed care	382,312	328,659
Commercial and other	<u>60,418</u>	<u>54,031</u>
Total	<u>\$ 751,313</u>	<u>\$ 650,610</u>

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

	<u>2019</u>	<u>2018</u>
Medical Center	\$ 631,505	\$ 553,162
Physicians practices	<u>119,808</u>	<u>97,448</u>
Total	<u>\$ 751,313</u>	<u>\$ 650,610</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 2016 at December 31, 2019, with the exception of the 2010 report which remains open at December 31, 2019.

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 2016 at December 31, 2019.

For the years ended December 31, 2019 and 2018, net patient service revenue was increased by approximately \$17,601,000 and \$9,820,000, respectively, for favorable adjustments and settlements related to prior years.

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.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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. Noncompliance with such laws and regulations could result in fines, penalties and exclusion from such programs.

Other Third-Party Payors

The Hospital also has entered into payment agreements with certain commercial insurance carriers and health maintenance Hospitals. 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 year ended December 31, 2019, 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 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

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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:

	December 31	
	2019	2018
Short-term investments:		
Cash and cash equivalents, money market funds, certificates of deposit and other	\$ 11,728	\$ 14,308
U.S. government obligations and other fixed income securities	43,482	38,021
Short-term investments	<u>\$ 55,210</u>	<u>\$ 52,329</u>
Assets limited as to use:		
U.S. government obligations and other fixed income securities	\$ 15,940	\$ 14,775
Proceeds available under lease agreements	2,644	3,252
Total assets limited as to use	<u>\$ 18,584</u>	<u>\$ 18,027</u>

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

	December 31	
	2019	2018
Mortgage reserve fund	\$ 15,940	\$ 14,775
Proceeds available under lease agreements	2,644	3,252
Total assets limited as to use	<u>\$ 18,584</u>	<u>\$ 18,027</u>

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, 2019 and 2018, investment income, which consists primarily of interest income on short-term investments and assets limited as to use, totaled approximately \$947,000 and \$451,000, respectively, and is included in other revenue in the accompanying consolidated statements of operations and changes in net assets.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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.

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, 2019			
	Total	Level 1	Level 2	Level 3
Reported at fair value:				
Money market funds and certificates of deposit	\$ 16,290	\$ 16,290	\$ -	\$ -
U.S. government obligations	36,063	36,063	-	-
Mortgage-backed securities	10,377	-	10,377	-
Commercial paper	5,988	-	5,988	-
Total securities	68,718	\$ 52,353	\$ 16,365	\$ -
Cash and cash equivalents	2,432			
Total	\$ 71,150			

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

	December 31, 2018			
	Total	Level 1	Level 2	Level 3
Reported at fair value:				
Money market funds and certificates of deposit	\$ 18,734	\$ 18,734	\$ -	\$ -
U.S. government obligations	33,349	33,349	-	-
Mortgage-backed securities	12,683	-	12,683	-
Commercial paper	1,993	-	1,993	-
Total securities	66,759	<u>\$ 52,083</u>	<u>\$ 14,676</u>	<u>\$ -</u>
Cash and cash equivalents	345			
Total	<u>\$ 67,104</u>			

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

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

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

6. Property, Plant and Equipment

A summary of property, plant and equipment follows:

	December 31	
	2019	2018
Depreciable assets:		
Land improvements	\$ 1,643	\$ 1,643
Buildings	193,567	193,567
Fixed equipment	235,109	213,984
Major movable equipment	349,579	331,802
	779,898	740,996
Less accumulated depreciation and amortization	464,431	428,833
	<u>315,467</u>	<u>312,163</u>
Non-depreciable assets:		
Land	181	181
Construction in progress	7,251	10,534
Deposits on equipment	226	111
	<u>7,658</u>	<u>10,826</u>
Property, plant and equipment, net	<u>\$ 323,125</u>	<u>\$ 322,989</u>

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

Included in major movable equipment and accumulated depreciation are the following:

	December 31	
	2019	2018
Assets acquired under capital leases	\$ 79,059	\$ 83,131
Accumulated depreciation on assets acquired under capital leases	30,883	30,245

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 \$37.6 million and \$33.4 million in 2019 and 2018, respectively.

The Hospital capitalizes interest on construction in progress. During 2019 and 2018, approximately \$338,000 and \$203,000, respectively, of net interest income was capitalized.

