

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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

C Name of organization
ENGLEWOOD HOSPITAL AND MEDICAL CENTER

% ANTHONY T ORLANDO

Doing business as
ENGLEWOOD HOSPITAL

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
350 ENGLE STREET

City or town, state or province, country, and ZIP or foreign postal code
ENGLEWOOD, NJ 07631

D Employer identification number
22-1487173

E Telephone number
(201) 894-3275

G Gross receipts \$ 770,272,641

F Name and address of principal officer:
WARREN GELLER
350 ENGLE STREET
ENGLEWOOD, NJ 07631

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.ENGLEWOODHEALTH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1888 **M** State of legal domicile: NJ

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,389
6 Total number of volunteers (estimate if necessary)	6	789
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	18
7b Net unrelated business taxable income from Form 990-T, line 39	7b	-1,482

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,753,141	4,631,369
9 Program service revenue (Part VIII, line 2g)	658,449,175	760,399,810
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,259,944	1,991,737
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,664,599	3,249,725
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	666,126,859	770,272,641
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	203,215,006	211,366,035
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	448,128,065	513,867,286
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	651,343,071	725,233,321
19 Revenue less expenses. Subtract line 18 from line 12	14,783,788	45,039,320

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	591,655,375	624,060,471
21 Total liabilities (Part X, line 26)	331,709,889	307,840,215
22 Net assets or fund balances. Subtract line 21 from line 20	259,945,486	316,220,256

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 2020-11-09

WARREN GELLER PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00642486

Firm's name ▶ WithumSmithBrown PC Firm's EIN ▶

Firm's address ▶ 200 Jefferson Park Suite 400
Whippany, NJ 079811070 Phone no. (973) 898-9494

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the 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.

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 \$ 621,915,087 including grants of \$ 0) (Revenue \$ 760,399,828)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 621,915,087

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 25. Row 1b: 23. Rows 2-9 contain questions about governance and management with Yes/No columns.

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

Table with 16 rows and 3 columns (10a-16b, Yes, No). Contains questions about local chapters, conflict of interest, whistleblower policy, document retention, and compensation.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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 VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns. Rows include 2a NET PATIENT SERVICE REVENUE, 2b OTHER HEALTHCARE RELATED REVENUE, 2c RENTAL INCOME FROM AFFILIATES, 2d, 2e, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with 5 columns. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Net income from fundraising events, 9a-9c Net income from gaming activities, 10a-10c Net income from sales of inventory, 11a-11e Miscellaneous Revenue, and 12 Total revenue.

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

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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,151,000	36,500	3,114,500	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	171,564,962	139,206,666	32,358,296	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,313,028	6,041,258	1,271,770	
9 Other employee benefits	13,032,804	10,118,855	2,913,949	
10 Payroll taxes	16,304,241	13,659,678	2,644,563	
11 Fees for services (non-employees):				
a Management	870,480	870,480		
b Legal	3,419,098	459,603	2,959,495	
c Accounting	209,485		209,485	
d Lobbying	80,736		80,736	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	227,037,142	215,491,607	11,545,535	0
12 Advertising and promotion	4,312,924	3,583,087	729,837	
13 Office expenses	1,728,549	1,261,731	466,818	
14 Information technology	13,693,222	8,664,628	5,028,594	
15 Royalties	0			
16 Occupancy	11,725,079	5,233,527	6,491,552	
17 Travel	592,972	458,530	134,442	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	334,723	310,308	24,415	
20 Interest	6,559,054	6,559,054		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	37,931,146	29,702,572	8,228,574	
23 Insurance	5,373,535	3,224,408	2,149,127	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	95,848,112	95,803,649	44,463	0
b PHARMACEUTICALS/DRUGS	60,645,277	60,542,654	102,623	0
c CONTRACTED SERVICES	35,851,022	16,906,911	18,944,111	0
d FOOD/DIETARY	2,474,715	2,474,715	0	0
e All other expenses	5,180,015	1,304,666	3,875,349	
25 Total functional expenses. Add lines 1 through 24e	725,233,321	621,915,087	103,318,234	0
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	10,683,658	1	12,839,867
	2 Savings and temporary cash investments	8,492,591	2	8,977,828
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	62,652,066	4	68,044,762
	5 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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	2,371,043	7	2,371,043
	8 Inventories for sale or use	15,619,670	8	16,526,869
	9 Prepaid expenses and deferred charges	6,638,144	9	5,035,096
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 787,555,628		
	b Less: accumulated depreciation	10b 464,430,533	322,988,993	10c 323,125,095
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	141,380,492	13	153,483,147
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	20,828,718	15	33,656,764
16 Total assets. Add lines 1 through 15 (must equal line 34)	591,655,375	16	624,060,471	
Liabilities	17 Accounts payable and accrued expenses	73,649,205	17	76,180,068
	18 Grants payable	0	18	0
	19 Deferred revenue	176,799	19	190,818
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	180,895,183	23	164,533,006
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	76,988,702	25	66,936,323
	26 Total liabilities. Add lines 17 through 25	331,709,889	26	307,840,215
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	193,749,876	27	239,944,880
	28 Net assets with donor restrictions	66,195,610	28	76,275,376
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	259,945,486	32	316,220,256	
33 Total liabilities and net assets/fund balances	591,655,375	33	624,060,471	

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	770,272,641
2	Total expenses (must equal Part IX, column (A), line 25)	2	725,233,321
3	Revenue less expenses. Subtract line 2 from line 1	3	45,039,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	259,945,486
5	Net unrealized gains (losses) on investments	5	583,745
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 in Schedule O)	9	10,651,705
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	316,220,256

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 in 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 in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 22-1487173

Name: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
WARREN GELLER SECRETARY - TRUSTEE; PRES/CEO	55.0 8.0	X		X				1,223,019	0	200,065
ANTHONY T ORLANDO SVP FINANCE/CFO	55.0 8.0			X				663,517	0	59,743
KATHLEEN KAMINSKY MS SVP, PATIENT SVCS/CNO	55.0 0.0			X				455,411	0	57,718
PATRICIA G WILSON SVP HUMAN RESOURCES/CHRO	55.0 0.0					X		418,862	0	60,550
MICHAEL PIETROWICZ SVP PLANNING & PROG DEV/CSO	55.0 2.0					X		410,423	0	59,673
HELENE WOLK SVP OPERATIONS/COO	55.0 0.0			X				430,040	0	24,987
RAVIKANTH KOGANTI VP IT/CHIEF INFO OFFICER	55.0 0.0					X		308,767	0	31,996
KATHERINE COUSINEAU CHIEF PERFUSIONIST	55.0 0.0					X		280,096	0	38,546
ALICIA PARK VP COMMUNICATIONS/CCO	55.0 0.0					X		279,845	0	8,297
MARK SHAPIRO MD TRUSTEE	1.0 54.0	X						0	250,000	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
GERALD LEE MD TRUSTEE (TERMED 4/25/19)	1.0	X						26,750	9,750	0
THOMAS C SENTER ESQ CHAIRMAN - TRUSTEE	14.0	X		X				0	0	0
STEVEN E SIESSER ESQ VICE CHAIRMAN - TRUSTEE	2.0	X		X				0	0	0
JONATHAN ABAD TREASURER - TRUSTEE	1.0	X		X				0	0	0
DAVID ABRAMSON MD TRUSTEE	2.0	X						0	0	0
YALE BLOCK TRUSTEE	1.0	X						0	0	0
ANA BURGA TRUSTEE (EFFECTIVE 9/23/19)	2.0	X						0	0	0
IN JIN CHOI TRUSTEE	0.0	X						0	0	0
IRA COHEN TRUSTEE	1.0	X						0	0	0
ANDREW F DURKIN TRUSTEE	1.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
RONALD GOLD TRUSTEE	1.0	X						0	0	0
RICHARD HAN TRUSTEE (EFFECTIVE 10/1/19)	1.0	X						0	0	0
CLARICE MAY JACOBSON TRUSTEE (EFFECTIVE 10/1/19)	1.0	X						0	0	0
SUN CHONG KIM TRUSTEE	1.0	X						0	0	0
JONATHAN LEFCOURT TRUSTEE	1.0	X						0	0	0
RICHARD LERNER TRUSTEE	1.0	X						0	0	0
GREGG LOBEL MD TRUSTEE	1.0	X						0	0	0
ROBERT F MANGANO TRUSTEE	2.0	X						0	0	0
JAY C NADEL TRUSTEE	5.0	X						0	0	0
LEON REDENSKY TRUSTEE	1.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
STEVEN RUDNITSKY TRUSTEE	1.0 1.0	X						0	0	0
MARK SAPIENZA MD TRUSTEE - MED STAFF PRES	3.0 0.0	X						0	0	0
LISA SEPULVEDA TRUSTEE	1.0 0.0	X						0	0	0
LAURENCE SHADEK TRUSTEE (EFFECTIVE 10/1/19)	1.0 0.0	X						0	0	0
CHRIST ECONOMOUS TRUSTEE (TERMED 9/23/19)	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
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 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 or 990-EZ).)
- 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 **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 in 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 five 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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in 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>		
	9b		
c	Did a disqualified person (as defined in 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>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
b	Did the activities described in (a) 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 (a) and (b) 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>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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 22-1487173

