7529MK U600 ...

28

JSA 9X2740 1 000

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27. .

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form 990-T (2019)

1,500.

-1,482.

-1,482.

27

28

29

30

յ§ign l	Envelope tD 46C9C487-5562-4539-9FEF-AD42DCE1D435		
Form	990 (2019) ENGLEWOOD HOSPITAL	AND MEDICAL CENTER	22-1487173 Page 2
	Total Unrelated Business Taxable Incom	e	
	Total of unrelated business taxable income computed fro		3
	instructions)		
33	Amounts paid for disallowed fringes		
34	Charitable contributions (see instructions for limitation rules)		
35	Total unrelated business taxable income before pre-2018		
	34 from the sum of lines 32 and 33		35 -1,482.
36	Deduction for net operating loss arising in tax years		
	instructions)		35
37	Total of unrelated business taxable income before specific deduc		
38	Specific deduction (Generally \$1,000, but see line 38 instructions	for exceptions)	38 1,000.
39	Unrelated business taxable income Subtract line 38 from		
	enter the smaller of zero or line 37	<u> </u>	39 −1,482.
Par	t IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% ((0 21)	40
41	-	for tax computation Income tax on	
	the amount on line 39 from Tax rate schedule or	Schedule D (Form 1041) ▶	41
42	Proxy tax. See instructions		42
43	Alternative minimum tax (trusts only)		43
44	Tax on Noncompliant Facility Income. See instructions		44
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u> </u>	45
Par	V Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Fo	orm 1116) 46a	_
b	Other credits (see instructions)		<u> </u>
С	General business credit Attach Form 3800 (see instructions)		_
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]
е	Total credits. Add lines 46a through 46d		46e
47	Subtract line 46e from line 45		
48	Other taxes Check if from Form 4255 Form 8611 Form	8697 Form 8866 Other (attach schedule) .	
49	Total tax. Add lines 47 and 48 (see instructions)		49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Pa	art II, column (k), line 3. j	50
	Payments A 2018 overpayment credited to 2019		<u> </u>
b	2019 estimated tax payments	ub $51b$ $145,000.$	
	Tax deposited with Form 8868		<u> </u>
d	Foreign organizations Tax paid or withheld at source (see instruction		_
	Backup withholding (see instructions)		_
f	Credit for small employer health insurance premiums (attach Form		<u> </u>
	Other credits, adjustments, and payments Form 2439		
1	Form 4136 Other	Total ► 51g	
	Total payments. Add lines 51a through 51g		52 145,000.
	Estimated tax penalty (see instructions) Check if Form 2220 is atta		53
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, en		
	Overpayment If line 52 is larger than the total of lines 49, 50, an		
	Enter the amount of line 55 you want		
Pari			
	At any time during the 2019 calendar year, did the organ		
	over a financial account (bank, securities, or other) in a f		
	FinCEN Form 114, Report of Foreign Bank and Financial	Accounts If "Yes," enter the name of the	
	here ►		X
58	During the tax year, did the organization receive a distribution from	m, or was it the grantor of, or transferor to, a fore	eign trust? X
	If "Yes," see instructions for other forms the organization may have		
59	Enter the amount of tax-exempt interest received or accrued during	g the tax year ► \$	
	Under penalties of penury, I declare that I have examined this return, inc. true, correct, and comprehensives that I have examined this return, inc.	cluding accompanying schedules and statements, and to the lider on all information of which preparer has any knowledge.	pest of my knowledge and belief, it is
Sign	1 1 O.J. 1.	Mi	ay the IRS discuss this return
Here			th the preparer shown below
	Signature of officer C0EE33417648437. Date		ee instructions)? X Yes No
Paid	Print/Type preparer's name Preparer's s	Chec	
. aiu	SCOTT T MARTANT	10/30/2020 colf.	employed P00642486

Preparer Use Only

P00642486

self-employed

Firm's EIN ▶ 22-2027092

SCOTT J MARIANI

Firm's name ► WITHUMSMITH+BROWN, PC

Firm's address ▶ 200 JEFFERSON PARK SUITE 400, WHIPPANY, NJ 07981-1070

Form 990-T (2019)									¹Page 3
Schedule A - Cost of Go	oods Sold. Er	nter method	d of invent	ory valuatio	n J	>			
1 Inventory at beginning of y	/ear . 1			6 Invento	огу а	at end of yea	ar	6	
2 Purchases	2			7 Cost	of	goods so	ld Subtract line		
3 Cost of labor	3			6 from	ılır	ne 5 Enter	here and in Part		
4a Additional section 263A co	osts			I, line 2	2.			7_	
(attach schedule)	4a			8 Do th	e	rules of	section 263A (w	ith re	espect to Yes No
b Other costs (attach schedu	ıle) . 4b						or acquired for		
5 Total. Add lines 1 through				to the o	orga	anization?.			N/A
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Propei	rty	Leased V	Vith Real Proper	ty)	
(see instructions)									
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accru	ed						
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	age of rent fo	personal prope or personal prop based on profi	erty	exceeds			onnected with the income !(b) (attach schedule)
(1)									
(2)									
(3)	- ·								÷
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter					(b) Total deduction Enter here and on		1
here and on page 1, Part I, line 6							Part I, line 6, colum		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	ee instruct	ions)					
			2 Gross	income from or	r	3 0	Deductions directly con debt-finance		
1 Description of deb	ot-financed property			to debt-finance	d	(a) Straigh	7		(b) Other deductions
			Р	roperty			ch schedule)	(attach schedule)	
(1)									
(2)									
(3)									
(4)				_	_				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sche	ble to property	4	Column divided column 5			income reportable n 2 x column 6)		Allocable deductions umn 6 x total of columns 3(a) and 3(b))
(1)					%				
(2)					%				
(3)				•	%		- '		
(4)					%				
							e and on page 1, e 7, column (A)		er here and on page 1, t I, line 7, column (B)
					.		1		

