
FEDERAL FORM 990
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FOR THE YEAR ENDED DECEMBER 31, 2022

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization ENGLEWOOD HOSPITAL AND MEDICAL CENTER	D Employer identification number 22-1487173
<input type="checkbox"/> Address change	Doing business as ENGLEWOOD HOSPITAL	E Telephone number (201) 894-3037
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 350 ENGLE STREET	G Gross receipts \$ 987,990,733.
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code ENGLEWOOD, NJ 07631	
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: ANTHONY ORLANDO 350 ENGLE STREET, ENGLEWOOD, NJ 07631	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.ENGLEWOODHEALTH.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1888	M State of legal domicile: NJ
H(c) Group exemption number		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE COMPREHENSIVE, STATE-OF-THE-ART PATIENT SERVICES, EMPHASIZE CARING AND OTHER HUMAN VALUES IN THE TREATMENT OF PATIENTS AND IN RELATIONS WITH THEIR FAMILIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3,657
	6	Total number of volunteers (estimate if necessary)	6	295
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,013,360.	7,954,763.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	883,552,284.	975,928,527.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	154,881.	1,256,740.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,730,898.	2,850,703.
			890,451,423.	987,990,733.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	227,515,378.	231,958,114.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	16b	Total fundraising expenses (Part IX, column (D), line 25)	NONE	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	654,998,517.	734,628,471.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	882,513,895.	966,586,585.	
19	Revenue less expenses. Subtract line 18 from line 12	7,937,528.	21,404,148.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	770,563,796.	906,828,967.
	22	Net assets or fund balances. Subtract line 21 from line 20	384,037,837.	496,040,632.
		386,525,959.	410,788,335.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	HAYLEY L STOUT CPA				P01293083
	Firm's name	WITHUMSMITH+BROWN, PC		Firm's EIN	22-2027092
	Firm's address	200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981-1070		Phone no.	973-898-9494

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 857,794,867. including grants of \$ NONE) (Revenue \$ 975,928,527.)

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

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

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

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

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

4e Total program service expenses 857,794,867.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3,657		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (24), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANTHONY T. ORLANDO 350 ENGLE STREET ENGLEWOOD, NJ 07631

201-894-3280

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WARREN GELLER SECRETARY - TRUSTEE; PRES/CEO	55.00 8.00	X		X				2,015,697.	NONE	295,480.
(2) ANTHONY T. ORLANDO EVP, FINANCE/CFO	55.00 8.00			X				1,384,649.	NONE	159,259.
(3) PATRICIA G. WILSON SVP, HUMAN RESOURCES/CHRO	55.00 NONE					X		615,389.	NONE	52,259.
(4) HELENE WOLK EVP, OPERATIONS/COO	55.00 NONE				X			635,629.	NONE	26,833.
(5) KATHLEEN KAMINSKY, MS, RN SVP, PATIENT SVCS/CNO	55.00 NONE			X				603,838.	NONE	56,981.
(6) MICHAEL PIETROWICZ SVP, PLANNING & PROG DEV/CSO	55.00 NONE					X		585,667.	NONE	63,918.
(7) HARVEY WEBER VP, FACILITIES MGT EMERG PREP	55.00 NONE					X		353,585.	NONE	38,172.
(8) VICKI LYN HOFFMAN VP OPERATIONS	55.00 NONE					X		348,717.	NONE	30,871.
(9) ALICIA PARK VP, COMMUNICATIONS/CCO	55.00 NONE					X		362,841.	NONE	11,236.
(10) MARK SHAPIRO, M.D. TRUSTEE	3.00 54.00	X						NONE	250,000.	NONE
(11) RICHARD LERNER CHAIRMAN - TRUSTEE	3.00 2.00	X		X				NONE	NONE	NONE
(12) STEVEN E. SIESSER, ESQ. VICE CHAIRMAN - TRUSTEE	3.00 1.00	X		X				NONE	NONE	NONE
(13) JONATHAN ABAD TREASURER - TRUSTEE	3.00 1.00	X		X				NONE	NONE	NONE
(14) DAVID ABRAMSON, M.D. TRUSTEE	5.00 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) YALE BLOCK ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(16) ANA BURGA, M.D. ----- TRUSTEE - MED STAFF PRES	1.00 ----- NONE	X					NONE	NONE	NONE	
(17) IN JIN CHOI ----- TRUSTEE	1.00 ----- 1.00	X					NONE	NONE	NONE	
(18) IRA COHEN ----- TRUSTEE	3.00 ----- 1.00	X					NONE	NONE	NONE	
(19) ANDREW F. DURKIN ----- TRUSTEE	1.00 ----- 1.00	X					NONE	NONE	NONE	
(20) MICHAEL GUTTER ----- TRUSTEE	1.00 ----- 1.00	X					NONE	NONE	NONE	
(21) RICHARD HAN ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(22) CLARICE MAY JACOBSON ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(23) SUN CHONG KIM ----- TRUSTEE	3.00 ----- 1.00	X					NONE	NONE	NONE	
(24) JONATHAN LEFCOURT ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(25) GREGG LOBEL, M.D. ----- TRUSTEE	1.00 ----- 1.00	X					NONE	NONE	NONE	
1b Sub-total							6,906,012.	250,000.	735,009.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							6,906,012.	250,000.	735,009.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 543

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ROBERT F. MANGANO ----- TRUSTEE	3.00 ----- 1.00	X					NONE	NONE	NONE	
(27) JAY C. NADEL ----- TRUSTEE	5.00 ----- 2.00	X					NONE	NONE	NONE	
(28) ARI NAIM ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(29) LEON REDENSKY ----- TRUSTEE	3.00 ----- 1.00	X					NONE	NONE	NONE	
(30) STEVEN RUDNITSKY ----- TRUSTEE	3.00 ----- 1.00	X					NONE	NONE	NONE	
(31) THOMAS C. SENTER, ESQ. ----- TRUSTEE	3.00 ----- 2.00	X					NONE	NONE	NONE	
(32) LISA SEPULVEDA ----- TRUSTEE	1.00 ----- 1.00	X					NONE	NONE	NONE	
(33) LAURENCE SHADEK ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(34) PETER SYMINGTON, M.D. ----- TRUSTEE (EFF 1/1/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
(35) BARINE TEE ----- TRUSTEE (EFF 1/1/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
(36) MARK SAPIENZA, M.D. ----- TRUSTEE (TERMED 1/1/2022)	1.00 ----- NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 102

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	5,664,367.					
	e Government grants (contributions) . .	1e	2,290,396.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			7,954,763.				
	Program Service Revenue				Business Code			
2a NET PATIENT SERVICE REVENUE			622110	967,269,424.	967,269,424.			
b OTHER HEALTHCARE RELATED REVENUE			622110	8,399,219.	8,399,219.			
c RENTAL INCOME FROM AFFILIATES			531190	259,884.	259,884.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f			975,928,527.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			1,215,890.			1,215,890.	
	4 Income from investment of tax-exempt bond proceeds .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	758,135.				
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c	758,135.	NONE				
	d Net rental income or (loss)			758,135.			758,135.	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other	40,850.				
	b Less: cost or other basis and sales expenses . .	7b						
	c Gain or (loss)	7c		40,850.				
	d Net gain or (loss)			40,850.			40,850.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE					
		b Less: direct expenses	8b	NONE				
		c Net income or (loss) from fundraising events		NONE				
9a Gross income from gaming activities. See Part IV, line 19	9a		NONE					
		b Less: direct expenses	9b	NONE				
		c Net income or (loss) from gaming activities		NONE				
10a Gross sales of inventory, less returns and allowances	10a		NONE					
		b Less: cost of goods sold	10b	NONE				
		c Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code				
	11a CAFETERIA/VENDING SALES		722210	2,092,568.			2,092,568.	
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d			2,092,568.					
12 Total revenue. See instructions			987,990,733.	975,928,527.		4,107,443.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	4,739,813.		4,739,813.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	187,365,368.	147,738,985.	39,626,383.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,032,438.	5,498,754.	1,533,684.	
9 Other employee benefits	17,736,437.	13,673,909.	4,062,528.	
10 Payroll taxes	15,084,058.	11,629,057.	3,455,001.	
11 Fees for services (nonemployees):				
a Management	531,501.	531,501.		
b Legal	1,611,005.	69,709.	1,541,296.	
c Accounting	310,872.		310,872.	
d Lobbying	73,699.		73,699.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 348,873,983.	338,931,134.	9,942,849.	NONE
12 Advertising and promotion	4,288,660.	3,566,414.	722,246.	
13 Office expenses	1,932,445.	1,755,738.	176,707.	
14 Information technology.	18,729,359.	15,699,949.	3,029,410.	
15 Royalties.	NONE			
16 Occupancy	19,511,635.	13,931,301.	5,580,334.	
17 Travel	678,590.	523,837.	154,753.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	87,600.	56,267.	31,333.	
20 Interest	6,327,831.	6,327,831.		
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	45,240,466.	38,067,553.	7,172,913.	
23 Insurance	6,331,779.	4,102,353.	2,229,426.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	125,926,747.	125,687,394.	239,353.	
b PHARMACEUTICALS/DRUGS	78,020,679.	77,993,072.	27,607.	
c CONTRACTED SERVICES	60,625,151.	46,209,756.	14,415,395.	
d FOOD/DIETARY	2,608,159.	2,608,159.		
e All other expenses	12,918,310.	3,192,194.	9,726,116.	
25 Total functional expenses. Add lines 1 through 24e	966,586,585.	857,794,867.	108,791,718.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	6,472,193.	1	12,496,131.
	2 Savings and temporary cash investments	137,737,116.	2	37,613,847.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	70,857,241.	4	81,207,463.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	462,580.	5	471,580.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	2,371,043.	7	2,371,043.
	8 Inventories for sale or use	22,071,421.	8	25,593,288.
	9 Prepaid expenses and deferred charges	8,152,223.	9	6,234,385.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 876,102,781.		
	b Less: accumulated depreciation	10b 558,836,950.		
		342,409,860.	10c	317,265,831.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	151,469,000.	13	240,098,211.
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	28,561,119.	15	183,477,188.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	770,563,796.	16	906,828,967.	
Liabilities	17 Accounts payable and accrued expenses	93,168,339.	17	104,749,826.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	479,068.	19	151,650.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	143,847,990.	23	206,352,922.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	146,542,440.	25	184,786,234.
	26 Total liabilities. Add lines 17 through 25	384,037,837.	26	496,040,632.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	294,766,331.	27	315,221,402.
	28 Net assets with donor restrictions	91,759,628.	28	95,566,933.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	386,525,959.	32	410,788,335.
33 Total liabilities and net assets/fund balances	770,563,796.	33	906,828,967.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	987,990,733.
2	Total expenses (must equal Part IX, column (A), line 25)	2	966,586,585.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,404,148.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	386,525,959.
5	Net unrealized gains (losses) on investments	5	-1,707,370.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,565,598.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	410,788,335.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990) 2022

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No														

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		48,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		25,699.
j Total. Add lines 1c through 1i			73,699.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

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

ENGLEWOOD HOSPITAL ENGAGES IN LOBBYING EFFORTS ON A FEDERAL AND STATE LEVEL. DURING 2022, THE ORGANIZATION PAID AN OUTSIDE FIRM \$48,000 FOR LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION.

IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION ("AHA"), THE NEW JERSEY HOSPITAL ASSOCIATION ("NJHA") AND THE NEW JERSEY BUSINESS & INDUSTRY ASSOCIATION ("NJBIA") WHICH ALL ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS. A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION. THIS ALLOCATION AMOUNTED TO \$25,699 DURING 2022.

THIS ORGANIZATION IS ALSO A MEMEBER OF FAIR SHARE HOSPITALS COLLABORATIVE, INC. ("FAIR SHARE") TO WHICH IT PAID DUES IN THE AMOUNT OF \$15,000 IN 2022. ONE OF THE FUNCTIONS OF FAIR SHARE IS TO ENGAGE IN LOBBYING ACTIVITIES PERFORMED ON BEHALF OF ITS MEMBER HOSPITALS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		180,588.		180,588.
b Buildings		120,090,511.	54,869,110.	65,221,401.
c Leasehold improvements				
d Equipment		746,020,718.	502,335,762.	243,684,956.
e Other		9,810,964.	1,632,078.	8,178,886.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				317,265,831.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CASH & CASH EQUIVALENTS	58,523,853.	FMV
(2) GOVT & FIXED INCOME SECURITIES	5,993,904.	FMV
(3) ACCRUED INTEREST	193,924.	FMV
(4) MORTGAGE RESERVE FUND	18,101,296.	FMV
(5) PROCEEDS UNDER LEASE AGREEMENT	55,009,256.	FMV
(6) OTHER INVESTMENTS	6,709,045.	FMV
(7) INVESTMENTS IN EHF NET ASSETS	95,566,933.	FMV
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .	240,098,211.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	11,775,278.
(2) OTHER RECEIVABLES	7,271,250.
(3) RIGHT OF USE ASSETS	152,308,196.
(4) OTHER ASSETS	12,122,464.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	183,477,188.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	32,757,282.
(3) ACCRUED PENS & POST-RET HLTH LIAB	18,467,745.
(4) ESTIMATED MALPRACTICE CLAIMS	2,931,820.
(5) LEASE LIABILITY	116,582,356.
(6) DUE TO AFFILIATES	5,000.
(7) OTHER LIABILITIES	14,042,031.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	184,786,234.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column (2a-2d, 4a-4b), and total column (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-column (2a-2d, 4a-4b), and total column (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES;
A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). AN
INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF
ENGLEWOOD HOSPITAL AND SUBSIDIARIES FOR THE YEARS ENDED DECEMBER 31, 2022
AND DECEMBER 31, 2021; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS INCLUDED
IN THE SYSTEM'S 2022 AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT
REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER
FIN 48 (ASC 740):

THE HOSPITAL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION
THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE
APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS
IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO
TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2022 AND 2021.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>900.0000</u> %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,552,306.	2,259,008.	21,293,298.	2.20
b Medicaid (from Worksheet 3, column a)			141,462,150.	70,603,535.	70,858,615.	7.33
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			165,014,456.	72,862,543.	92,151,913.	9.53
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,066,622.		1,066,622.	0.11
f Health professions education (from Worksheet 5)			16,612,422.	2,541,025.	14,071,397.	1.46
g Subsidized health services (from Worksheet 6)			265,779,783.	143,599,764.	122,180,019.	12.65
h Research (from Worksheet 7)			502,637.	74,398.	428,239.	0.04
i Cash and in-kind contributions for community benefit (from Worksheet 8)			412,500.		412,500.	0.04
j Total. Other Benefits			284,373,964.	146,215,187.	138,158,777.	14.30
k Total. Add lines 7d and 7j			449,388,420.	219,077,730.	230,310,690.	23.83

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	153,429,235.
6 Enter Medicare allowable costs of care relating to payments on line 5	252,433,863.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-99,004,628.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 ENGLEWOOD HOSPITAL AND MEDICAL CENTER
 350 ENGLE STREET
 ENGLEWOOD NJ 07631
 WWW.ENGLEWOODHEALTH.ORG

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X		X	X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	<input checked="" type="checkbox"/>	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		<input checked="" type="checkbox"/>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information (continued)

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

SCHEDULE H, PART V, SECTION B, QUESTION 5

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

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

ONLINE KEY INFORMANT SURVEY

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

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

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

Part V Facility Information (continued)

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

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

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

FINAL PARTICIPATION INCLUDED REPRESENTATIVES OF THE ORGANIZATIONS OUTLINED BELOW:

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

Part V Facility Information (continued)

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

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

Part V Facility Information (continued)

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

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

FOCUS GROUPS & KEY INFORMANT INTERVIEWS

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

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

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

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

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

Part V Facility Information (continued)

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

AND COMPLETE THE CHNA.

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

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

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

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

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

SCHEDULE H, PART V, SECTION B, QUESTION 11

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

THE ORGANIZATION'S IMPLEMENTATION STRATEGY WAS APPROVED BY THE ENGLEWOOD HEALTH BOARD OF TRUSTEES ON FEBRUARY 23, 2023. THE IMPLEMENTATION

Part V Facility Information (continued)

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

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

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

- 1) HEALTHY MINDS - MENTAL HEALTH, SUBSTANCE ABUSE, AND STRESS.
- 2) HEALTHY BODIES - CHRONIC DISEASE PREVENTION AND AWARENESS.
- 3) BUILDING BRIDGES - COMMUNICATION, CONNECTION, OUTREACH, AND ACCESS.

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

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

HEALTHY MINDS

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

OBJECTIVES:

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

STRATEGIES:

- EXPAND SCREENING OPPORTUNITIES FOR PATIENTS AND COMMUNITY AND INCREASE CONNECTION TO RESOURCES
- EXPAND EMOTIONAL WELLNESS AWARENESS EDUCATION AND PROGRAMS INCLUDING

Part V Facility Information (continued)

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

SKILL BUILDING AND HEALTHY HABITS

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

HEALTHY BODIES

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

OBJECTIVES:

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

STRATEGIES:

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

BUILDING BRIDGES

GOAL: INCREASE EQUITABLE ACCESS TO THE RESOURCES NEEDED TO PREVENT, SCREEN AND TREAT DISEASE

Part V Facility Information (continued)

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

OBJECTIVES:

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

STRATEGIES:

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

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

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

SCHEDULE H, PART V, SECTION B, QUESTION 16

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

Part V Facility Information (continued)

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

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 3B

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

SCHEDULE H, PART I, LINE 3C

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

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

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- RESIDENCY.

ADDITIONAL INFORMATION WITH RESPECT TO ENGLEWOOD HOSPITAL'S ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW.

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

=====

CHARITY CARE IS A NEW JERSEY PROGRAM IN WHICH FREE OR DISCOUNTED CARE IS AVAILABLE TO PATIENTS WHO RECEIVE INPATIENT AND OUTPATIENT SERVICES AT ACUTE CARE HOSPITALS THROUGHOUT THE STATE OF NEW JERSEY. HOSPITAL ASSISTANCE AND REDUCED CHARGE CARE ARE ONLY AVAILABLE FOR NECESSARY EMERGENCY OR OTHER MEDICALLY NECESSARY CARE.

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

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

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HOSPITAL BILL (UNINSURED OR UNDERINSURED);

2) ARE INELIGIBLE FOR ANY PRIVATE OR GOVERNMENTAL SPONSORED COVERAGE

(SUCH AS MEDICAID); AND

3) MEET THE FOLLOWING INCOME AND ASSET ELIGIBILITY CRITERIA DESCRIBED

BELOW.

INCOME ELIGIBILITY CRITERIA

PATIENTS WITH FAMILY GROSS INCOME LESS THAN OR EQUAL TO 200% OF THE
FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR 100% CHARITY CARE COVERAGE.

PATIENTS WITH FAMILY GROSS INCOME GREATER THAN 200% BUT LESS THAN OR
EQUAL TO 300% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR
DISCOUNTED CARE.

ASSET CRITERIA

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE INCLUDES ASSET ELIGIBILITY THRESHOLDS WHICH STATES THAT
INDIVIDUAL ASSETS CANNOT EXCEED \$7,500 AND FAMILY ASSETS CANNOT EXCEED
\$15,000 AS OF THE DATE OF SERVICE.

RESIDENCY CRITERIA

CHARITY CARE MAY BE AVAILABLE TO NON-NEW JERSEY RESIDENTS, REQUIRING
IMMEDIATE MEDICAL ATTENTION FOR AN EMERGENCY MEDICAL CONDITION.

ADDITIONALLY, PLEASE NOTE THAT THIS ORGANIZATION OFFERS DISCOUNTED CARE
TO ALL UNINSURED PATIENTS FOR EMERGENCY AND MEDICALLY NECESSARY CARE
REGARDLESS OF INCOME.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I; QUESTION 6A

NOT APPLICABLE.

SCHEDULE H, PART I; QUESTION 7

THE ORGANIZATION'S COST TO CHARGE RATIO REFLECTS TOTAL OPERATING COSTS,
EXCLUDING BAD DEBT AND OTHER OPERATING REVENUE, TO GROSS CHARGES.

THE HOSPITAL UTILIZED WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS TO
DERIVE ITS COST-TO-CHARGE RATIO.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART II

NOT APPLICABLE.

SCHEDULE H, PART III, QUESTIONS 2 & 3

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

THE ESTIMATED BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, REFLECTED ON SCHEDULE H, PART III, LINE 3, IS APPROXIMATELY 19.19% OF THE TOTAL BAD DEBT EXPENSE.

THIS PERCENTAGE REPRESENTS THE PORTION OF SELF-PAY INDIVIDUALS INCLUDED

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WITHIN THE BAD DEBT EXPENSE AMOUNT. HAD THESE INDIVIDUALS COMPLETED THE REQUIREMENTS NECESSARY TO APPLY FOR FINANCIAL ASSISTANCE, THEY WOULD HAVE LIKELY BEEN ELIGIBLE.

THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND FINANCIAL ASSISTANCE POLICIES ARE CONSISTENTLY APPLIED.