Name: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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 the organization ENGLEWOOD HOSPITAL AND MEDICAL CENTER	Employer identification number 22-1487173
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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				

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 (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	80,736	80,736
c Total lobbying expenditures (add lines 1a and 1b)	80,736	80,736
d Other exempt purpose expenditures	725,164,798	725,164,798
e Total exempt purpose expenditures (add lines 1c and 1d)	725,245,534	725,245,534
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	65,757	87,650	88,837	80,736	322,980
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 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 expenditure 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.

Return Reference	Explanation
SCHEDULE C, PART II-A, LINE 2C	THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTHCARE SYSTEM, INC. ("ENGLEWOOD HEALTH") AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HOSPITAL ENGAGES IN LOBBYING EFFORTS ON A FEDERAL AND STATE LEVEL. DURING 2019, 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 \$32,736 DURING 2019. 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 2019. ONE OF THE FUNCTIONS OF FAIR SHARE IS TO ENGAGE IN LOBBYING ACTIVITIES PERFORMED ON BEHALF OF ITS MEMBER HOSPITALS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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
ENGLEWOOD HOSPITAL AND MEDICAL CENTER
Employer identification number
22-1487173

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
 - 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted 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 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		193,566,710	72,166,050	121,400,660
c Leasehold improvements				
d Equipment		584,687,084	390,642,917	194,044,167
e Other		9,121,246	1,621,566	7,499,680
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				323,125,095

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	11,728,035	F
(2) GOVT & FIXED INCOME SECURITIES	40,775,887	F
(3) ACCRUED INTEREST	39,028	F
(4) EQUITIES	156,179	F
(5) MORTGAGE RESERVE FUND	15,939,770	F
(6) PROCEEDS UNDER LEASE AGREEMENT	2,644,812	F
(7) OTHER INVESTMENTS	5,924,060	F
(8) INVESTMENTS IN EHF NET ASSETS	76,275,376	F
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	153,483,147	

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	16,338,783
(2) OTHER RECEIVABLES	6,697,170
(3) OTHER ASSETS	10,620,811
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	33,656,764

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	66,936,323

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-1487173
Name: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
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, 2019 AND DECEMBER 31, 2018; RESPECTIVELY. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S 2019 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 2019 AND 2018.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

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	Yes	
1b If "Yes," was it a written policy?	Yes	
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 <i>free</i> 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 _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 _____ 900 %	Yes	
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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
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?		No
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			22,451,689	1,112,422	21,339,267	2.940 %
b Medicaid (from Worksheet 3, column a)			81,717,925	46,188,984	35,528,941	4.900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			104,169,614	47,301,406	56,868,208	7.840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,146,915		1,146,915	0.160 %
f Health professions education (from Worksheet 5)			14,100,169	361,825	13,738,344	1.890 %
g Subsidized health services (from Worksheet 6)			162,639,962	95,545,721	67,094,241	9.250 %
h Research (from Worksheet 7)			473,598	77,829	395,769	0.060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			328,210		328,210	0.050 %
j Total. Other Benefits			178,688,854	95,985,375	82,703,479	11.410 %
k Total. Add lines 7d and 7j			282,858,468	143,286,781	139,571,687	19.250 %

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?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	20,555,000
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.	3	3,615,625
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	149,862,163
6	Enter Medicare allowable costs of care relating to payments on line 5	6	241,986,229
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-92,124,066
8	Describe in Part VI the extent to which any shortfall reported in 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?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

1

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

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

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)
 ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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?		No
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.		No
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):	Yes	
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: 20 <u>19</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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
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.	Yes	
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):	Yes	
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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.ENGLEWOODHEALTH.ORG</u>	Yes	
a			
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		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:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>900</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 discount		
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?	Yes	
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):	Yes	
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):	Yes	
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 LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		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?	17	Yes
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? 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)	19	No
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 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? 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)	21	Yes
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Part V Facility Information *(continued)*

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

ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

- 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** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

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.