Form **990-T** (2019)

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Form 990-T (2019)	ENGLEWOO	DD HC	SPIT	AL A	AND MEDI	CAL C	ENTER		- 2	22-1	487173 F	Page 4
Schedule F - Interest, Ann	uities, Royaltie	s, and	l Rent	s Fr	om Contro	lled O	rganiz	ations (se	e instructi	ions)		
***			Exem	pt Co	ntrolled Or	ganızatı	ons					_
1 Name of controlled organization	2 Employer identification numb	per	3 Net unrelated income (loss) (see instructions) 4 Total of payment		-	ed included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions dir connected with in in column 5	•		
(1)					-	_	-					
(2)		1										
(3)												
(4)						l					<u> </u>	
Nonexempt Controlled Organi	zations					_						
7 Taxable Income	8 Net unrelated ii (loss) (see instruc				Total of specific ayments made		incl	uded in the co	art of column 9 that is ded in the controlling zation's gross income		11 Deductions directly connected with income in column 10	
(1)											. <u></u>	
(2)											·	
(3)					_				_	<u> </u>		
(4)			<u></u>							<u> </u>		
Tatala						•	Ente	d columns 5 a er here and on t I, line 8, colu	page 1,	Er	dd columns 6 and 1 Iter here and on page art I, line 8, column (8	1 ,
Schedule G-Investment I	ncome of a Sec	ction	501(c)(7).	(9), or (17		nizatio	n (see ins	tructions)	<u></u>		
1 Description of income	2 Amount o			<u>, (,),</u>	3 Deduction directly cortiated school	tions nected		4 Se	t-asides schedule)		5 Total deductio and set-asides (co plus col. 4)	ns xl 3
(1)					(attach sci	icauicy			·		pido dai 47	
(2)				-								
(3)	-											
(4)					•							
	Enter here and Part I, line 9, c						•				Enter here and on p Part I, line 9, colum	
Totals ▶	<u> </u>											
Schedule I-Exploited Exe	empt Activity In	come	, Othe	r Th	an Adverti	ising Ir	come	(see instru	ctions)		1	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	con	Expense directly nected voluction in the control of	vith of	4 Net inconfrom unrelated or business 2 minus coll f a gain, coll 5 three	ed tradé (column lumn 3) ompute	from IS no	oss income activity that it unrelated ess income	6 Expe attributa colum	able to	7. Excess exer expenses (column 6 mir column 5, but more than column 4)	nus not
(1)												
(1) (2)						-			1			
(3)												
(4)												
· · · · · · · · · · · · · · · · · · ·	Enter here and on page 1, Part I, line 10, col (A)	pag	here an ge 1, Par 10, col	t I,							Enter here ar on page 1, Part II, line 2	
Totals												
Schedule J- Advertising Ir					idated Dec							
Part I Income From Per	lodicais Repor	tea or	i a Co	iisoi	Tuateu bas	515			<u> </u>			
1 Name of periodical	2 Gross advertising income		3 Direct		4 Advertigan or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		Circulation ncome	6 Read		7 Excess reade costs (column minus column 5 not more tha column 4)	n 6 5, but
(1)	· -											
(2)												
(3)												
(4)												
									1		1	

Form **990-T** (2019)

Totals (carry to Part II, line (5))

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

22-1487173

one 5

	(= · · · /			
Part II	Income From Periodicals Reported on a Separate	e Basis (For each periodica	al listed in Part II, fill ii	n columns
	2 through 7 on a line-by-line basis)			

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)					-	
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶					i	
Schedule K - Compensatio	n of Officers, [Directors, and Tr	ustees (see instr	uctions)		
1 Name		2 Title		3 Percent of time devoted to business	Compensation attributable to unrelated business	

1 Name 2 Title time devoted to business unrelated business

(1) %

(2) %

(1)
(2)
(3)
(4)

Total Enter here and on page 1, Part II, line 14.

Form **990-T** (2019)

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ENGLEWOOD	HOSPITAL	AND	MEDICAL	CENTER

22-1487173

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

ENGLEWOOD HEALTHCARE SYSTEM, INC. 22-2749097

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22-1487173

ATTACHMENT	2	-

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

THE BLACKSTONE GROUP, L.P.

18.

INCOME (LOSS) FROM PARTNERSHIPS

18.

22-1487173

ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

1,500.

PART II - LINE 27 - OTHER DEDUCTIONS

1,500.