SCHEDULE H, PART III, QUESTION 4

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

PATIENT ACCOUNTS RECEIVABLE

ACCOUNTS RECEIVABLE ARE RECORDED AT NET REALIZABLE VALUE AT THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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.

REVENUE RECOGNITION

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DAYS AFTER THE SERVICES ARE PERFORMED AND/OR THE PATIENT IS DISCHARGED FROM THE FACILITY. REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED.

PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE HOSPITAL. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL SERVICES INCURRED IN RELATION TO TOTAL EXPECTED (OR ACTUAL) PAYMENTS. THE HOSPITAL BELIEVES THAT THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIENTS IN THE HOSPITAL RECEIVING INPATIENT ACUTE CARE SERVICES. THE HOSPITAL MEASURES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE FACILITY TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME ARE RECOGNIZED WHEN SERVICES ARE PROVIDED AND THE HOSPITAL DOES NOT BELIEVE IT IS REQUIRED TO PROVIDE ADDITIONAL SERVICES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TO THE PATIENT.

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ACCORDANCE WITH THE HOSPITAL'S POLICY, AND /OR IMPLICIT PRICE CONCESSIONS PROVIDED TO UNINSURED PATIENTS. THE HOSPITAL DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. THE HOSPITAL DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS.

NET PATIENT SERVICE REVENUE

THE HOSPITAL HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE FOR PAYMENTS TO THE HOSPITAL AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES. PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER DISCHARGE, REIMBURSED COSTS, DISCOUNTS FROM CHARGES AND PER DIEM PAYMENTS. NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS DUE FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED AND INCLUDES ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS DUE TO ONGOING AND FUTURE AUDITS, REVIEWS AND INVESTIGATIONS. RETROACTIVE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THAT RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS.

CHARITY CARE AND COMMUNITY BENEFIT

IN ACCORDANCE WITH ITS MISSION AND PHILOSOPHY, THE HOSPITAL COMMITS SUBSTANTIAL RESOURCES TO SPONSOR A BROAD RANGE OF SERVICES TO BOTH THE INDIGENT AS WELL AS THE BROADER COMMUNITY. COMMUNITY BENEFITS PROVIDED TO THE INDIGENT INCLUDE THE COST OF PROVIDING SERVICES TO PERSONS WHO CANNOT AFFORD HEALTH CARE DUE TO INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED. THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF: TRADITIONAL CHARITY CARE; UNPAID COSTS OF CARE PROVIDED TO BENEFICIARIES OF MEDICARE AND MEDICAID AND OTHER INDIGENT PUBLIC PROGRAMS.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 \$2,300,000 AND \$1,400,000 FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, 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, 2023 ARE PRESENTLY UNKNOWN.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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.

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

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, NET PATIENT SERVICE REVENUE WAS INCREASED BY APPROXIMATELY \$12,349,000 AND \$5,247,000,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RESPECTIVELY, FOR FAVORABLE ADJUSTMENTS AND SETTLEMENTS RELATED TO PRIOR YEARS.

SCHEDULE H, PART III, SECTION B; QUESTION 8

MEDICARE COSTS WERE DERIVED FROM THE 2022 MEDICARE COST REPORT.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC")

§501(C)(3).

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHARITY CARE STANDARD

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY BENEFIT STANDARD

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

THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REQUIRED BY THE DEPARTMENT OF TREASURY REG. §1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AVAILABLE TO ALL QUALIFIED PHYSICIANS.

THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA'S POSITION. AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS:

- PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD
- MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. FROM THE LATEST DATA PROVIDED BY THE AHA, MEDICARE REIMBURSES HOSPITALS ONLY 87 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLE."

THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I. MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR. THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT.

BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY

BENEFIT AS FOLLOWS:

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

- THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE.

THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFIT" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE.

AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULD IN SERVING ALL PATIENTS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. IN ADDITION, THE HOSPITAL INVESTS SIGNIFICANT RESOURCES IN SYSTEMS AND STAFF TRAINING TO ASSIST PATIENTS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THAT ARE IN NEED OF FINANCIAL ASSISTANCE.

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

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

INCLUDED BELOW ARE THE PROCEDURES OUTLINED WITHIN THAT POLICY:

- 1) THE BILLS FOR ALL INSURED PATIENTS WILL BE SENT DIRECTLY FROM ENGLEWOOD HOSPITAL TO THE PATIENT'S INSURANCE COMPANY. IF THE INSURANCE COMPANY DENIES THE CLAIM FOR REASONS SUCH AS: BENEFITS EXHAUSTED,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EXPERIMENTAL, MEDICAL NECESSITY, PRE-EXISTING CONDITION, NON-COVERED CHARGES, ETC. THE PATIENT WILL BE BILLED AT THE UNINSURED RATE OF PERCENTAGE OF GROSS CHARGES AS OUTLINED IN THE FINANCIAL ASSISTANCE POLICY.

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

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

5) EMPLOYEES FROM THE FINANCIAL COUNSELING DEPARTMENT WILL ATTEMPT TO CONTACT THE PATIENT BY TELEPHONE ON UNPAID BALANCES OF \$5,000 OR GREATER THAT ARE DEEMED PATIENT RESPONSIBILITY. THEY WILL EXPLAIN THE AVAILABILITY OF FINANCIAL ASSISTANCE WHEN SPEAKING WITH THE PATIENT. ALL CALLS ARE DOCUMENTED WITHIN THE FINANCIAL SYSTEM

6) IN ADDITION TO FINANCIAL ASSISTANCE, PAYMENT PLANS WILL BE OFFERED TO PATIENTS. PATIENTS CAN MAKE MONTHLY PAYMENTS ON OUTSTANDING BALANCES. PAYMENT PLANS WILL BE APPROVED FOR A PERIOD OF ONE YEAR. PAYMENT PLANS BEYOND ONE YEAR MUST BE APPROVED BY THE FINANCIAL COUNSELING MANAGER.

7) ALL UNPAID BALANCES THAT ARE DUE FROM PATIENTS WILL BE REFERRED TO OUTSIDE COLLECTION AGENCIES AFTER COLLECTION ATTEMPTS BY ENGLEWOOD HOSPITAL HAVE FAILED. THE COLLECTION AGENCIES WILL ATTEMPT TO OBTAIN PAYMENT FROM THE PATIENT. IF FULL PAYMENT IS NOT RECEIVED, THE COLLECTION AGENCIES WILL NOTIFY THE PATIENT BY MAIL THAT THEY MAY PROCEED WITH EXTRAORDINARY COLLECTION ACTIONS ("ECAS") AS DEFINED IN INTERNAL REVENUE CODE SECTION 501(R) WHICH CAN INCLUDE FILING OF JUDGMENTS THAT INCLUDE

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WAGE GARNISHMENTS, SEIZING BANK ACCOUNTS, AND PLACING LIENS ON PROPERTY OWNED IN THE STATE OF NEW JERSEY. THE COLLECTION AGENCIES MUST NOTIFY THE PATIENT IN WRITING AT LEAST 30 DAYS BEFORE INITIATING ECAS. THE COLLECTION AGENCIES WILL REFRAIN FROM ENGAGING IN ECAS UNTIL AT LEAST 120 DAYS AFTER THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT SENT BY THE HOSPITAL.

8) ALL REFERRALS TO OUTSIDE COLLECTION AGENCIES ARE APPROVED BY THE FINANCIAL COUNSELING MANAGER.

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

10) REFER TO NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM/CHARITY CARE POLICY FOR PROCEDURES ON APPLYING FOR ASSISTANCE THROUGH THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM/CHARITY CARE AT ENGLEWOOD HOSPITAL.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN ADDITION, ENGLEWOOD HOSPITAL DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE, SUCH AS BY DEMANDING THE EMERGENCY DEPARTMENT PATIENTS PAY BEFORE RECEIVING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS OR BY PERMITTING DEBT COLLECTION ACTIVITIES IN THE EMERGENCY DEPARTMENT OR OTHER AREAS WHERE SUCH ACTIVITIES COULD INTERFERE WITH THE PROVISION OF EMERGENCY CARE ON A NON-DISCRIMINATORY BASIS.

THE ORGANIZATION'S BILLING AND COLLECTION POLICY IS MADE WIDELY AVAILABLE ON ITS WEBSITE:

WWW.ENGLEWOODHEALTH.ORG/FOR-PATIENTS-VISITORS/BILLING-INSURANCE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 2

IN ADDITION TO THE CHNA PROCESS OUTLINED IN SCHEDULE H, PART V, SECTION B, QUESTIONS 1-12 AND THE NARRATIVE RESPONSE TO SCHEDULE H, PART V, SECTION B, QUESTION 5 INCLUDED IN SCHEDULE H, PART V, SECTION C, THE ORGANIZATION'S CHNA ASSESSED THE HEALTHCARE NEEDS OF THE COMMUNITY IT SERVES BY INCORPORATING DATA FROM SECONDARY SOURCES (VITAL STATISTICS AND OTHER EXISTING HEALTH-RELATED DATA). A VARIETY OF EXISTING SECONDARY DATA WAS OBTAINED FROM THE FOLLOWING SOURCES TO COMPLEMENT THE RESEARCH USED FOR THE ORGANIZATION'S CHNA:

- CENTER FOR APPLIED RESEARCH AND ENVIRONMENTAL SYSTEMS;
- CENTERS FOR DISEASE CONTROL & PREVENTION, OFFICE OF INFECTIOUS DISEASE, NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION;
- CENTERS FOR DISEASE CONTROL & PREVENTION, OFFICE OF PUBLIC HEALTH SCIENCE SERVICES, CENTER FOR SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES, DIVISION OF HEALTH INFORMATICS AND SURVEILLANCE;
- CENTERS FOR DISEASE CONTROL & PREVENTION, OFFICE OF PUBLIC HEALTH

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCIENCE SERVICES, NATIONAL CENTER FOR HEALTH STATISTICS;

- COMMUNITY COMMONS;

- ESRI ARCGIS MAP GALLERY;

- NATIONAL CANCER INSTITUTE, STATE CANCER PROFILES;

- OPENSTREETMAP;

- TRUVEN HEALTH ANALYTICS AND DIGNITY HEALTH;

- US CENSUS BUREAU, AMERICAN COMMUNITY SURVEY;

- US CENSUS BUREAU, COUNTY BUSINESS PATTERNS;

- US CENSUS BUREAU, DECENNIAL CENSUS;

- US DEPARTMENT OF AGRICULTURE, ECONOMIC RESEARCH SERVICE;

- US DEPARTMENT OF HEALTH & HUMAN SERVICES;

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

ADMINISTRATION;

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

- US DEPARTMENT OF LABOR, BUREAU OF LABOR STATISTICS.