	Yes	No
23		No
24		No

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART I, LINE 3C</p>	<p>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 - 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")</p> <p>=====</p> <p>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 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 ----- 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I; QUESTION 6A	NOT APPLICABLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	NOT APPLICABLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 17.59% OF THE TOTAL BAD DEBT EXPENSE. THIS PERCENTAGE REPRESENTS THE PORTION OF SELF-PAY INDIVIDUALS INCLUDED WITHIN THE BAD DEBT EXPENSE AMOUNT. HAD THESE INDIVIDUALS COMPLETED THE REQUIREMENTS NECESSARY TO APPLY FOR FINANCIAL ASSISTANCE, THEY WOULD HAVE LIKELY BEEN ELIGIBLE. THE ORGANIZATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND FINANCIAL ASSISTANCE POLICIES ARE CONSISTENTLY APPLIED.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, QUESTION 4</p>	<p>ENGLEWOOD HOSPITAL AND ITS SUBSIDIARIES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS. THE TEXT BELOW WAS OBTAINED FROM THE ENGLEWOOD HOSPITAL AND SUBSIDIARIES AUDITEE D CONSOLIDATED FINANCIAL STATEMENTS FOOTNOTES: PATIENT ACCOUNTS RECEIVABLE ----- ACCOUNTS RECEIVABLE ARE RECORDED AT NET REALIZABLE VALUE AT THE TRANSACTION PRICE BASED ON STANDARD CHARGES FOR SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO UNINSURED OR UNDERINSURED PATIENTS IN ACCORDANCE WITH THE HOSPITAL'S POLICIES, AND/OR IMPLICIT PRICE CONCESSIONS PROVIDED TO UNINSURED OR UNDERINSURED PATIENTS, AND DO NOT BEAR INTEREST. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT REVENUE IN THE PERIOD OF THE CHANGE. REVENUE RECOGNITION ----- NET PATIENT SERVICE REVENUES ARE RECOGNIZED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE HOSPITAL EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING COMMERCIAL AND GOVERNMENTAL PROGRAMS), AND OTHERS AND INCLUDES VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS AND INVESTIGATIONS. GENERALLY, THE HOSPITAL BILLS THE PATIENTS AND THIRD-PARTY PAYORS SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED AND/OR THE PATIENT IS DISCHARGED FROM THE FACILITY. REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE HOSPITAL. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL SERVICES INCURRED IN RELATION TO TOTAL EXPECTED (OR ACTUAL) PAYMENTS. THE HOSPITAL BELIEVES THAT THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIENTS IN THE HOSPITAL RECEIVING INPATIENT ACUTE CARE SERVICES. THE HOSPITAL MEASURES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE FACILITY TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME ARE RECOGNIZED WHEN SERVICES ARE PROVIDED AND THE HOSPITAL DOES NOT BELIEVE IT IS REQUIRED TO PROVIDE ADDITIONAL SERVICES TO THE PATIENT. GENERALLY, BECAUSE ALL THE HOSPITAL'S PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, THE HOSPITAL HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION PROVIDED IN ACCOUNTING STANDARD CODIFICATION (ASC) 606-10-50-14(A) AND, THEREFORE, THE HOSPITAL IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY UNSATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATIONS REFERRED TO ABOVE ARE PRIMARILY RELATED TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE CONTRACTS ARE GENERALLY COMPLETED WHEN THE PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WEEKS OF THE END OF THE REPORTING PERIOD. THE HOSPITAL DETERMINES THE TRANSACTION PRICE BASED ON STANDARD CHARGES FOR SERVICES PROVIDED, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO UNINSURED PATIENTS IN ACCORDANCE WITH THE HOSPITAL'S POLICY, AND/OR IMPLICIT PRICE CONCESSIONS PROVIDED TO UNINSURED PATIENTS. THE HOSPITAL DETERMINES ITS ESTIMATES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES AND HISTORICAL EXPERIENCE. THE HOSPITAL DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF PATIENTS. 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 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</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, QUESTION 4	<p>SPONSOR A BROAD RANGE OF SERVICES TO BOTH THE INDIGENT AS WELL AS THE BROADER COMMUNITY. COMMUNITY BENEFITS PROVIDED TO THE INDIGENT INCLUDE THE COST OF PROVIDING SERVICES TO PERSONS WHO CANNOT AFFORD HEALTH CARE DUE TO INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED. THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF: TRADITIONAL CHARITY CARE; UNPAID COSTS OF CARE PROVIDED TO BENEFICIARIES OF MEDICARE AND MEDICAID AND OTHER INDIGENT PUBLIC PROGRAMS. CHARITY CARE IS PROVIDED BY THE HOSPITAL TO PATIENTS WHO MEET CERTAIN CRITERIA DEFINED BY THE NEW JERSEY DEPARTMENT OF HEALTH ("DOH") WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. THE HOSPITAL REDUCES NET REVENUES IN ACCORDANCE WITH THESE CRITERIA. THE HOSPITAL'S RECORDS IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. COMMUNITY BENEFITS PROVIDED TO THE BROADER COMMUNITY INCLUDE THE COSTS OF PROVIDING SERVICES TO OTHER POPULATIONS WHO MAY NOT QUALIFY AS INDIGENT BUT MAY NEED SPECIAL SERVICES AND SUPPORT. THIS TYPE OF COMMUNITY BENEFIT INCLUDES THE COSTS OF: SERVICES SUCH AS HEALTH PROMOTION AND EDUCATION, 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 SERVICES AND IS ESTIMATED UTILIZING THE HOSPITAL'S RATIO OF COST TO GROSS CHARGES, WHICH IS THEN MULTIPLIED BY THE GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY PATIENTS. THE HOSPITAL RECEIVES PAYMENTS FROM THE NEW JERSEY HEALTH CARE SUBSIDY FUNDS FOR CHARITY CARE AND SUCH AMOUNTS TOTALED APPROXIMATELY \$1,100,000 AND \$900,000 FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY. THIS AMOUNT IS SUBJECT TO CHANGE FROM YEAR TO YEAR BASED ON AVAILABLE STATE AMOUNTS AND ALLOCATION METHODOLOGIES. CHARITY CARE SUBSIDIES AND DISTRIBUTIONS SUBSEQUENT TO JUNE 30, 2020 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 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, 2019 AND 2018, NET PATIENT SERVICE REVENUE WAS INCREASED BY APPROXIMATELY \$17,601,000 AND \$9,820,000, RESPECTIVELY, FOR FAVORABLE ADJUSTMENTS AND SETTLEMENTS RELATED TO PRIOR YEARS.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B; QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE 2019 MEDICARE COST REPORT. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). 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, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED; THE PROMOTION OF SOCIAL WELFARE; AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL MUST PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS WHO CANNOT PAY FOR SUCH SERVICES. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST." UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY THE DEPARTMENT OF TREASURY REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN 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, A</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B; QUESTION 8</p>	<p>ND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH; IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS; AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDEABLE ON THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA'S POSITION. AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. FROM THE LATEST DATA PROVIDED BY THE AHA, MEDICARE REIMBURSES HOSPITALS ONLY 87 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED 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 INCLUDEABLE ON THE FORM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS: - 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 BENEFIT, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE." - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE. UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY. PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES. BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE. THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFIT" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE; THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THAT THEY ARE GENERALIZABLE. AS OUTLINED BY THE AHA, DESPITE THE HOSPITAL'S BEST EFFORTS AND DUE DILIGENCE, PATIENT BAD DEBT IS A PART OF THE HOSPITAL'S MISSION AND CHARITABLE PURPOSES. BAD DEBT REPRESENTS PART OF THE BURDEN HOSPITALS SHOULDER IN SERVING ALL PATIENTS RE</p>