7. Due From Affiliates

Amounts due from affiliates were as follows:

	December 31	
	2019	2018
Englewood Healthcare Properties	\$ 1,878	\$ 1,920
Englewood Health	285	285
Englewood Healthcare Enterprises, Inc.	(2,243)	(1,120)
Englewood Health Foundation	561	249
Due from affiliates	<u>\$ 481</u>	<u>\$ 1,334</u>

The Foundation released from restriction and contributed approximately \$2.9 million and \$1.8 million to the Hospital in 2019 and 2018, 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.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

8. Long-Term Debt and Capital Lease Obligations

Long-term debt and capital lease obligations consist of the following:

	December 31	
	2019	2018
FHA Section 241 insured mortgage loan (a)	\$ 71,444	\$ 73,292
FHA Section 242 insured mortgage loan (b)	48,763	52,893
Capital lease obligations (c)	46,582	55,726
NJHCFFA capital loan (d)	-	1,538
	166,789	183,449
Less current portion	(27,233)	(27,998)
Less deferred financing costs, net	(2,256)	(2,554)
Total	\$ 137,300	\$ 152,897

- 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 percent, 4.95 percent and 4.99 percent per annum, respectively, payable in monthly installments. 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 of 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 percent of the unpaid balance until the loan is fully paid.
- c) Certain equipment leases are the equivalent of an installment purchase for purposes of financial statement reporting. The lenders hold a first security interest in the financed equipment. The Hospital entered into several other capital leases in 2019 totaling approximately \$12.6 million. Interest rates related to the Hospital's outstanding capital lease obligations range from 1.8 percent to 5.6 percent. At December 31, 2019, approximately \$2.6 million in lease proceeds remained for distribution for purchases in future years. These funds are reported as assets limited as to use.
- d) In May 2012, the Hospital entered into a seven year capital loan with NJHCFFA in the amount of \$4.5 million for the purchase of certain capital assets. Principal and interest payments were due through May 1, 2019. Interest was calculated at a variable rate determined by NJHCFFA monthly. The loan was collateralized by a first lien on the capital assets acquired with the loan proceeds.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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

	<u>Long-Term Debt</u>	<u>Capital Lease Obligations</u>
2020	\$ 6,196	\$ 22,339
2021	6,422	14,532
2022	6,658	7,398
2023	6,903	3,526
2024	7,157	1,246
Thereafter	<u>86,871</u>	<u>-</u>
Total	<u>\$ 120,207</u>	49,041
Less amounts representing interest on capital lease obligations		<u>2,459</u>
Capital lease obligations (excluding interest)		<u>\$ 46,582</u>

The Hospital has available lines of credit (\$15.0 million, \$5.0 million and \$5.0 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 May 31, 2020. The 1st \$5.0 million line of credit is secured by assets of the Hospital and expires on June 15, 2020. The 2nd \$5.0 million line of credit is unsecured and expires on January 31, 2021. As of December 31, 2019 and 2018, no amounts had been drawn on any of the lines.

9. Pension Plan and Postretirement Healthcare Benefits

The Hospital has a noncontributory defined benefit pension plan (the Plan). On December 31, 1998, an amendment to the Plan was approved which ceased the accrual of further benefits under the Plan subsequent to December 31, 1998 for non-union employees. In June 2012, the Hospital amended the Plan to freeze all future benefit accruals under the Plan while preserving all benefits accrued as of December 31, 2012 for its union and non-union employees. The Hospital's funding policy provides that payments to the pension plan shall be equal to the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA) plus additional amounts which may be approved by the Hospital from time to time.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

In addition to the defined benefit pension plan, the Hospital maintains a defined contribution retirement plan covering substantially all non-union 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 percent. 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 ERISA limitations, without Hospital matching.

For the years ended December 31, 2019 and 2018, pension expense related to the defined contribution plan was approximately \$3.2 million.

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

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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:

	Pension Benefits		Postretirement Healthcare Benefits	
	2019	2018	2019	2018
Changes in benefit obligation:				
Benefit obligation, beginning of year	\$ 122,166	\$ 129,219	\$ 1,407	\$ 1,518
Service cost *	1,060	1,050	1	1
Interest cost	5,153	4,989	60	59
Actuarial (gain)	13,530	(6,329)	30	(123)
Benefits and expenses paid	(6,778)	(6,763)	(18)	(48)
Benefit obligation, end of year	135,131	122,166	1,480	1,407
Changes in plan assets:				
Fair value of plan assets, beginning of year	92,932	101,824	-	-
Actual return on plan assets	17,580	(5,729)	-	-
Employer contributions	3,600	3,600	18	48
Benefits and expenses paid	(6,778)	(6,763)	(18)	(48)
Fair value of plan assets, end of year	107,334	92,932	-	-
Unfunded status (accrued liabilities)	\$ (27,797)	\$ (29,234)	\$ (1,480)	\$ (1,407)

* Includes Pension Benefit Guarantee Corporation and other administrative fees

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

	Pension Benefits		Postretirement Healthcare Benefits	
	2019	2018	2019	2018
Unrecognized actuarial loss (gain)	\$ 32,905	\$ 33,877	\$ (1,256)	\$ (1,537)

The change in the pension and 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 \$(572,000) and \$(3.9) million for 2019 and 2018, respectively, and represents the combined change in the amounts for pension and postretirement benefit plans in the table above.