ENGLEWOOD HOSPITAL ALSO UTILIZES AN INDEPENDENT MARKET RESEARCH COMPANY

TO SOLICIT SURVEYS AND COMMENTS FROM ALL PATIENTS OF THE MEDICAL CENTER

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REGARDING THEIR PATIENT CARE. THE INDEPENDENT MARKET RESEARCH COMPANY ANALYZES AND PROVIDES REPORTS ON THE ORGANIZATION'S PERFORMANCE IN A VARIETY OF AREAS AND PROCEDURES.

ADDITIONALLY, THIS ORGANIZATION MONITORS ITS PERFORMANCE ON THE INTERNET WEB SITE REFERRED TO AS HEALTHGRADES, WHICH OFFERS COMPARATIVE DATA TO OTHER HOSPITALS. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES RELEASE "REPORT CARDS" TO THE PUBLIC REGARDING THE HOSPITAL'S PERFORMANCE.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 3

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

IN AN EFFORT TO ENSURE THE COMMUNITY SERVED BY THE ORGANIZATION IS AWARE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, INFORMATIVE SIGNS AND POSTERS ARE POSTED IN THE FOLLOWING HOSPITAL LOCATIONS: EMERGENCY ROOM, ADMITTING DEPARTMENT, OUTPATIENT REGISTRATION DEPARTMENT AND THE FINANCIAL COUNSELING DEPARTMENT. THESE SIGNS AND POSTERS ADVISE PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND PROVIDE ADDITIONAL INFORMATION ON HOW TO APPLY FOR FINANCIAL ASSISTANCE.

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE AND MAY BE OBTAINED ON THE ORGANIZATION'S

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

WEBSITE AT THE FOLLOWING URL:

WWW.ENGLEWOODHEALTH.ORG/FOR-PATIENTS-VISITORS/BILLING-INSURANCE.

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

SCHEDULE H, PART VI; QUESTION 4

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

POPULATION

- THE PERCENTAGE OF BERGEN COUNTY RESIDENTS OVER THE AGE OF 65 (17.0%) WAS SIGNIFICANTLY HIGH COMPARED TO NEW JERSEY OVERALL (15.9%). THE MEDIAN AGE IN BERGEN COUNTY (41.9) WAS ALSO HIGHER THAN NEW JERSEY OVERALL (39.9).
- BERGEN COUNTY IS ALMOST ENTIRELY URBAN, WITH 99.9% OF THE POPULATION LIVING IN AREAS DESIGNATED AS URBAN. THE URBAN POPULATION IN BERGEN COUNTY IS SIGNIFICANTLY HIGHER THAN NEW JERSEY (94.7%).

AGE

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RACE & ETHNICITY

- BERGEN COUNTY IS PREDOMINANTLY WHITE (71.6%), THOUGH THERE IS A LARGE ASIAN POPULATION. THE PERCENTAGE OF ASIAN RESIDENTS IN BERGEN COUNTY (16.3%) WAS SIGNIFICANTLY HIGH COMPARED TO THE STATE OVERALL (9.5%).
- THE PERCENTAGE OF BLACK/AFRICAN AMERICAN RESIDENTS IN BERGEN COUNTY (6.0%) WAS SIGNIFICANTLY LOW COMPARED TO THE STATE OVERALL (13.5%).
- THE PERCENTAGE OF HISPANIC/LATINO RESIDENTS IN BERGEN COUNTY (19.9) WAS SIMILAR TO THE STATE OVERALL (20.2%).

LINGUISTIC ISOLATION

- A TOTAL OF 7.2% OF BERGEN COUNTY POPULATION AGE 5 AND OLDER LIVE IN A HOME IN WHICH NO PERSON AGE 14 OR OLDER IS PROFICIENT IN ENGLISH (SPEAKING ONLY ENGLISH OR SPEAKING ENGLISH VERY WELL). THIS IS A HIGHER

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

SOCIAL DETERMINANTS OF HEALTH

=====

SOCIAL DETERMINANTS OF HEALTH (SDOH) ARE THE CONDITIONS IN THE ENVIRONMENTS WHERE PEOPLE ARE BORN, LIVE, LEARN, WORK, PLAY, WORSHIP, AND AGE THAT AFFECT A WIDE RANGE OF HEALTH, FUNCTIONING, AND QUALITY-OF-LIFE OUTCOMES AND RISKS.

POVERTY

- THE LATEST CENSUS ESTIMATE SHOWS 6.7% OF BERGEN COUNTY'S TOTAL POPULATION LIVING BELOW THE FEDERAL POVERTY LEVEL, WHICH IS LESS THAN THE NEW JERSEY AVERAGE OF 10.0%.
- AMONG CHILDREN (AGES 0 TO 17), THE PERCENTAGE IN BERGEN COUNTY LIVING BELOW THE FEDERAL POVERTY LEVEL IS 7.4%, REPRESENTING ABOUT 14,492

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CHILDREN. THE NEW JERSEY AVERAGE IS 7.4%.

EDUCATION

- AMONG THE BERGEN COUNTY POPULATION AGE 25 AND OLDER, AN ESTIMATED 7.5% (OVER 49,000 PEOPLE) DO NOT HAVE A HIGH SCHOOL DIPLOMA. THIS IS LESS THAN THE NEW JERSEY AVERAGE OF 10.2% OF THE POPULATION WITHOUT A HIGH SCHOOL DIPLOMA.

EMPLOYMENT

- ACCORDING TO DATA DERIVED FROM THE US DEPARTMENT OF LABOR, THE UNEMPLOYMENT RATE IN BERGEN COUNTY AS OF JULY 2022 WAS 3.5%, WHICH IS CONSISTENT WITH THE NEW JERSEY UNEMPLOYMENT RATE.

FINANCIAL RESILIENCE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

HOUSING

- A CONSIDERABLE SHARE (34.2%) OF BERGEN COUNTY ADULTS REPORTED THAT THEY WERE SOMETIMES, USUALLY, OR ALWAYS WORRIED OR STRESSED ABOUT HAVING TO PAY THEIR RENT OR MORTGAGE IN THE PAST YEAR.

- A TOTAL OF 16.3% OF BERGEN COUNTY RESIDENTS REPORT LIVING IN UNHEALTHY OR UNSAFE HOUSING CONDITIONS DURING THE PAST YEAR. THIS IS HIGHER THAN THE U.S. FINDING OF APPROXIMATELY 12.2%.

FOOD ACCESS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- US DEPARTMENT OF AGRICULTURE DATA SHOW THAT 10.3% OF THE BERGEN COUNTY POPULATION (REPRESENTING OVER 92,000 RESIDENTS) HAVE LOW FOOD ACCESS, MEANING THAT THEY DO NOT LIVE NEAR A SUPERMARKET OR LARGE GROCERY STORE. THIS IS SIGNIFICANTLY BELOW THE STATE AVERAGE OF 23.8% AND NATIONAL AVERAGE OF 22.2%.

- OVERALL, 28.5% OF BERGEN COUNTY RESIDENTS ARE DETERMINED TO BE FOOD INSECURE, HAVING RUN OUT OF FOOD IN THE PAST YEAR AND/OR BEEN WORRIED ABOUT RUNNING OUT OF FOOD. THIS IS LESS THAN THE NATIONAL AVERAGE OF 34.1%, HOWEVER IT IS A SIGNIFICANT INCREASE IN BERGEN COUNTY SINCE 2016 (19.5%).

- A TOTAL OF 8.7% OF BERGEN COUNTY ADULTS REPORT USING A FOOD PANTRY OR RECEIVING FREE MEALS FROM A CHARITABLE ORGANIZATION WITHIN THE PAST YEAR.

HEALTH LITERACY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

INTERNET ACCESS

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 5

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

1. PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS;
2. OPERATES AN EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

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

- ACCELERATED CHILDBIRTH CLASSES;

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- BREASTFEEDING CLASSES;
- CHILDBIRTH REFRESHER CLASSES;
- HEALTH FAIRS AT VARIOUS COMMUNITY EVENTS; AND
- SIBLING PREPARATION CLASSES.

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

- BLOOD DRIVES;
- HOSPITAL SCREENINGS;
- SKIN CANCER SCREENINGS;
- PROSTATE CANCER SCREENINGS; AND
- VEIN SCREENING.

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

- FLU/COVER YOUR MOUTH EDUCATIONAL HANDOUTS AND POSTERS;

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- HAND HYGIENE PUBLIC SERVICE ANNOUNCEMENTS AND POSTERS;

- PILATES (WHICH PROMOTES IMPROVED HEALTH);

- POSTNATAL YOGA;

- PRENATAL YOGA; AND

- WEIGHT WATCHERS AT WORK (FOR EMPLOYEES).

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI; QUESTION 6

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

ENGLEWOOD HEALTHCARE SYSTEM, INC.

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE ORGANIZATION'S PURPOSE IS TO COORDINATE AND SUPPORT THE PLANNING AND OTHER ACTIVITIES RELATED TO THE PROMOTION OF HEALTH OF PEOPLE IN THE SYSTEM'S SERVICE AREA OF BERGEN COUNTY.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER, INC.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER, INC. ("ENGLEWOOD HOSPITAL") WAS FOUNDED IN 1888 AND IS CURRENTLY A 531-LICENSED BED, MAJOR TEACHING, ACUTE CARE HOSPITAL LOCATED IN ENGLEWOOD, NEW JERSEY. THE ORGANIZATION'S MISSION IS TO PROVIDE COMPREHENSIVE, STATE-OF-THE-ART PATIENT SERVICES; EMPHASIZE CARING AND OTHER HUMAN VALUES IN THE TREATMENT OF PATIENTS AND IN RELATIONS WITH THEIR FAMILIES, AND AMONG EMPLOYEES, MEDICAL STAFF, AND COMMUNITY; BE A CENTER OF EDUCATION AND RESEARCH; AND PROVIDE EMPLOYEES AND MEDICAL STAFF WITH MAXIMUM OPPORTUNITIES TO ACHIEVE THEIR PERSONAL AND PROFESSIONAL GOALS.

ENGLEWOOD HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, IT OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.

ENGLEWOOD HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. ("ENGLEWOOD HEALTH FOUNDATION") IS NOT-FOR-PROFIT ORGANIZATION FOUNDED IN 1995. THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(1).

THROUGH FUNDRAISING AND DEVELOPMENT ACTIVITIES ENGLEWOOD HEALTH FOUNDATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ENGLEWOOD HOSPITAL; A RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT
HOSPITAL ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE
SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF
RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

MEDICAL ASSOCIATES OF ENGLEWOOD, P.C.