990 Schedule H, Scheduling Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B; QUESTION 9B	<p>IT IS THE POLICY OF ENGLEWOOD HOSPITAL TO TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY FOR ALL EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE SERVICES AND TO BILL AND COLLECT ACCOUNTS RECEIVABLE IN ACCORDANCE WITH ALL FEDERAL AND STATE BILLING AND COLLECTION REGULATIONS. ADDITIONALLY, IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(6), THE ORGANIZATION'S BILLING AND COLLECTION POLICY DOES CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE AS FURTHER OUTLINED BELOW. INCLUDED BELOW ARE THE PROCEDURES OUTLINED WITHIN THAT POLICY: 1) THE BILLS FOR ALL INSURED PATIENTS WILL BE SENT DIRECTLY FROM ENGLEWOOD HOSPITAL TO THE PATIENT'S INSURANCE COMPANY. IF THE INSURANCE COMPANY DENIES THE CLAIM FOR REASONS SUCH AS: BENEFITS EXHAUSTED, EXPERIMENTAL, MEDICAL NECESSITY, PRE-EXISTING CONDITION, NON-COVERED CHARGES, ETC. THE PATIENT WILL BE BILLED AT THE UNINSURED RATE OF PERCENTAGE OF GROSS CHARGES AS OUTLINED IN THE FINANCIAL ASSISTANCE POLICY. 2) IF A PATIENT'S INSURANCE PAYS THE CLAIM AND THERE IS A DEDUCTIBLE, CO-PAY, OR CO-INSURANCE AMOUNT DUE FROM THE PATIENT, THE HOSPITAL WILL BILL THE PATIENT THE AMOUNT INDICATED AS PATIENT RESPONSIBILITY BY THE INSURANCE COMPANY. 3) BILLS FOR UNINSURED PATIENTS ARE REDUCED TO A PERCENTAGE OF GROSS CHARGES AS DESCRIBED IN THE FINANCIAL ASSISTANCE POLICY. 4) PATIENTS WILL RECEIVE BILLING STATEMENTS AND COLLECTION LETTERS FROM ENGLEWOOD HOSPITAL ON ALL BALANCES THAT ARE DEEMED PATIENT RESPONSIBILITY. THE BILLING STATEMENTS AND COLLECTION LETTERS INCLUDE INFORMATION ABOUT FINANCIAL ASSISTANCE AVAILABILITY. 5) EMPLOYEES FROM THE FINANCIAL COUNSELING DEPARTMENT WILL ATTEMPT TO CONTACT THE PATIENT BY TELEPHONE ON UNPAID BALANCES OF \$5,000 OR GREATER THAT ARE DEEMED PATIENT RESPONSIBILITY. THEY WILL EXPLAIN THE AVAILABILITY OF FINANCIAL ASSISTANCE WHEN SPEAKING WITH THE PATIENT. ALL CALLS ARE DOCUMENTED WITHIN THE FINANCIAL SYSTEM 6) IN ADDITION TO FINANCIAL ASSISTANCE, PAYMENT PLANS WILL BE OFFERED TO PATIENTS. PATIENTS CAN MAKE MONTHLY PAYMENTS ON OUTSTANDING BALANCES. PAYMENT PLANS WILL BE APPROVED FOR A PERIOD OF ONE YEAR. PAYMENT PLANS BEYOND ONE YEAR MUST BE APPROVED BY THE FINANCIAL COUNSELING MANAGER. 7) ALL UNPAID BALANCES THAT ARE DUE FROM PATIENTS WILL BE REFERRED TO OUTSIDE COLLECTION AGENCIES AFTER COLLECTION ATTEMPTS BY ENGLEWOOD HOSPITAL HAVE FAILED. THE COLLECTION AGENCIES WILL ATTEMPT TO OBTAIN PAYMENT FROM THE PATIENT. IF FULL PAYMENT IS NOT RECEIVED, THE COLLECTION AGENCIES WILL NOTIFY THE PATIENT BY MAIL THAT THEY MAY PROCEED WITH EXTRAORDINARY COLLECTION ACTIONS ("ECAS") AS DEFINED IN INTERNAL REVENUE CODE SECTION 501(R) WHICH CAN INCLUDE FILING OF JUDGMENTS THAT INCLUDE WAGE GARNISHMENTS, SEIZING BANK ACCOUNTS, AND PLACING LIENS ON PROPERTY OWNED IN THE STATE OF NEW JERSEY. THE COLLECTION AGENCIES MUST NOTIFY THE PATIENT IN WRITING AT LEAST 30 DAYS BEFORE INITIATING ECAS. THE COLLECTION AGENCIES WILL REFRAIN FROM ENGAGING IN ECAS UNTIL AT LEAST 120 DAYS AFTER THE DATE OF THE FIRST POST-DISCHARGE BILLING STATEMENT SENT BY THE HOSPITAL. 8) ALL REFERRALS TO OUTSIDE COLLECTION AGENCIES ARE APPROVED BY THE FINANCIAL COUNSELING MANAGER. 9) REFER TO THE FINANCIAL ASSISTANCE POLICY FOR THE HOSPITAL'S FINANCIAL ASSISTANCE GUIDELINES. 10) REFER TO NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM/CHARITY CARE POLICY FOR PROCEDURES ON APPLYING FOR ASSISTANCE THROUGH THE NEW JERSEY HOSPITAL CARE PAYMENT ASSISTANCE PROGRAM/CHARITY CARE AT ENGLEWOOD HOSPITAL. IN ADDITION, ENGLEWOOD HOSPITAL DOES NOT ENGAGE IN ANY ACTIONS THAT DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE, SUCH AS BY 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</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 2	<p>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 ORGANIZATIONS 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 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 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.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 3	<p>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 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. 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).</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 4	<p>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: AGE, RACE/ETHNICITY, AND FOREIGN BORN ----- BERGEN COUNTY HAS THE SECOND HIGHEST PERCENTAGE OF ADULTS 65 AND OVER AMONG ALL COUNTIES IN NEW JERSEY. THE PERCENTAGE OF BERGEN COUNTY RESIDENTS OVER THE AGE OF 65 (16.4%) WAS SIGNIFICANTLY HIGH COMPARED TO NEW JERSEY OVERALL (15.1%). THE MEDIAN AGE IN BERGEN COUNTY (41.6) WAS ALSO HIGHER THAN NEW JERSEY OVERALL (39.6). - BERGEN COUNTY IS PREDOMINANTLY WHITE, THOUGH THERE IS A LARGE ASIAN POPULATION. THE PERCENTAGE OF ASIAN RESIDENTS IN BERGEN COUNTY (16.2%) WAS SIGNIFICANTLY HIGH COMPARED TO THE STATE OVERALL (9.4%). - AMONG ALL MUNICIPALITIES IN BERGEN COUNTY, TWO OF THE TOP THREE COMMUNITIES WITH THE HIGHEST PERCENTAGES OF ASIAN RESIDENTS ARE IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA PALISADES PARK (57%) AND FORT LEE (41%). - THE PERCENTAGE OF BLACK/AFRICAN AMERICAN RESIDENTS IN BERGEN COUNTY (5.3%) WAS SIGNIFICANTLY LOW COMPARED TO THE STATE OVERALL (12.7%). - TWO OF THE COMMUNITIES IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA HAVE THE HIGHEST PERCENTAGES OF BLACK/AFRICAN AMERICAN RESIDENTS IN BERGEN COUNTY ENGLEWOOD (29%) AND TEANECK (26%). THE PERCENTAGE OF BLACK/AFRICAN AMERICAN RESIDENTS WAS SIGNIFICANTLY HIGHER THAN THE STATE IN PATERSON (25.7%), LOCATED IN PASSAIC COUNTY. - THE PERCENTAGE OF HISPANIC/LATINO