The current portion of postretirement health benefits approximating \$236,000 and \$224,000 are included in accrued expenses and other current liabilities in the accompanying consolidated balance sheets as of December 31, 2019 and 2018, respectively.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

The projected benefit obligation, accumulated benefit obligation and fair value of plan assets at December 31 are as follows:

	<u>2019</u>	<u>2018</u>
Projected benefit obligation	\$ 135,131	\$ 122,166
Accumulated benefit obligation	135,131	122,166
Fair value of plan assets	107,334	92,932

Net periodic benefit cost includes the following components:

	<u>Pension Benefits</u>		<u>Postretirement Healthcare Benefits</u>	
	<u>2019</u>	<u>2018</u>	<u>2019</u>	<u>2018</u>
Service cost *	\$ 1,060	\$ 1,050	\$ 1	\$ 1
Interest cost	5,153	4,989	60	59
Expected return on assets	(6,058)	(6,887)	-	-
Amortization of unrecognized gains and losses	2,979	2,449	(251)	(255)
Net periodic benefit cost	<u>\$ 3,134</u>	<u>\$ 1,601</u>	<u>\$ (190)</u>	<u>\$ (195)</u>

	<u>Pension Benefits</u>		<u>Postretirement Healthcare Benefits</u>	
	<u>2019</u>	<u>2018</u>	<u>2019</u>	<u>2018</u>

Weighted-average assumptions used to determine benefit obligations at December 31:

Discount rates	3.50 %	4.40 %	3.50 %	4.44 %
Expected long-term rate of return on plan assets	6.75	7.00	-	-

Weighted-average assumptions used to determine net periodic benefit cost for years ended December 31:

Discount rate	4.40 %	3.95 %	4.44 %	4.00 %
Expected long-term rate of return on plan assets	6.75	7.00	-	-

* Includes Pension Benefit Guarantee Corporation and other administrative fees

The expected long-term rate of return on plan assets assumption of 6.75 percent was selected using the "building block" approach described by the Actuarial Standards Board in Actuarial Standards of Practice No. 27, Selecting Economic Assumptions for Measuring Pension Obligations. Based on the Hospital's investment policy for the pension plan in effect as of the beginning of the fiscal year, a best estimate range was determined for both the real rate of return (net of inflation) and for inflation based on historical 30-year period rolling averages. An average inflation rate within the range equal to 3 percent was selected and added to the real rate of return range to arrive at a best estimate.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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.

Although there is no minimum funding requirement for 2019, the Hospital will evaluate the appropriate level of voluntary contributions to be made during 2020, given the COVID-19 crisis.

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

	<u>Pension Benefits</u>	<u>Postretirement Health Benefits</u>
2020	\$ 8,531	\$ 114
2021	9,125	113
2022	9,342	110
2023	9,719	109
2024	9,052	107
2025-2028	41,331	479
Total	<u>\$ 87,100</u>	<u>\$ 1,032</u>

For measurement purposes, the following annual rates of increase in the per capita cost of covered health care benefits were assumed for 2019:

<u>Year</u>	<u>Medical Indemnity and Preferred Provider Hospitals</u>	<u>Dental</u>
2019	7.5%	5.0%

The rates are assumed to decrease gradually to 7.0 percent by 2024 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 \$482,000 for 2019. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement benefit obligation by \$350,000 for 2019.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

Financial assets carried at fair value included in the defined benefit pension plan are classified in the table below:

	December 31, 2019			Total
	Level 1	Level 2	Level 3	
Money market funds	\$ 503	\$ -	\$ -	\$ 503
Mutual funds	106,831	-	-	106,831
Total assets in the fair value hierarchy	<u>\$ 107,334</u>	<u>\$ -</u>	<u>\$ -</u>	107,334
Common collective trust (a)				-
Investments at fair value				<u>\$ 107,334</u>

	December 31, 2018			Total
	Level 1	Level 2	Level 3	
Money market funds	\$ 1,110	\$ -	\$ -	\$ 1,110
Mutual funds	58,103	-	-	58,103
Total assets in the fair value hierarchy	<u>\$ 59,213</u>	<u>\$ -</u>	<u>\$ -</u>	59,213
Common collective trust (a)				33,719
Investments at fair value				<u>\$ 92,932</u>

(a) In accordance with Subtopic 820-10, the common collective trust is measured at net asset value per share and has not been classified in the fair value hierarchy.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

Money market funds are valued at the quoted NAV of shares held by the Plan at year end.