MEDICAL ASSOCIATES OF ENGLEWOOD, P.C. ("ENGLEWOOD HEALTH PHYSICIAN
NETWORK") IS A NOT-FOR-PROFIT ORGANIZATION FOUNDED IN 2011. THE
ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT
PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND IS A SUPPORTING
ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3). THE
ORGANIZATION IS STRUCTURED AS A PROFESSIONAL CORPORATION PURSUANT TO THE
PROVISIONS OF THE PROFESSIONAL SERVICES CORPORATION ACT OF NEW JERSEY.

THE ORGANIZATION'S PURPOSE IS TO PROVIDE PHYSICIAN SERVICES TO FURTHER
THE CHARITABLE AND HEALTHCARE PURPOSES OF THE ENGLEWOOD HEALTH AND ITS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

EMERGENCY PHYSICIANS OF ENGLEWOOD, P.C.

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TAX-EXEMPT HOSPITAL ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY
HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER
REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY.

PHYSICIAN PARTNERS OF ENGLEWOOD, P.C.

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

THE ORGANIZATION IS STRUCTURED AS A PROFESSIONAL CORPORATION PURSUANT TO
THE PROVISIONS OF THE PROFESSIONAL SERVICES CORPORATION ACT OF NEW
JERSEY. THE ORGANIZATION'S PURPOSE IS TO PROVIDE PHYSICIAN SERVICES FOR
PATIENTS OF ENGLEWOOD HOSPITAL; A RELATED INTERNAL REVENUE CODE
§501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION, THAT PROVIDES MEDICALLY
NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

TO PAY.

ENGLEWOOD MEDICAL ASSOCIATES, INC.

ENGLEWOOD MEDICAL ASSOCIATES, INC. IS A NOT-FOR-PROFIT ORGANIZATION
FOUNDED IN 1996. THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE
SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE §501(C)(3) AND IS
A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE §509(A)(3).

THE ORGANIZATION WAS FORMED TO ACQUIRE PHYSICIAN MEDICAL PRACTICES AND
EMPLOY FULL-TIME FACULTY PHYSICIANS IN SUPPORT OF ENGLEWOOD HOSPITAL; A
RELATED INTERNAL REVENUE CODE §501(C)(3) TAX-EXEMPT HOSPITAL
ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO
ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR,
CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. THE ORGANIZATION IS
CURRENTLY INACTIVE.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ENGLEWOOD HEALTHCARE PROPERTIES, INC.

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

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

ENGLEWOOD HEALTH ALLIANCE ACO, LLC

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ORGANIZATION IS AN ACCOUNTABLE CARE ORGANIZATION FORMED WITH THE PURPOSE OF PROMOTING THE PROVISION OF BETTER CARE FOR INDIVIDUALS, IMPROVED HEALTH FOR POPULATIONS AND LOWER PER CAPITA GROWTH IN EXPENDITURES OF HORIZON BENEFICIARIES.

ENGLEWOOD HEALTH ACO, LLC

ENGLEWOOD HEALTH ACO, LLC IS A LIMITED LIABILITY COMPANY FORMED IN THE STATE OF NEW JERSEY WHOSE SOLE MEMBER IS ENGLEWOOD HOSPITAL. THIS ORGANIZATION IS AN ACCOUNTABLE CARE ORGANIZATION FORMED WITH THE PURPOSE TO OPERATE AND PARTICIPATE IN THE MEDICARE SHARED SAVINGS PROGRAM.

ENGLEWOOD HEALTHCARE ENTERPRISES, INC.

ENGLEWOOD HEALTHCARE ENTERPRISES, INC. IS A WHOLLY-OWNED SUBSIDIARY OF ENGLEWOOD HEALTHCARE SYSTEM. THE ORGANIZATION WAS FORMED IN 1988 FOR THE

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PURPOSE OF PROVIDING HEALTHCARE SERVICES WITHIN THE SYSTEM'S PRIMARY SERVICE AREA. THIS ORGANIZATION PROVIDES CLINICAL AND ADMINISTRATIVE STAFF SUPPORT THE PROFESSIONAL CORPORATIONS WITHIN THE ENGLEWOOD HOSPITAL PHYSICIAN INTEGRATION PROGRAM.

SCHEDULE H, PART VI; QUESTION 7

THIS ORGANIZATION IS LOCATED IN THE STATE OF NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED BY THIS STATE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number

22-1487173

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WARREN GELLER 1 SECRETARY - TRUSTEE; PRES/CEO	(i)	1,311,961.	519,700.	184,036.	260,950.	34,530.	2,311,177.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANTHONY T. ORLANDO 2 EVP, FINANCE/CFO	(i)	665,957.	174,715.	543,977.	130,750.	28,509.	1,543,908.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICIA G. WILSON 3 SVP, HUMAN RESOURCES/CHRO	(i)	450,885.	127,200.	37,304.	30,750.	21,509.	667,648.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HELENE WOLK 4 EVP, OPERATIONS/COO	(i)	488,017.	139,600.	8,012.	10,250.	16,583.	662,462.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHLEEN KAMINSKY, MS, 5 SVP, PATIENT SVCS/CNO	(i)	443,769.	125,600.	34,469.	28,742.	28,239.	660,819.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL PIETROWICZ 6 SVP, PLANNING & PROG DEV/CSO	(i)	436,653.	117,200.	31,814.	30,750.	33,168.	649,585.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HARVEY WEBER 7 VP, FACILITIES MGT EMERG PREP	(i)	281,821.	67,800.	3,964.	9,545.	28,627.	391,757.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VICKI LYN HOFFMAN 8 VP OPERATIONS	(i)	279,106.	67,300.	2,311.	2,600.	28,271.	379,588.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALICIA PARK 9 VP, COMMUNICATIONS/CCO	(i)	291,874.	68,600.	2,367.	8,829.	2,407.	374,077.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARK SHAPIRO, M.D. 10 TRUSTEE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	250,000.	NONE	NONE	NONE	NONE	250,000.	NONE
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I; QUESTION 4B

THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HIS 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: ANTHONY T. ORLANDO, \$481,874.

THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THESE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: WARREN GELLER, \$230,200 AND ANTHONY T. ORLANDO, \$100,000.

Part III Supplemental Information

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

SCHEDULE J, PART I; QUESTION 7

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2022 WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2022 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open To Public
Inspection**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)	WARREN GELLER	OFFICER	RETENTION		X	450,000.	471,580.		X	X		X	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$	471,580.					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID KAMINSKY	FAMILY MEMBER OF OFFICER	118,767.	EMPLOYEE		X
(2) THEODORE SIESSER	FAMILY MEMBER OF TRUSTEE	44,314.	EMPLOYEE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

BACKGROUND

=====

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

1. PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE, AND MEDICAID PATIENTS;
2. OPERATES AN EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR;
3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

QUALIFIED PHYSICIANS;

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

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

THE OPERATIONS OF ENGLEWOOD HOSPITAL, AS SHOWN THROUGH THE FACTORS
OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY
DEMONSTRATE THAT THE USE AND CONTROL OF ENGLEWOOD HOSPITAL IS FOR THE
BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF
THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL, NOR IS
ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY.

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

OVERVIEW

=====

ENGLEWOOD HOSPITAL AND MEDICAL CENTER, A COMMUNITY TEACHING HOSPITAL IN ENGLEWOOD, NEW JERSEY, HAS EARNED HIGH MARKS FOR CLINICAL EXCELLENCE AND PATIENT SAFETY. IT HOLDS THE LEAPFROG HOSPITAL SAFETY GRADE 'A' (FALL 2022), AND WAS NAMED A LEAPFROG TOP TEACHING HOSPITAL (2022). ENGLEWOOD HOSPITAL IS NATIONALLY RECOGNIZED FOR NURSING EXCELLENCE, EARNING A FIFTH CONSECUTIVE DESIGNATION BY THE MAGNET RECOGNITION PROGRAM IN 2021.

AREAS OF CLINICAL EXCELLENCE OFFERED BY THE HEALTH SYSTEM (COMPRISING ENGLEWOOD HOSPITAL AND THE ENGLEWOOD HEALTH PHYSICIAN NETWORK) INCLUDE CARDIAC SURGERY AND CARDIAC CARE, CANCER CARE, ORTHOPEDIC SURGERY, PRIMARY CARE, SPINE SURGERY, VASCULAR SURGERY, AND WOMEN'S HEALTH, AS WELL AS BLOODLESS MEDICINE AND SURGERY AND MINIMALLY INVASIVE ROBOTIC SURGERY. THE HOSPITAL OFFERS A VASCULAR SURGERY FELLOWSHIP, RESIDENCY PROGRAMS IN DENTISTRY, INTERNAL MEDICINE, NURSING, PHARMACY, AND PODIATRY, AND TRAINING PROGRAMS IN RADIOGRAPHY, EMERGENCY MEDICAL SERVICES, AND OTHER DISCIPLINES.

IN 2022, IT WAS APPROVED TO OFFER A BREAST SURGERY FELLOWSHIP PROGRAM. THE HOSPITAL'S STATE-OF-THE-ART IMAGING CENTERS ACROSS THE REGION ENHANCE ACCESS TO DIAGNOSTIC IMAGING, BREAST IMAGING, AND CARDIAC IMAGING. A SINGLE ELECTRONIC HEALTH RECORD SYSTEM OFFERS FULL AND SEAMLESS

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2022

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

INTEGRATION OF PATIENT INFORMATION AMONG THE PRACTICES, HOSPITAL, AND
IMAGING SITES TO SUPPORT THE PATIENT EXPERIENCE AND CONTINUITY OF CARE.

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

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

VISION: TO BE THE REGIONAL LEADER IN PROVIDING STATE-OF-THE-ART,
COMPASSIONATE CARE IN A HUMANISTIC ENVIRONMENT.

MISSION: TO PROVIDE COMPREHENSIVE, STATE-OF-THE-ART PATIENT SERVICES;
EMPHASIZE CARING AND OTHER HUMAN VALUES IN THE TREATMENT OF PATIENTS, IN
RELATIONS WITH THEIR FAMILIES, AND AMONG EMPLOYEES, MEDICAL STAFF, AND
COMMUNITY; BE A CENTER OF EDUCATION AND RESEARCH; AND PROVIDE EMPLOYEES
AND MEDICAL STAFF WITH MAXIMUM OPPORTUNITIES TO ACHIEVE THEIR PERSONAL
AND PROFESSIONAL GOALS.