RESIDENTS IN BERGEN COUNTY (18.9) WAS SIMILAR TO THE STATE OVERALL (19.7%). - IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA, THE PERCENTAGE OF HISPANIC/LATINO RESIDENTS WAS PARTICULARLY HIGH IN CLIFFSIDE PARK (30%) AND PATERSON (60.7%). - NEARLY ONE-THIRD (30.5%) OF BERGEN COUNTY RESIDENTS WERE FOREIGN-BORN. - IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA, THE PERCENTAGE OF FOREIGN-BORN RESIDENTS WAS SIGNIFICANTLY HIGH IN ALL MUNICIPALITIES WITH THE EXCEPTIONS OF TEANECK AND TENAFLY. LANGUAGE ----- OVER A THIRD OF BERGEN COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH. A SIGNIFICANTLY HIGH PERCENTAGE OF BERGEN COUNTY RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH IN THE HOME (39.9%) COMPARED TO THE STATE OVERALL (31%). - THE PERCENTAGE OF THESE RESIDENTS WITH LIMITED ENGLISH PROFICIENCY (LEP) DEFINED AS SPEAKING ENGLISH "LESS THAN VERY WELL" WAS ALSO SIGNIFICANTLY HIGH COMPARED TO THE STATE (14.5% VS. 12.2%). - IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA, SEVERAL MUNICIPALITIES HAD A SIGNIFICANTLY HIGH PERCENTAGE OF RESIDENTS WITH LEP COMPARED TO THE STATE: BERGENFIELD (14.9%), CLIFFSIDE PARK (24.3%), FORT LEE (26.0%), AND PALISADES PARK (38.9%). - OVER 1 IN 10 BERGEN COUNTY RESIDENTS SPEAK AN ASIAN OR PACIFIC ISLANDER LANGUAGE IN THE HOME. THE PERCENTAGE OF BERGEN COUNTY RESIDENTS 5 YEARS AND OLDER WHO SPOKE ASIAN OR PACIFIC ISLANDER LANGUAGES (11.5%) WAS SIGNIFICANTLY HIGH COMPARED TO THE STATE OVERALL. - IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA, THE PERCENTAGE OF RESIDENTS WHO SPOKE ASIAN OR PACIFIC ISLANDER LANGUAGES WAS SIGNIFICANTLY HIGH COMPARED TO THE STATE IN BERGENFIELD (6.2%), CLIFFSIDE PARK (16.2%), CRESSKILL (19.3%), DUMONT (11.6%), FORT LEE (34.0%), PALISADES PARK (52.0%), AND TENAFLY (19.7%). - OVER 1 IN 10 RESIDENTS SPEAK SPANISH IN THE HOME. THE PERCENTAGE OF BERGEN COUNTY RESIDENTS 5 YEARS AND OLDER WHO SPOKE SPANISH IN THEIR HOME (14.9%) WAS SIGNIFICANTLY LOW COMPARED TO THE STATE OVERALL (16.1%). - IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA, THE PERCENTAGE OF RESIDENTS WHO SPOKE SPANISH WAS SIGNIFICANTLY HIGH COMPARED TO THE STATE IN BERGENFIELD (21.2%), CLIFFSIDE PARK (27.5%), ENGLEWOOD (19.4%), AND PATERSON (54%). - OVER 1 IN 10 RESIDENTS SPEAK INDO-EUROPEAN LANGUAGES (E.G., FRENCH, PORTUGUESE, GERMAN, RUSSIAN, POLISH) IN THE HOME. THE PERCENTAGE OF BERGEN COUNTY RESIDENTS WHO SPOKE INDO-EUROPEAN LANGUAGES (11.1%) AND OTHER LANGUAGES (2.4%) WERE ALL SIGNIFICANTLY HIGH COMPARED TO THE STATE OVERALL. - IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA, THE PERCENTAGE OF RESIDENTS WHO SPOKE OTHER INDO-EUROPEAN LANGUAGES WAS SIGNIFICANTLY HIGH COMPARED TO THE STATE IN CLIFFSIDE PARK (15.0%) AND FORT LEE (14.5%). SOCIOECONOMICS ----- SOCIOECONOMIC STATUS (SES), AS MEASURED BY INCOME, EMPLOYMENT STATUS, OCCUPATION, EDUCATION AND THE EXTENT TO WHICH ONE LIVES IN AREAS OF ECONOMIC DISADVANTAGE, IS CLOSELY LINKED TO MORBIDITY, MORTALITY AND OVERALL WELL-BEING. - HIGH EDUCATIONAL ATTAINMENT. - THE PERCENTAGE OF BERGEN COUNTY RESIDENTS WITH LESS THAN A HIGH SCHOOL DIPLOMA (8%) WAS SIGNIFICANTLY LOW COMPARED TO NEW JERSEY OVERALL (10.8%). - THE PERCENTAGE OF NINTH-GRADE COHORTS IN BERGEN THAT GRADUATES IN FOUR YEARS (95%) WAS HIGHER THAN NEW JERSEY OVERALL (91%). - THE PERCENTAGE OF BERGEN COUNTY ADULTS AGES 25-</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 4	<p>44 WITH SOME POST-SECONDARY EDUCATION (77%) WAS HIGHER THAN NEW JERSEY OVERALL (68%). - LO W UNEMPLOYMENT RATE. THE UNEMPLOYMENT RATE IN BERGEN COUNTY WAS SIGNIFICANTLY LOW COMPARED TO THE STATE OF NEW JERSEY OVERALL (3.4% VS. 4.6%). - LOW PERCENTAGE OF INDIVIDUALS AND FAMILIES IN POVERTY. DESPITE THIS, KEY INFORMANT INTERVIEWEES AND FOCUS GROUP PARTICIPANTS REPORTED THAT THERE WERE POCKETS OF POVERTY THROUGHOUT BERGEN COUNTY, EVEN IN TOWNS THAT WERE CONSIDERED AFFLUENT. - IN ENGLEWOOD HEALTH'S PRIMARY SERVICE AREA, THE PERCENTAGE OF FAMILIES AND INDIVIDUALS LIVING BELOW THE POVERTY LEVEL WAS SIGNIFICANTLY HIGH COMPARED TO THE STATE IN FORT LEE (9.2% AND 11.4%, RESPECTIVELY) AND IN PATERSON (27.1% AND 29%, RESPECTIVELY). HOUSING ----- - HOUSING ISSUES INCLUDING LACK OF HOUSING STOCK AND AFFORDABILITY WERE IDENTIFIED AS BARRIERS TO HEALTH AND WELL-BEING. MANY KEY INFORMANTS AND FOCUS GROUP PARTICIPANTS EXPRESSED CONCERN OVER THE LIMITED OPTIONS FOR AFFORDABLE HOUSING THROUGHOUT BERGEN COUNTY. THIS WAS PARTICULARLY AN ISSUE FOR OLDER ADULTS, WHO OFTEN BEAR THE BURDEN OF HOUSEHOLD COSTS (E.G. TAXES, MAINTENANCE, ADAPTABILITIES) WHILE LIVING ON FIXED INCOMES. - THE PERCENTAGE OF OWNER-OCCUPIED UNITS IN WHICH OWNERSHIP COSTS EXCEEDED 35% OF TOTAL HOUSEHOLD INCOME, REPRESENTING A MAJOR FINANCIAL BURDEN, WAS SIGNIFICANTLY HIGH IN BERGEN (56.5%) COMPARED TO NEW JERSEY OVERALL (50.7%). - THE PERCENTAGE OF RENTER-OCCUPIED HOUSEHOLDS WHOSE GROSS RENT EXCEEDED 35% OF TOTAL HOUSEHOLD INCOME WAS SIGNIFICANTLY LOW (41.1%) COMPARED TO NEW JERSEY OVERALL (43.6%). - OVER ONE-FIFTH OF HOUSEHOLDS (22%) HAD AT LEAST ONE SEVERE HOUSING PROBLEM (OVERCROWDING, HIGH HOUSING COSTS, LACK OF KITCHEN FACILITIES, OR LACK OF PLUMBING) THE SAME AS NEW JERSEY OVERALL. FOOD INSECURITY ----- - THE PERCENTAGE BERGEN COUNTY'S POPULATION WHO LACKED ADEQUATE ACCESS TO FOOD (8%) WAS SLIGHTLY LOWER THAN NEW JERSEY OVERALL (10%). HOWEVER, THIS NUMBER EQUATES TO 70,200 INDIVIDUALS WHO REPORTED THAT THEY DID NOT HAVE ACCESS TO A RELIABLE SOURCE OF FOOD DURING THE PAST YEAR. - NEARLY ONE-FIFTH OF ALL RESPONDENTS TO THE BERGEN COUNTY RANDOM HOUSEHOLD SURVEY REPORTED THAT THEY HAD BEEN SOMEWHAT OR VERY WORRIED ABOUT FOOD RUNNING OUT SOMETIME IN THE PAST YEAR (19%). - PERCENTAGES WERE HIGHEST AMONG