The common collective trust is valued based upon the unit values of such collective trust fund held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the funds derived from inputs principally from or corroborated by observable market data by correlation or other means.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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,	
	2019	2018
Medicare and Medicaid	51 %	54 %
Blue Cross	14	13
Other third-party payors	31	28
Self-pay patients	4	5
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 expenditure within one year of the balance sheet date, consist of the following:

	December 31	
	2019	2018
Cash and cash equivalents	\$ 31,660	\$ 20,567
Short-term investments	50,949	45,674
Accounts receivable, net	83,604	72,749
Other receivables	3,349	4,014
Total	\$ 169,562	\$ 143,004

The Hospital has long-term investments and other assets whose use is limited for the acquisition of property, plant and equipment and debt service. These assets are not available for general expenditure within the next year and are not reflected in the amounts above. However, certain long-term investments could be made available, if necessary.

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.

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

12. Net Assets With Donor Restrictions

The Foundation follows the requirements of the Uniform Prudent Management of Institutional Funds Act as they relate to its contributions with donor restrictions, effective upon the State of New Jersey's enactment of the legislation in March 2009. Net assets with donor restrictions have been restricted by donors to 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	
	2019	2018
Health education and research	\$ 8,368	\$ 7,466
Purchase of property and equipment, operational activities and debt service	67,907	58,730
Total	<u>\$ 76,275</u>	<u>\$ 66,196</u>

Net assets with donor restrictions that are perpetual in nature of \$3,124,000 as of December 31, 2019 and 2018 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. Operating Leases

Rent expense under operating leases amounted to approximately \$959,000 and \$1,109,000 in 2019 and 2018, respectively. At December 31, 2019, future minimum lease payments due under operating leases are as follows:

2020	\$ 322
2021	202
2022	137
2023	82
Total	<u>\$ 743</u>

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

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. The Hospital maintains an umbrella policy with claims covered up to \$5,000,000 with an annual aggregate of \$5,000,000. In addition, the Hospital has excess liability coverage in the amount of \$15,000,000 per occurrence and \$15,000,000 in annual aggregate. The estimated liability for claims and incidents unknown but related to the reporting periods ended December 31, 2019 and 2018 was approximately \$4.3 million and \$4.0 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 \$1,381,000 and \$1,244,000 representing the current portion of the insurance receivable and the insurance claims liability as of December 31, 2019 and 2018, respectively, are recorded in other receivables and in accrued expenses and other liabilities. Approximately \$10.6 million and \$9.4 million, representing the non-current portion of the insurance receivable and the insurance claims liability as of December 31, 2019 and 2018, 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. It is possible in the future that the Hospital will be responsible to local authorities for real property taxes, payments in lieu of taxes, or other payments based on a certain assessment. The financial effects of this matter on the Hospital are not presently determinable. 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.

16. Expenses by Both Nature and Function

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

	December 30, 2019		
	Health Care Services	Management and General	Total
Salaries and wages	\$ 211,697	\$ 35,857	\$ 247,554
Fringe benefits	41,547	7,038	48,585
Physician fees	2,659	-	2,659
Supplies and other	327,485	54,460	381,945
Interest	6,559	-	6,559
Depreciation and amortization	29,692	8,239	37,931
Total expenses	<u>\$ 619,639</u>	<u>\$ 105,594</u>	<u>\$ 725,233</u>

Englewood Hospital and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2019 and 2018

	December 30, 2018		
	Health Care Services	Management and General	Total
Salaries and wages	\$ 194,075	\$ 34,287	\$ 228,362
Fringe benefits	40,626	7,177	47,803
Physician fees	2,229	-	2,229
Supplies and other	287,517	44,230	331,747
Interest	7,419	-	7,419
Depreciation and amortization	26,105	7,678	33,783
Total expenses	<u>\$ 557,971</u>	<u>\$ 93,372</u>	<u>\$ 651,343</u>

17. Subsequent Events

The Hospital has evaluated the impact of subsequent events through April 21, 2020, representing the date at which the consolidated financial statements were issued.

The Hospital's operations and financial performance will be affected by the recent COVID-19 outbreak which has spread globally and is adversely affecting economic conditions throughout the world. The Organization's evaluation of the effects of these events is ongoing as of the date the accompanying financial statements were issued. The pandemic will impact various parts of 2020 operations and financial performance including, but not limited to, additional costs for emergency preparedness, disease control and containment, potential shortages of personnel, supply chain disruption, closure of certain facilities or service lines, and declines in revenue related to decreases in occupancy or volumes of certain revenue streams. The extent of the impact will depend on future developments, including the duration and spread of the outbreak and related governmental or other regulatory actions.