COMMUNITY HEALTH

=====

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

COMMUNITY NEEDS & OUTREACH

THE SELECTION AND CRITERIA FOR THE ENGLEWOOD HEALTH (EH) COMMUNITY HEALTH INITIATIVES ARE GUIDED BY THE HOSPITAL'S IMPLEMENTATION STRATEGY, UPDATED IN 2022 BASED ON THE MOST RECENT RESULTS AND ANALYSIS IDENTIFIED IN THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT.

THE 2022-2025 GOALS WERE TO 1) INCREASE ACCESS TO MENTAL AND BEHAVIORAL HEALTH SUPPORTS AT THE APPROPRIATE LEVEL OF CARE FOR ALL PEOPLE; 2) INCREASE AVAILABILITY, COORDINATION, AND CONNECTION TO HEALTHY LIVING SERVICES AND RESOURCES FOR ALL PEOPLE; AND 3) INCREASE EQUITABLE ACCESS TO THE RESOURCES NEEDED TO PREVENT, SCREEN AND TREAT DISEASE.

IN 2022, ENGLEWOOD REMAINED ACTIVELY COMMITTED TO EFFORTS AROUND CANCER CARE AND DETECTION. EH PROMOTED AND LED SEVERAL PROGRAMS TO EDUCATE COMMUNITY MEMBERS ON THE IMPORTANCE OF RECEIVING REGULAR CANCER SCREENINGS AND EARLY DETECTION. EH'S CANCER EDUCATION AND EARLY DETECTION (CEED) PROGRAM, FUNDED THROUGH THE NEW JERSEY DEPARTMENT OF HEALTH, DIVISION OF FAMILY HEALTH SERVICES, SCREENED MORE THAN 240 PATIENTS FOR BREAST AND CERVICAL CANCERS IN 2022. THE SCREEN NJ GRANT SUPPORTED AN EH INITIATIVE TO PROVIDE COLONOSCOPIES AND LUNG CT SCREENINGS FOR 43 PATIENTS, IN COLLABORATION WITH RUTGERS AND THE KOREAN HEALTH AND WELLNESS TEAM.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

EH CONTINUED ITS STRONG FOCUS ON THE DIABETES EDUCATION AND SUPPORT PROGRAM, ONCE AGAIN OBTAINING RECOGNITION BY THE AMERICAN DIABETES ASSOCIATION FOR MEETING THE NATIONAL STANDARDS OF DIABETES SELF-MANAGEMENT EDUCATION, WHICH IT HAS HELD FOR OVER 20 YEARS. EH WORKED IN CONJUNCTION WITH THE NORTH HUDSON COMMUNITY ACTION CORPORATION TO PROVIDE NEEDED DIABETES SUPPORT AND EDUCATION TO ITS PATIENT POPULATION. THIS INCLUDED PROVIDING FREE DIABETES TESTING SUPPLIES FOR UNINSURED WOMEN WITH GESTATIONAL DIABETES AS WELL AS DIETARY COUNSELING AND EDUCATION. LASTLY, THE DIABETES PROGRAM ALSO CONNECTED PATIENTS IN NEED TO DISCOUNT PRESCRIPTION PROGRAMS TO OBTAIN INSULIN AND OTHER NECESSARY MEDICATIONS.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OVER THE YEARS, ENGLEWOOD HOSPITAL HAS RECOGNIZED THE NEED TO SUPPORT BERGEN COUNTY'S KOREAN COMMUNITY, ONE OF THE STATE'S FASTEST-GROWING POPULATIONS. NEW JERSEY HAS MORE THAN 113,000 KOREANS, WITH NEARLY 60 PERCENT LIVING IN BERGEN COUNTY. THE CENTER FOR KOREAN HEALTH & WELLNESS'S MISSION COMPRISES PATIENT AND FAMILY SERVICES AS WELL AS COMMUNITY EDUCATION AND OUTREACH. FOR PATIENTS AND FAMILIES, THE CENTER PROVIDES IMPORTANT NAVIGATION SERVICES TO HELP WITH PRACTICAL NEEDS DURING THEIR STAY, SUCH AS INTERPRETATION, BILLING AND FINANCIAL ISSUES, REFERRALS AND APPOINTMENTS, AND DIETARY PREFERENCES AND NEEDS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

MORE BROADLY, THE CENTER IS DEDICATED TO CREATING PROGRAMS IN THE COMMUNITY THAT IMPROVE ACCESS TO HEALTHCARE, PROVIDE EARLY ATTENTION TO SERIOUS DISEASE AND ILLNESS, AND NOT ONLY TREAT AND HEAL THE PHYSICAL CONDITION, BUT ALSO SUPPORT SOCIAL WELL-BEING. IT HAS COLLABORATED WITH NUMEROUS LOCAL AND REGIONAL KOREAN ORGANIZATIONS, INCLUDING THE KOREAN COMMUNITY CENTER, KOREAN AMERICAN SENIOR CITIZEN'S ASSOCIATION OF NEW JERSEY, KOREAN AMERICAN ASSOCIATION OF NEW JERSEY, ASIAN WOMEN'S CHRISTIAN ASSOCIATION, KOREAN AMERICAN MEDICAL ASSOCIATION, ASSOCIATION OF KOREAN AMERICAN MEDICAL GRADUATES, ESTHER HA FOUNDATION, FAMILY TOUCH, SENIOR CENTERS, AND MANY OTHERS ON PROGRAMS SUCH AS HEALTH FAIRS, SCREENINGS, SEMINARS, AND CULTURAL PROGRAMS THAT PROMOTE HEALTH. TO HELP EDUCATE THE COMMUNITY, THE CENTER HAS DEVELOPED VIDEOS AND ARTICLES FOR KOREAN SOCIAL MEDIA AND VARIOUS KOREAN MEDIA OUTLETS.

THE EH KOREAN HEALTH AND WELLNESS CENTER CONTINUED TO SUCCESSFULLY ENGAGE THE KOREAN POPULATION WITH THEIR LARGE-SCALE VIRTUAL HEALTH PLATFORM, WHICH SUPPORTS HEALTH EDUCATION PROGRAMMING EFFORT. THE TEAM HAS PROVIDED EDUCATION TO THE KOREAN POPULATION ON A WIDE RANGE OF IMPORTANT HEALTH ISSUES INCLUDING NEUROLOGY, PAIN MANAGEMENT, AND COVID SAFETY INFORMATION. THIS DIGITAL EFFORT RESULTED IN OVER 233,000 VIEWS IN 2022 ALONE. THESE VIDEOS HAVE INFORMED MILLIONS OF VIEWERS OVER THE YEARS WITH TIMELY MEDICAL INFORMATION ON VARIOUS CHRONIC CONDITIONS. AS WE RESUME IN-PERSON PROGRAMS, THREE MEMBERS OF THE KOREAN TEAM HAVE BEEN CERTIFIED AS HEALTH EDUCATION FACILITATORS AND WILL BE ABLE TO BRING ADDITIONAL FREE HEALTH PROGRAMS TO THE COMMUNITY IN 2023. ADDITIONALLY, THIS YEAR

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

THE KOREAN TEAM CONNECTED MEMBERS OF THE COMMUNITY TO IMPORTANT CANCER RESOURCES, INCLUDING FREE LUNG CANCER SCREENINGS AND FREE SMOKING CESSATION PROGRAMS.

EH PROMOTED THE CARDIAC HEALTH AND WELLNESS OF COMMUNITY MEMBERS THROUGH TRAINING AND EDUCATIONAL PROGRAMMING. IN 2022, OVER 200 INDIVIDUALS WERE TRAINED IN VARIOUS CPR COURSES, INCLUDING ADVANCED CARDIAC LIFE SUPPORT, PEDIATRIC ADVANCED LIFE SUPPORT, PEDIATRIC EMERGENCY ASSESSMENT RECOGNITION AND STABILIZATION, AND BASIC LIFE SUPPORT.

FOR STROKE HEALTH, EH URGENT CARE CENTERS HELD HEART SCREENINGS BY TAKING BLOOD PRESSURE AND BMI ASSESSMENTS. EH ALSO SPONSORED THE AMERICAN HEART ASSOCIATION'S TRI-COUNTY CYCLE NATION EVENT, WHICH FOCUSED ON STROKE AWARENESS. THE AMERICAN HEART ASSOCIATION HEART WALK PROMOTING STROKE AWARENESS WAS ALSO SPONSORED BY ENGLEWOOD HEALTH.

THE BLOODLESS MEDICINE AND SURGERY DEPARTMENT CONTINUED HOSTING VIRTUAL EDUCATION SEMINARS FOR THE COMMUNITY; THESE SEMINAR TOPICS INCLUDED WAYS TO BETTER CARE FOR YOUR HEALTH, LIFESTYLE CHOICES AND UNDERSTANDING BLOODLESS MEDICINE. FOUR VIRTUAL SEMINARS WERE HELD, REACHING APPROXIMATELY 7,300 PARTICIPANTS.

THE POPULATION HEALTH CARE MANAGEMENT TEAM BEGAN A CHRONIC CARE MANAGEMENT PROGRAM FOR 440 PATIENTS WITH THE GOAL OF MORE EFFECTIVELY MANAGING CHRONIC CONDITIONS AND MEDICATION ADHERENCE. ADDITIONALLY, THE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

TEAM DEVELOPED AND PILOTED A CARDIAC CARE PROGRAM FOCUSED ON ENGAGING
CARDIAC PATIENTS IN A SKILLS-BASED PROGRAM AROUND EXERCISE, HEALTHY
EATING, EFFECTIVELY MANAGING MEDICATION AND DEVELOPING EMOTIONAL SKILLS
TO MANAGE STRESS WHILE DEALING WITH A CHRONIC CONDITION.

THE EH POPULATION HEALTH DEPARTMENT'S COMMUNITY OUTREACH HAS MADE
SIGNIFICANT IMPACT THROUGH THE EFFORTS OF THE LIVE WELL CENTER TEAM AND
THEIR INTEGRATION WITH COMMUNITY AGENCIES AND ENGAGEMENT OF THEIR
RESPECTIVE AUDIENCES. THE DIVERSE PROGRAMMING, FREQUENTLY PRODUCED IN
ENGLISH AND SPANISH, ENGAGES MIDDLE SCHOOL AND HIGH SCHOOL YOUTH, ADULTS
AND SENIORS. THE PROGRAMMING PROVIDES EDUCATION AND HANDS-ON INTERACTIVE
EXPERIENCES BUILDING SKILLS TO SUPPORT EMOTIONAL, PHYSICAL, AND
NUTRITIONAL WELLNESS. THIS SPECIFICALLY INCLUDES YOGA, ART THERAPY, AND
STRESS MANAGEMENT RESOURCES, AS WELL AS THE DEVELOPMENT OF HEALTHY
CULINARY SKILLS IN THE KITCHEN AND WORKING WITH FITNESS EXPERTS TO GET IN
BETTER SHAPE AND BUILD NEW HABITS.