LOW-INCOME (46.8%) AND HISPANIC/LATINO (42.2%) RESPONDENTS. NEARLY ONE-FIFTH OF ALL RESPONDENTS TO THE BERGEN COUNTY RANDOM HOUSEHOLD SURVEY REPORTED THAT IT WAS VERY OR SOMEWHAT DIFFICULT TO BUY FRESH PRODUCE OR VEGETABLES (18.5%). - PERCENTAGES WERE HIGHEST AMONG HISPANIC/LATINO (38.4%) AND LOW-INCOME (32.4%) RESPONDENTS. CRIME & VIOLENCE ----- - VIOLENT CRIME AND PROPERTY CRIME RATES WERE LOW. - THE VIOLENT CRIME RATE (E.G., MURDER/NON-NEGLIGENT MANSLAUGHTER, FORCIBLE RAPE, ROBBERY, AGGRAVATED ASSAULT) IN BERGEN COUNTY WAS SIGNIFICANTLY LOW COMPARED TO NEW JERSEY OVERALL (228.6). - THE PROPERTY CRIME RATES (E.G., BURGLARY, LARCENY/THEFT, MOTOR VEHICLE THEFT, ARSON) IN BERGEN COUNTY (966.9) WAS SIGNIFICANTLY LOW COMPARED TO NEW JERSEY OVERALL (1537.9). - 6% OF BERGEN COUNTY RANDOM HOUSEHOLD SURVEY RESPONDENTS REPORTED THAT THEY HAD EXPERIENCED INTIMATE PARTNER VIOLENCE. - PERCENTAGES WERE HIGHEST AMONG FEMALE (8.7%) AND HISPANIC/LATINO (8.0%) RESPONDENTS.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 5	<p>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; 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 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; - 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; - 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.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISES ENGLEWOOD HEALTHCARE SYSTEM AN D ITS AFFILIATES: NOT-FOR-PROFIT ENGLEWOOD HEALTHCARE SYSTEM ENTITIES</p> <p>----- ENGLEWOOD HEALTHCARE SYSTEM, INC. ----- ENGLEWOOD HEALTHCARE SYSTEMC, INC. ("ENGLEWOOD HEALTH") IS THE TAX-EXEMPT PARENT OF ENGLEWOOD HEALTHCARE SYSTEM AND AFFILIATES ("SYSTEM"). THIS INTEGRATED HEALTHCARE DELI VERY 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 CONTROL LED BY ENGLEWOOD HEALTH. THE ORGANIZATION WAS FOUNDED IN 1986 AND IS RECOGNIZED BY THE INT ERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3). ADDITIONA LLY, THE ORGANIZATION IS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). THE ORGANIZATIONS PURPOSE IS TO COORDINATE AND SUPPORT THE PLANNING AND OTHER ACTIVI TIES RELATED TO THE PROMOTION OF HEALTH OF PEOPLE IN THE SYSTEM'S SERVICE AREA OF BERGEN C OUNTY. ENGLEWOOD HOSPITAL AND MEDICAL CENTER, INC. ----- ENGLEWOOD HOSPITAL AND MEDICAL CENTER, INC. ("ENGLEWOOD HOSPITAL") WAS FOUNDED IN 188 8 AND IS CURRENTLY A 531-LICENSED BED, MAJOR TEACHING, ACUTE CARE HOSPITAL LOCATED IN ENGL EWOOD, NEW JERSEY. THE ORGANIZATIONS MISSION IS TO PROVIDE COMPREHENSIVE, STATE-OF-THE-ART PATIENT SERVICES; EMPHASIZE CARING AND OTHER HUMAN VALUES IN THE TREATMENT OF PATIENTS AN D 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 O PPORTUNITIES TO ACHIEVE THEIR PERSONAL AND PROFESSIONAL GOALS. ENGLEWOOD HOSPITAL IS RECOG NIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORG ANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESS ARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RA CE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, IT OPERATES CONSISTENT LY 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-PR OFIT 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 FOU NDDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1). THROUGH FUNDRAISING AND DEVELOPMENT A CTIVITIES ENGLEWOOD HEALTH FOUNDATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVI CES OF ENGLEWOOD HOSPITAL; A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT HOSPITAL O RGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILI TY TO PAY. MEDICAL ASSOCIATES OF ENGLEWOOD, P.C. ----- MED ICAL ASSOCIATES OF ENGLEWOOD, P.C. ("ENGLEWOOD HEALTH PHYSICIAN NETWORK") IS A NOT-FOR-PRO FIT ORGANIZATION FOUNDED IN 2011. THE ORGANIZATION IS RECOGNIZED BY THE INTERNAL REVENUE S ERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND IS A SUPPORTING ORGAN IZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). THE ORGANIZATION IS STRUCTURED AS A P ROFESSIONAL CORPORATION PURSUANT TO THE PROVISIONS OF THE PROFESSIONAL SERVICES CORPORATIO N ACT OF NEW JERSEY. THE ORGANIZATION'S PURPOSE IS TO PROVIDE PHYSICIAN SERVICES TO FURTHER R THE CHARITABLE AND HEALTHCARE PURPOSES OF THE ENGLEWOOD HEALTH AND ITS AFFILIATES. BY PR ACTICING MEDICINE, ENGAGING IN MEDICAL EDUCATION AND WORKING TO IMPROVE THE WELFARE OF IND IVIDUALS IN NEW JERSEY, THE ORGANIZATION COMPRISES A COMPONENT OF THE CLINICAL SERVICE PHY SICIAN PRACTICE PLANS OF ENGLEWOOD HOSPITAL AND IS AN INTEGRAL PART OF THE SYSTEM. EMERGEN CY PHYSICIANS OF ENGLEWOOD, P.C. ----- EMERGENCY PHYSICI ANS 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 C ODE 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) TAX-EXEMPT HOSPITAL ORGANIZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE S ERVICES 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</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>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 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. 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 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. FOR-PROFIT ENGLEWOOD HEALTHCARE SYSTEM ENTITIES ===== ENGLEWOOD HEALTHCARE ENTERPRISES, INC. ----- ENGLEWOOD HEALTHCARE ENTERPRISES, INC. IS A WHOLLY-OWNED FOR-PROFIT SUBSIDIARY OF ENGLEWOOD HEALTHCARE SYSTEM. THE ORGANIZATION WAS FORMED IN 1988 FOR THE PURPOSE OF PROVIDING HEALTHCARE SERVICES WITHIN THE SYSTEMS PRIMARY SERVICE AREA. THIS ORGANIZATION PROVIDES CLINICAL AND ADMINISTRATIVE STAFF SUPPORT THE PROFESSIONAL CORPORATIONS WITHIN THE ENGLEWOOD HOSPITAL PHYSICIAN INTEGRATION PROGRAM.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 7	NOT APPLICABLE THIS ORGANIZATION IS LOCATED IN THE STATE OF NEW JERSEY. NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED BY THIS STATE.