EH CONTINUED ITS FOCUS ON THE SOCIAL DETERMINANTS OF HEALTH. IN 2022, EH
SCREENED MORE THAN 40,000 PATIENTS FOR FOOD INSECURITY AND CONNECTED
THOSE WHO SCREENED POSITIVE TO LOCAL FOOD RESOURCES. WITH CONTINUED
EXPANSION OF FOOD INSECURITY SCREENING SITES TO INCLUDE EH INPATIENT CARE
COORDINATION, NORTH HUDSON COMMUNITY ACTION CORPORATION CLINIC, AND
ADDITIONAL PHYSICIAN PRACTICES, IN TOTAL ALMOST 500 PATIENTS WERE
IDENTIFIED AS FOOD INSECURE. CONTINUING ITS FOOD INSECURITY RESPONSE
INITIATIVE (FIRI), EH PARTNERED WITH THE BERGEN COUNTY FOOD SECURITY TASK

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

FORCE AND CREATED A SERIES OF NUTRITION EDUCATION EVENTS AT FIVE BERGEN COUNTY FOOD PANTRIES. THESE EVENTS INCLUDED LIVE DEMONSTRATIONS UTILIZING THE TYPICAL INGREDIENTS PROVIDED BY FOOD PANTRIES AND PREPARING THEM IN APPETIZING AND NUTRITIOUS WAYS TO SERVE TO FOOD PANTRY CLIENTS. ADDITIONALLY, AN EH REGISTERED DIETITIAN WAS AVAILABLE TO ANSWER QUESTIONS AND PROVIDE EDUCATION. EH ALSO DISTRIBUTED A NEWLY DEVELOPED GUIDE ON "HOW TO PREPARE HEALTHY MEALS USING FOOD PANTRY INGREDIENTS" IN ENGLISH AND IN SPANISH. OVER 10,000 GUIDES WERE DISTRIBUTED TO THE BROADER FOOD PANTRY SYSTEM IN BERGEN COUNTY. EH ALSO ADDRESSED THE TRANSPORTATION CHALLENGES OF POPULATIONS IN THE COMMUNITY NEEDING BETTER ACCESS TO HEALTHCARE BY PROVIDING FREE UBER HEALTH TRANSPORTATION TO MEDICAL VISITS. THIS TRANSLATED INTO OVER 41,500 RIDES IN 2022.

EH CONTINUED TO FURTHER SUPPORT THE BEHAVIORAL HEALTH OF THE COMMUNITY, AS THE RESIDUAL EFFECT OF THE PANDEMIC HAS RESULTED IN AN EVEN GREATER DEMAND FOR SUPPORT AND SERVICES. EH CONTINUED ITS PARTNERSHIP WITH THE BERGEN FAMILY CENTER TO PROVIDE YOUTH AND ADULT ART THERAPY WORKSHOPS, EMOTIONAL WELLNESS PRESENTATIONS AND YOGA THAT REACHED A COMBINED 200 PARTICIPANTS. THE ANNUAL BEHAVIORAL HEALTH CONFERENCE WAS HELD VIRTUALLY WITH 82 BEHAVIORAL HEALTH PROFESSIONALS IN ATTENDANCE. THE TOPIC WAS "UNIVERSALITY OF TRAUMA". ADDITIONALLY, EH HAS EMPLOYED AN EMERGENCY DEPARTMENT HEALTH EQUITY SOCIAL WORKER TO SCREEN ED PATIENTS ON SOCIAL DETERMINANTS OF HEALTH AND CONNECT PATIENTS TO THE APPROPRIATE RESOURCES. A CANNABIS EDIBLES SAFETY CAMPAIGN WAS LAUNCHED TO THE PUBLIC, AND ADDITIONAL RESOURCES WERE USED TO ADDRESS OPIOID MISUSE AND GENERAL

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

SUBSTANCE MISUSE EDUCATION.

PHYSICIAN NETWORK

THE ENGLEWOOD HEALTH PHYSICIAN NETWORK ENHANCES PATIENT CARE AND QUALITY BY IMPROVING THE COORDINATION OF SERVICES, ACCESS, CONVENIENCE, AND EFFICIENCY.

THE ENGLEWOOD HEALTH PHYSICIAN NETWORK WAS ESTABLISHED IN 2011 AND HAS SINCE GROWN TO INCLUDE MORE THAN 600 PROVIDERS FROM A WIDE RANGE OF SPECIALTIES WHO PROVIDE CARE AT MORE THAN 100 OFFICE LOCATIONS IN BERGEN, ESSEX, HUDSON, MORRIS, AND PASSAIC COUNTIES, AS WELL AS ONSITE AT THE HOSPITAL.

THE BACKBONE OF THE NETWORK IS THE MORE THAN 175 PRIMARY CARE PRACTITIONERS, WHO ARE CENTRAL TO MANAGING A PATIENT'S CARE AND STREAMLINING ACCESS TO SPECIALISTS AND TERTIARY-LEVEL CARE. WITH CARE COORDINATORS, SOCIAL WORKERS, QUALITY COORDINATORS, AND PATIENT NAVIGATORS, THE PRACTICES ARE PUTTING PATIENTS AT THE FOREFRONT, BRIDGING RELATIONSHIPS AMONG PATIENTS AND FAMILIES AND THEIR CARE TEAMS.

THE PRACTICES ACCEPT ALMOST ALL INSURANCES, ARE CONNECTED THROUGH A SINGLE ELECTRONIC HEALTH RECORD SYSTEM, OFFER EXTENDED HOURS AND WALK-IN/URGENT CARE, HAVE MULTILINGUAL PROVIDERS AND STAFF, AND OFFER TRANSPORTATION ASSISTANCE.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

IN 2022, THE NETWORK GREW FURTHER TO INCLUDE MORE PRIMARY CARE PHYSICIANS
AND ADDITIONAL SPECIALTIES AND LOCATIONS. MORE THAN 1,464,000 PATIENT
ENCOUNTERS WERE CONDUCTED IN 2022.

CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CLINICAL SERVICES

OVER THE PAST DECADE, ENGLEWOOD HOSPITAL HAS INVESTED SIGNIFICANTLY IN
THE KEY CLINICAL SERVICES. AREAS OF CLINICAL EXCELLENCE AND STRATEGIC
FOCUS INCLUDE CARDIAC SURGERY AND CARDIAC CARE, CANCER CARE, ORTHOPEDIC
SURGERY, SPINE SURGERY, VASCULAR SURGERY, AND WOMEN'S HEALTH, AS WELL AS
BLOODLESS MEDICINE AND SURGERY.

BLOODLESS MEDICINE: OUR INSTITUTE FOR PATIENT BLOOD MANAGEMENT &
BLOODLESS MEDICINE AND SURGERY IS AN INTERNATIONAL LEADER IN
TRANSFUSION-FREE SURGERY AND THE OPTIMAL USE AND CONSERVATION OF BLOOD.
OVER THE YEARS, PATIENT BLOOD MANAGEMENT HAS EVOLVED FROM A FOCUS ON
CARING FOR PATIENTS FOR WHOM BLOOD TRANSFUSION IS NOT AN OPTION INTO AN
ELEVATED STANDARD OF CARE FOR ALL OUR PATIENTS, AS A RESULT OF ITS
DEMONSTRATED BENEFITS IN PATIENT SAFETY.

BREAST CARE: OUR LESLIE SIMON BREAST CARE AND CYTODIAGNOSIS CENTER HAS

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

LONG BEEN A MODEL FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER AND BENIGN BREAST DISEASE. IN RECENT YEARS, THE HOSPITAL HAS EXPANDED BREAST SERVICES TO THREE OFFSITE IMAGING LOCATIONS INCLUDING JERSEY CITY IN 2022.

CANCER: THE LEFCOURT FAMILY CANCER TREATMENT AND WELLNESS CENTER BRINGS TOGETHER PROVIDERS, STAFF, SERVICES, AND TECHNOLOGY IN A SINGLE CENTRALIZED LOCATION THAT EMBODIES A PATIENT-FIRST PHILOSOPHY. WE HAVE ALSO EXPANDED OUR OUTPATIENT ONCOLOGY SERVICES, INCLUDING RECRUITING SEVERAL NEW SPECIALISTS TO SERVE OUR HUDSON COUNTY PATIENTS. IN 2022, 1,535 PATIENTS WERE DIAGNOSED WITH CANCER AND TREATED AT ENGLEWOOD.

EMERGENCY MEDICINE AND EMERGENCY MEDICAL SERVICES: OUR EMERGENCY DEPARTMENT HAS CONTINUED AND ENHANCED ITS EFFORTS IN PATIENT SAFETY AND QUALITY, IMPLEMENTED CHANGES TO IMPROVE THE PATIENT EXPERIENCE, AND EXPANDED PROGRAMS AND SERVICES TO ADDRESS THE NEEDS OF OUR COMMUNITY.

HEART AND VASCULAR: THE ACQUISITION OF NEW TECHNOLOGY, OUR RAPIDLY EXPANDING EXPERTISE IN MINIMALLY INVASIVE AND CATHETER-BASED TREATMENTS, AND INCREASED COORDINATION WITH OUR PHYSICIAN PRACTICES HAVE MADE THIS A DYNAMIC TIME IN THE TREATMENT OF PATIENTS WITH HEART AND VASCULAR DISEASE. IN 2022, WE PERFORMED 49,000 HEART AND VASCULAR PROCEDURES, INCLUDING OPEN HEART SURGERY.

IMAGING: HIGH-TECH TOOLS ARE ESSENTIAL TO MAKING A PRECISE DIAGNOSIS AND

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2022

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

DELIVERING HIGH-QUALITY CARE. WE HAVE INVESTED IN STATE-OF-THE-ART
DIAGNOSTIC IMAGING TECHNOLOGY, INTRODUCED NEW IMAGING SERVICES, AND
EXPANDED OUR LEADING DIAGNOSTIC SERVICES INTO ADDITIONAL COMMUNITIES. IN
2022, ENGLEWOOD HOSPITAL IMAGING AT JERSEY CITY OPENED.

JOINT AND SPINE: AS THE POPULATION AGES, ORTHOPEDIC AND SPINAL CARE ARE
INCREASINGLY IMPORTANT SERVICES FOR OUR COMMUNITY. PATIENTS NEEDING A HIP
OR KNEE REPLACEMENT OR SPINAL SURGERY HAVE BENEFITED FROM AN
INTERDISCIPLINARY TEAM COMMITTED TO IMPROVING QUALITY OF LIFE, MINIMIZING
PAIN, AND MAXIMIZING MOBILITY. THE HOSPITAL WAS RE-ACCREDITED BY THE
JOINT COMMISSION IN 2021 FOR HIP REPLACEMENT, KNEE REPLACEMENT, AND
SPINAL FUSION. IN 2022, WE PERFORMED 1,265 TOTAL JOINT REPLACEMENTS AND
SPINE SURGERIES.