Additional Data**Software ID:****Software Version:****EIN:** 22-1487173**Name:** ENGLEWOOD HOSPITAL AND MEDICAL CENTER**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ENGLEWOOD HOSPITAL AND MEDICAL CENTER 350 ENGLE STREET ENGLEWOOD, NJ 07631 WWW.ENGLEWOODHEALTH.ORG 10202	X	X		X		X	X			

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>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. THE CHNA COMMITTEE MET REGULARLY VIA IN PERSON MEETINGS AND CONFERENCE CALLS TO PLAN AND EXECUTE PROJECT ACTIVITIES, VET PRELIMINARY FINDINGS, ADDRESS CHALLENGES, AND ENSURE THAT THE ASSESSMENT PROCESS WAS INCLUSIVE, COMPREHENSIVE, AND OBJECTIVE. DURING THIS PROCESS, SENIOR LEADERSHIP AND CLINICAL STAFF WERE ENGAGED TO HELP PRIORITIZE COMMUNITY HEALTH ISSUES AND PRIORITY POPULATION SEGMENTS FOR INCLUSION IN THE IMPLEMENTATION STRATEGY. THE ASSESSMENT BEGAN IN DECEMBER 2018 AND WAS CONDUCTED IN THREE PHASES, WHICH ALLOWED FOR THE COLLECTION OF AN EXTENSIVE AMOUNT OF QUANTITATIVE AND QUALITATIVE DATA (PHASE 1); ENGAGEMENT OF COMMUNITY RESIDENTS, KEY STAKEHOLDERS, AND SERVICE PROVIDERS (PHASE 2); AND ANALYSIS AND PRIORITIZATION OF FINDINGS FOR USE IN DEVELOPING A DATA-DRIVEN IMPLEMENTATION STRATEGY (PHASE 3). PHASE 1 ----- THE PRELIMINARY NEEDS ASSESSMENT AND ENGAGEMENT EFFORT RELIED ON SECONDARY DATA COLLECTED VIA LOCAL, STATE, AND NATIONAL SOURCES. THIS INFORMATION INCLUDED DATA ON THE POPULATION CHARACTERISTICS OF BERGEN COUNTY, INCLUDING DEMOGRAPHICS, SOCIAL DETERMINANTS OF HEALTH, HEALTH STATUS, AND MORBIDITY/MORTALITY. WHENEVER POSSIBLE, CONFIDENCE INTERVALS WERE ANALYZED TO TEST FOR STATISTICALLY SIGNIFICANT DIFFERENCES BETWEEN MUNICIPAL AND STATE OF NEW JERSEY DATA POINTS. A COMPREHENSIVE DATA BOOK IS INCLUDED IN APPENDIX B OF THE ORGANIZATIONS CHNA. IN THIS DATA BOOK, DATA POINTS ARE COLOR-CODED TO VISUALIZE WHICH MUNICIPAL-LEVEL DATA POINTS WERE SIGNIFICANTLY HIGHER OR LOWER COMPARED TO THE STATE OVERALL. RELATIVE TO MOST STATES, NEW JERSEY DOES AN EXCELLENT JOB AT MAKING COMPREHENSIVE DATA AVAILABLE AT THE STATE, COUNTY, AND MUNICIPAL LEVELS THROUGH AN INTERACTIVE PORTAL ACCESSIBLE VIA THE NEW JERSEY DEPARTMENT OF HEALTH ("NJ DOH") WEBSITE. THE MOST SIGNIFICANT LIMITATION IN REGARDS TO QUANTITATIVE DATA WAS THE AVAILABILITY OF TIMELY DATA RELATED TO MORBIDITY, MORTALITY, AND SERVICE UTILIZATION. THE DATA SETS USED IN THIS REPORT ARE THE MOST UP-TO-DATE PROVIDED BY NJ DOH. THE DATA PROVIDED WAS VALUABLE AND ALLOWED FOR IDENTIFICATION OF HEALTH NEEDS RELATIVE TO THE STATE AND SPECIFIC COMMUNITIES. HOWEVER, THESE DATA SETS IN SOME CASES MAY NOT REFLECT RECENT TRENDS IN HEALTH STATISTICS. ADDITIONALLY, QUANTITATIVE DATA WAS NOT STRATIFIED BY AGE, RACE/ETHNICITY, INCOME, OR OTHER CHARACTERISTICS, WHICH LIMITED THE ABILITY TO IDENTIFY HEALTH DISPARITIES IN AN OBJECTIVE WAY. THE BERGEN COUNTY RANDOM HOUSEHOLD SURVEY AND THE TARGETED COMMUNITY ENGAGEMENT AND QUALITATIVE ASSESSMENT ACTIVITIES ALLOWED FOR EXPLORATION OF THESE ISSUES. KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH APPROXIMATELY 80 COMMUNITY STAKEHOLDERS FROM THROUGHOUT BERGEN COUNTY. THESE INTERVIEWS CONFIRMED AND/OR REFINED THE F</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>INDINGS FROM QUANTITATIVE DATA SOURCES AND PROVIDED VALUABLE INSIGHT ON COMMUNITY NEED, CO MMUNITY HEALTH PRIORITIES, SEGMENTS OF THE POPULATION MOST AT-RISK, AND COMMUNITY HEALTH A SSETS. INDIVIDUAL INTERVIEWS WERE CONDUCTED BY PHONE USING A STRUCTURED INTERVIEW GUIDE DE VELOPED BY JOHN SNOW, INC. (JSI), A PUBLIC HEALTH RESEARCH AND CONSULTING FIRM, AND THE ST EERING COMMITTEE. AT THE OUTSET, JSI WORKED WITH THE STEERING COMMITTEE TO IDENTIFY A REPR ESENTATIVE LIST OF KEY INFORMANTS THAT COULD PROVIDE A DEEP AND BROAD PERSPECTIVE ON THE H EALTH-RELATED NEEDS OF THE COUNTY. THIS LIST INCLUDED ADMINISTRATIVE AND CLINICAL REPRESEN TATIVES FROM EACH OF THE HOSPITALS AND BCDHS, AS WELL AS REPRESENTATIVES FROM ACROSS MANY SECTORS, INCLUDING HEALTH, PUBLIC HEALTH, SOCIAL SERVICE, ACADEMIC, AND BUSINESS. DETAILED NOTES WERE TAKEN FOR EACH INTERVIEW. DURING THIS PHASE, JSI STAFF WORKED WITH THE STEERIN G COMMITTEE TO DEVELOP A RESOURCE INVENTORY. THIS INVENTORY WAS MEANT TO INFORM WHAT SERVI CES ARE AVAILABLE IN BERGEN COUNTY TO ADDRESS COMMUNITY NEEDS AS WELL AS TO DETERMINE THE EXTENT TO WHICH THERE ARE GAPS IN HEALTH-RELATED SERVICES. THE CHIP AND BCDHS STAFF SUPPOR TED THIS EFFORT BY PROVIDING A LIST OF COMMUNITY PARTNERS AND KNOWN RESOURCES FROM ACROSS THE BROAD CONTINUUM OF SERVICES, INCLUDING CLINICAL HEALTH CARE SERVICES, COMMUNITY HEALTH AND SOCIAL SERVICES, AND PUBLIC HEALTH RESOURCES. THIS WAS DONE PRIMARILY BY COMPILING IN FORMATION FROM EXISTING RESOURCE INVENTORIES AND PARTNER LISTS FROM THE CHIP, BCDHS, HOSPI TALS, AND OTHER SERVICE PROVIDERS. PHASE II ----- PHASE II INCLUDED SEVERAL ACTIVITIES AIMED AT FURTHER ENGAGING COMMUNITY RESIDENTS AND STAKEHOLDERS INCLUDING SEGMENTS THAT ARE TYPICALLY HARD TO REACH. JSI CONDUCTED A MAIL-BASED BERGEN COUNTY RANDOM HOUSEHOLD SURVEY , WHICH CAPTURED INFORMATION DIRECTLY FROM COMMUNITY RESIDENTS ON HEALTH STATUS AND OVERAL L WELL-BEING, SERVICE UTILIZATION, AND BARRIERS TO CARE. TO GENERATE THE SURVEY SAMPLE, A COMPREHENSIVE SURVEY WAS DISTRIBUTED TO MORE THAN 4,000 RANDOMLY IDENTIFIED HOUSEHOLDS IN THE COUNTY. THE INITIAL RANDOM SAMPLE OF 4,000 HOUSEHOLDS INCLUDED AN OVERSAMPLE OF COMMUN ITIES WITH LARGE PROPORTIONS OF BLACK/AFRICAN AMERICAN, HISPANIC/LATINO, AND LOW-INCOME RE SIDENTS TO ENSURE THAT ENOUGH SURVEYS WERE GENERATED FROM HOUSEHOLDS WITH OFTEN UNDER-REPR ESENTED SEGMENTS OF THE POPULATION. IN ALL, 1,372 COMMUNITY RESIDENTS RESPONDED TO THE SUR VEY, REPRESENTING A SURVEY RESPONSE RATE OF APPROXIMATELY 31%. FOCUS GROUPS WERE CONDUCTED WITH POPULATION SEGMENTS AND HEALTH/SOCIAL SERVICE PROVIDER GROUPS TO GATHER MORE PRECISE AND NUANCED INFORMATION ON THE NEEDS OF SPECIFIC SEGMENTS OF THE POPULATION OR FROM INDIV IDUALS WITH SPECIFIC EXPERTISE. FOCUS GROUPS WERE HELD AT LOCATIONS THAT WERE CONSIDERED S AFE AND ACCESSIBLE FOR PARTICIPANTS AND WERE FACILITATED IN APPROPRIATE LANGUAGES TO ENSUR E FULL PARTICIPATION. JSI AND CO-FACILITATORS CONDUCTED ALL FOCUS GROUPS USING A GUIDE THA T WAS SIMILAR TO THE ONE USED</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>FOR KEY INFORMANT INTERVIEWS TO ENSURE CONSISTENT DATA COLLECTION. JSI, THE CHIP, AND HOSPITAL PARTNERS WORKED WITH ORGANIZATIONS IN THE COUNTY TO PLAN THESE EVENTS AND IDENTIFY FOCUS GROUP PARTICIPANTS. JSI FACILITATED TWO COMMUNITY LISTENING SESSIONS, ONE IN RIDGEWOOD AND ONE IN ENGLEWOOD. THESE SESSIONS PROVIDED AN OPPORTUNITY FOR ANYONE