MATERNITY: OUR MATERNITY UNIT IS A BUSY CENTER OFFERING COMPASSIONATE,
EXPERT CARE IN AN ENVIRONMENT WHERE PATIENTS CAN FEEL AT HOME. IN 2022,
MORE THAN 3,150 BABIES WERE BORN AT OUR HOSPITAL.

PATIENT SAFETY, QUALITY & EXPERIENCE

=====

AS THE HEALTHCARE INDUSTRY CONTINUES TO PAY GREATER ATTENTION TO THE
VALUE OF CARE PROVIDED, OUR EFFORTS TO IMPROVE PATIENT SAFETY, QUALITY,
AND EXPERIENCE REMAIN UNWAVERING. EVERY DAY WE STRIVE TO DELIVER THE BEST
EXPERIENCE POSSIBLE FOR PATIENTS AND THEIR FAMILIES. THIS CAN BE ACHIEVED

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

ONLY BY REMAINING VIGILANT ABOUT PATIENT SAFETY; CREATING A WELCOMING,
PATIENT-CENTERED ENVIRONMENT THAT EMPHASIZES HEALING; PROVIDING TOOLS AND
SUPPORT THAT EMPOWER STAFF TO PROVIDE THE HIGHEST-QUALITY CARE, TAILORED
TO WHAT'S IMPORTANT TO PATIENTS; AND BEING TRANSPARENT WITH OUTCOMES DATA
SO PATIENTS CAN MAKE INFORMED DECISIONS ABOUT THEIR CARE. WE HAVE A PROUD
RECORD OF ACHIEVEMENT IN PATIENT SAFETY AND QUALITY, REFLECTED IN AWARDS
RECEIVED FROM EXTERNAL RATING AGENCIES, AND CONTINUALLY SEEK TO FURTHER
ENHANCE OUR PERFORMANCE.

AWARDS AND ACCOLADES

AMONG THE AWARDS AND ACCOLADES THAT ENGLEWOOD HOSPITAL RECEIVED IN 2022
ARE:

US NEWS AND WORLD REPORT BEST REGION-AL HOSPITAL; HIGH PERFORMING IN
COPD, COLON CANCER SURGERY, HEART ATTACK, HEART FAILURE, HIP FRACTURE,
KIDNEY FAIL-URE, LUNG CANCER SURGERY, ORTHOPEDICS; STROKE; AND MATERNITY
CARE.

THE LEAPFROG GROUP SPRING 2022 AND FALL 2022 HOSPITAL SAFETY GRADE "A";
LEAPFROG TOP HOSPITAL AWARD.

AMERICAN COLLEGE OF CARDIOLOGY'S NCDR CHEST PAIN-MI REGISTRY SILVER
PERFORMANCE ACHIEVEMENT AWARD FOR 2022.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

AMERICAN HEART ASSOCIATION'S SILVER PLUS GET WITH THE GUIDELINES® -
STROKE QUALITY ACHIEVEMENT AWARD.

A 3-STAR RATING FROM THE SOCIETY OF THORACIC SURGEONS -THE HIGHEST
POSSIBLE QUALITY RATING-FOR TRANSCATHETER AORTIC VALVE REPLACEMENT
(TAVR).

TRANSCATHETER VALVE CERTIFICATION BY THE AMERICAN COLLEGE OF CARDIOLOGY
(ACC).

MOST WIRED HOSPITAL AWARD IN THE 2022 DIGITAL HEALTH MOST WIRED SURVEY.

PANCREATIC CANCER "CENTER OF EXCELLENCE" DESIGNATION BY THE NATIONAL
PANCREAS FOUNDATION (NPF) FOR THE LEFCOURT FAMILY CANCER TREATMENT AND
WELLNESS CENTER.

ENGLEWOOD HEALTH'S EMERGENCY MEDICAL SERVICES (EMS) RECEIVED ITS SIXTH
CONSECUTIVE AMERICAN HEART ASSOCIATION'S MISSION: LIFELINE® EMS GOLD PLUS
ACHIEVEMENT AWARD.

REACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
(NAPBC), A QUALITY ASSURANCE PROGRAM ADMINISTERED BY THE AMERICAN COLLEGE
OF SURGEONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

HEALTHGRADES EXCELLENCE AWARDS IN PATIENT SAFETY, LABOR AND DELIVERY, AND
OBSTETRICS AND GYNECOLOGY; 5 STARS IN C-SECTION DELIVERY, GALL BLADDER
RE-MOVAL, HIP FRACTURE TREATMENT, REPAIR OF ABDOMINAL AORTA, SPINAL
FUSION, SPINE SURGERY, TREATMENT OF HEART ATTACK, VAG-INAL DELIVERY.

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

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

CORE FORM, PART V; QUESTION 15

WARREN GELLER AND ANTHONY T. ORLANDO ARE OFFICERS OF THIS ORGANIZATION
AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF THIS ORGANIZATION. MR.
GELLER AND MR. ORLANDO ARE EMPLOYED BY THIS ORGANIZATION AND RECEIVE A
FEDERAL FORM W-2. ACCORDINGLY, THEIR COMMON LAW EMPLOYER/EMPLOYEE
RELATIONSHIP IS WITH ENGLEWOOD HOSPITAL (EIN: 22-1487173). ENGLEWOOD

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

HOSPITAL FILED A 2022 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX
RELATED TO THEIR RESPECTIVE COMPENSATION IN EXCESS OF \$1M.

CORE FORM, PART VI, SECTION A; QUESTION 2

RICHARD LERNER & ARI NAIM - BUSINESS RELATIONSHIP.

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

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

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

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

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

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

CORE FORM, PART VI, SECTION B; QUESTION 12

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THE ORGANIZATION AND SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES AND CERTAIN OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE SYSTEM'S DIRECTOR OF AUDIT/COMPLIANCE FOR REVIEW.

THE ORGANIZATION'S GOVERNING BODY HAS A NOMINATING AND GOVERNANCE COMMITTEE ("COMMITTEE") WHICH IS COMPRISED OF MEMBERS ITS GOVERNING BOARD AS WELL AS TRUSTEES OF ENGLEWOOD HEALTH. THE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE CONFLICT OF INTEREST DISCLOSURE AND REVIEW PROCESS.

CORE FORM, PART VI, SECTION B; QUESTION 15

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR
MANAGEMENT OF THE ORGANIZATION IS REASONABLE.

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

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED
BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED
ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH
RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO
COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS
DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION.

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

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

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

THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

CORE FORM, PART VI, SECTION C; QUESTION 18

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

CORE FORM, PART VI, SECTION C; QUESTION 19

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

CORE FORM, PART VII AND SCHEDULE J

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

CORE FORM, PART XI; QUESTION 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE:

- CHANGE IN MINIMUM PENSION LIABILITIES - (\$2,087,400);
- CHANGE IN MINIMUM POST-RETIREMENT HEALTH LIABILITIES - \$126,566;
- CHANGE IN INTEREST IN NET ASSETS OF ENGLEWOOD HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.; A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - \$3,807,305;
- EQUITY TRANSFER FOR CAPITAL PURPOSES - \$7,324,069; AND
- CUMULATIVE EFFECT OF CHANGES IN ACCOUNTING STANDARD ASC 842 - (\$4,604,942).

CORE FORM, PART XII; QUESTION 2

THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF ENGLEWOOD HOSPITAL AND SUBSIDIARIES, FOR THE YEARS ENDED DECEMBER 31, 2022 AND DECEMBER 31, 2021; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

22-1487173

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

CORE FORM, PART XII; QUESTION 3A

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

Name of the organization

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

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

=====

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

Name of the organization

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
QUEST DIAGNOSTICS, INC. P.O. BOX 740709 ATLANTA, GA 30374	LABORATORY	11,124,860.
CROTHALL HEALTHCARE, INC. 1500 LIBERTY RIDGE DRIVE, SUITE 210 WAYNE, PA 19087	ENVIRONMENTAL	8,110,950.
EPIC SYSTEMS CORPORATION P.O. BOX 88314 MILWAUKEE, WI 53288-0314	IT	7,277,956.
NIGHTINGALE NURSES DRAWER 1256 TROY, MI 48007-5935	STAFFING	4,973,371.
STRUCTURE TONE, LLC 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE, NJ 07095	CONTRACTOR	4,457,568.

Name of the organization

Employer identification number

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
PHYSICIAN FEES	335,450,161.	333,636,282.	1,813,879.	NONE
NJ HEALTHCARE SUBSIDY FND	4,318,140.	NONE	4,318,140.	NONE
NURSE PRACTITIONER FEES	4,213,620.	4,213,620.	NONE	NONE
CONSULTING FEES	2,678,225.	662,593.	2,015,632.	NONE
OTHER PROFESSIONAL FEES	2,101,419.	418,639.	1,682,780.	NONE
TRANSCRIPTION FEES	112,418.	NONE	112,418.	NONE
 TOTALS	 ----- 348,873,983. -----	 ----- 338,931,134. -----	 ----- 9,942,849. -----	 ----- NONE -----

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number

22-1487173

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

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

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

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

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDICAL ASSOCIATES OF ENGLEWOOD, PC	D	2,107,385.	COST
(2) MEDICAL ASSOCIATES OF ENGLEWOOD, PC	J	54,600.	COST
(3) ENGLEWOOD MEDICAL ASSOCIATES	E	3,807,522.	COST
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

SCHEDULE R, PART V

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

RENT AND ROYALTY INCOME

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

DESCRIPTION OF PROPERTY
RENTAL INCOME

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

TYPE OF PROPERTY:		
REAL RENTAL INCOME		
OTHER INCOME:		
RENTAL INCOME	758,135.	
TOTAL GROSS INCOME		758,135.

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		758,135.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		758,135.

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED

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

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE
=====

OTHER INCOME

RENTAL INCOME

758,135.

758,135.
=====

RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RENTAL INCOME	758,135.			758,135.
TOTALS	----- 758,135. =====	----- =====	----- =====	----- 758,135. =====

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **27**

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

Name(s) shown on return ENGLEWOOD HOSPITAL AND MEDICAL CENTER		Identifying number 22-1487173
1a	Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	
1b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	
1c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.						
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is not zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
							40,850.
11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable.						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16.						17 40,850.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4.						18b

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