WHO WAS INTERESTED TO PARTICIPATE AND ALLOWED FOR THE CAPTURE OF INFORMATION DIRECTLY FROM COMMUNITY RESIDENTS, STAFF FROM COMMUNITY-BASED ORGANIZATIONS, AND LOCAL SERVICE PROVIDERS. PARTICIPANTS WERE ASKED TO REACT TO PRELIMINARY DATA FINDINGS AND TO SHARE THOUGHTS ON COMMUNITY HEALTH NEEDS, BARRIERS TO CARE, VULNERABLE POPULATIONS, AND COMMUNITY ASSETS AND RESOURCES. BOTH SESSIONS WERE HELD IN LOCATIONS THAT WERE EASILY ACCESSIBLE, SAFE, AND WELL KNOWN. FINALLY, JSI WORKED WITH THE STEERING COMMITTEE TO DEVELOP A WEB-BASED BERGEN COUNTY COMMUNITY HEALTH PERCEPTIONS SURVEY TO SOLICIT ADDITIONAL INFORMATION DIRECTLY FROM COMMUNITY RESIDENTS. RESPONDENTS WERE ASKED TO PROVIDE THEIR OPINION AND PERCEPTIONS OF LEADING SOCIAL DETERMINANTS OF HEALTH AND BARRIERS TO CARE, CLINICAL HEALTH ISSUES, VULNERABLE POPULATIONS, ACCESS TO HEALTH CARE SERVICES, AND OPPORTUNITIES FOR THE HOSPITAL TO IMPROVE COMMUNITY HEALTH PROGRAMMING. SURVEYS WERE AVAILABLE ONLINE, THROUGH THE SURVEYGIZMO PLATFORM, IN MULTIPLE LANGUAGES. SURVEYS WERE ALSO MADE AVAILABLE IN HARD COPY FOR DISTRIBUTION; HARD-COPY SURVEYS WERE COLLECTED AND THE RESPONSES WERE INCLUDED IN THE FINAL ANALYSIS. THE CHIP, BCDHS, HOSPITALS, AND PUBLIC HEALTH PARTNERS WORKED IN CLOSE COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS, BUSINESSES, AND STAKEHOLDERS TO DISTRIBUTE THE SURVEY TO COMMUNITY RESIDENTS, INCLUDING THOSE WHO ARE TYPICALLY HARD-TO-REACH (E.G. NON-ENGLISH SPEAKERS, DIVERSE POPULATIONS).</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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, ENGLEWOOD HEALTH, HACKENSACK MERIDIAN HEALTH HACKENSACK UNIVERSITY MEDICAL CENTER, HACKENSACK MERIDIAN HEALTH PASCACK VALLEY MEDICAL CENTER, HOLY NAME MEDICAL CENTER, RAMAPO RIDGE PSYCHIATRIC HOSPITAL (A PART OF CHRISTIAN HEALTH CARE 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 JOHN SNOW, INC. ("JSI"), A PUBLIC HEALTH RESEARCH AND CONSULTING FIRM, TO SUPPORT THEIR EFFORTS AND COMPLETE THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>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, ENGLEWOODS IMPLEMENTATION STRATEGY INCLUDES ACTIVITIES THAT WILL SUPPORT ALL RESIDENTS, ACROSS ALL SEGMENTS OF THE POPULATION. HOWEVER, BASED ON THE ASSESSMENTS 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 BOARD OF TRUSTEES ON APRIL 23, 2020. THE IMPLEMENTATION STRATEGY IS THE RESULT OF BERGEN COUNTY'S CHNA, CONDUCTED IN 2019. THROUGH THE CHNA, ENGLEWOOD HEALTH WAS ABLE TO IDENTIFY MULTIPLE COMMUNITY HEALTH PRIORITY AREAS. THESE AREAS WERE IDENTIFIED AFTER CONSIDERATION OF VARIOUS CRITERIA, INCLUDING SECONDARY DATA (COMPARISON OF BERGEN COUNTY DATA TO NEW JERSEY AND NATIONAL DATA); QUALITATIVE FINDINGS FROM SURVEYS, FOCUS GROUPS, COMMUNITY LISTENING SESSIONS, AND KEY INFORMANT INTERVIEWS; AND THE POTENTIAL HEALTH IMPACT WITHIN A PRIORITY AREA. BASED ON THE RESULTS FROM ITS CHNA, ENGLEWOOD HAS PRIORITIZED THE SIGNIFICANT NEEDS IDENTIFIED INTO THE FOLLOWING PRIORITY AREAS: 1) WELLNESS AND PREVENTION - GOOD NUTRITION IS MISSION CRITICAL FOR GOOD HEALTH. GOOD NUTRITION IS NOT PRACTICED FOR A RANGE OF REASONS, INCLUDING AWARENESS, ACCESS AND COST. AS A RESULT, WEIGHT-RELATED HEALTH ISSUES, INCLUDING OBESITY, ARE PERVASIVE AND CONTINUE TO CONTRIBUTE SIGNIFICANTLY TO THE SPREAD OF CHRONIC AND COMPLEX CONDITIONS (HEART DISEASE AND STROKE, CANCER, DIABETES). PHYSICAL FITNESS IS AN ESSENTIAL COMPONENT OF A HEALTHY LIFE. ACROSS ALL POPULATIONS, EXERCISE RATES ARE AT AN ALL-TIME RECORDED LOW. 2) CHRONIC AND COMPLEX CONDITIONS - CONDITIONS SUCH AS HEART DISEASE, CANCER AND DIABETES ARE THE LEADING CAUSES OF DEATH AND DISABILITY AMONG BERGEN COUNTY RESIDENTS. MORE THAN 50% OF U.S. ADULTS HAVE AT LEAST ONE CHRONIC CONDITION. THE NUTRITION CHALLENGES AND EMOTIONAL CHALLENGES OF INDIVIDUALS WHO ARE STRUGGLING WITH CHRONIC AND COMPLEX CONDITIONS SHOULD BE CONSIDERED AND ADDRESSED IN THE SUPPORT PROGRAMS AND CARE PLANS FOR THIS POPULATION. 3) BEHAVIORAL HEALTH - MENTAL HEALTH, ANXIETY, STRESS AND SUBSTANCE USE ARE IDENTIFIED AS LEADING HEALTH ISSUES IN OUR COUNTY. THE IMPACT CAN BE SEEN IN THE INCREASE OF DEPRESSION, MENTAL HEALTH CHALLENGES, AND RISE IN SUBSTANCE USE AND ADDICTION. THERE IS A GAP IN THE ABILITY TO ACCESS SUPPORT, COMPLICATED BY LACK OF ADEQUATE SUPPLY AND AFFORDABLE OPTIONS. 4) SOCIAL DETERMINANTS OF HEALTH (A) THE OVERALL PERCENTAGE OF HOUSEHOLDS WITH INSURANCE IS MISLEADING. VULNERABLE POPULATIONS HAVE FREQUENT "LAPSES" IN INSURANCE</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>CE. LACK OF HEALTH INSURANCE HAS BEEN IDENTIFIED AS ONE OF THE LEADING BARRIERS TO HEALTH CARE; (B) NEARLY ONE THIRD OF BERGEN COUNTY RESIDENTS ARE FOREIGN BORN AND FACE LANGUAGE-RELATED CHALLENGES THAT IMPACT UNDERSTANDING, NAVIGATION AND ACCESS TO HEALTH CARE; (C) BERGEN COUNTY HAS THE SECOND HIGHEST POPULATION OF ADULTS OVER 65 IN NJ (16.4%). THIS GROUP COMMONLY FACES WELLNESS CHALLENGES (ISOLATION, INFLUENZA, PNEUMONIA, FALLS, ALZHEIMERS AND LACK OF END OF LIFE CARE DIRECTIVES); AND (D) NEARLY 20% OF ALL RESPONDENTS TO THE BERGEN COUNTY RANDOM HOUSEHOLD SURVEY REPORT THEY HAVE BEEN SOMEWHAT OR VERY WORRIED ABOUT FOOD R UNNING OUT SOMETIME IN THE PAST YEAR. PERCENTAGES WERE HIGHEST AMONG LOW INCOME (46.8%), HISPANIC/LATINO (42.2%), AND BLACK/AA (27.2%). 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:</p> <p>WELLNESS AND PREVENTION ----- GOAL: INCREASE ACCESS TO HEALTH EDUCATION, SCREENING, AND PREVENTION SERVICES OBJECTIVES/STRATEGIES: 1) PROVIDE EDUCATION AND INTERVENTION REGARDING WELLNESS, HEALTH PROMOTION, PREVENTION EFFORTS, RISK FACTORS, AND HEALTHY BEHAVIORS (NUTRITIONAL, PHYSICAL, AND EMOTIONAL HEALTH / WELLNESS) 2) CONDUCT SCREENINGS FOR CHRONIC DISEASE RISK FACTORS (E.G., CANCER, HIGH BLOOD PRESSURE, CHOLESTEROL, BMI) AND PROVIDE REFERRALS TO APPROPRIATE TREATMENT OR SERVICES 3) IMPLEMENT PROGRAMS AND EVENTS WITH LOCAL AND REGIONAL COLLABORATIVES THAT ADDRESS ISSUES RELATED TO WELLNESS, PREVENTION, AND RISK FACTORS 4) EXPAND UPON OUR SYSTEM-WIDE CARE MANAGEMENT PROGRAM SAMPLE PROCESS/OUTCOME MEASUREMENTS: - NUMBER OF EDUCATION/COUNSELING PROGRAMS AND NUMBER OF PARTICIPANTS - PRE AND POST TESTS TO MEASURE CHANGES IN ATTITUDE, KNOWLEDGE, AND HEALTH OUTCOMES - NUMBER OF SCREENINGS AND NUMBER OF REFERRALS TO TREATMENT/SERVICES - RESOURCES DEVOTED TO COLLABORATIVE EFFORTS CHRONIC AND COMPLEX CONDITIONS ----- GOAL: IMPROVE HEALTH STATUS THROUGH CHRONIC DISEASE AND CARE MANAGEMENT OBJECTIVES/STRATEGIES: 1) PROVIDE PROGRAMS THAT PROMOTE EDUCATION AND AWARENESS OF CHRONIC AND COMPLEX CONDITIONS 2) PROMOTE CHRONIC DISEASE MANAGEMENT PROGRAMS (DIABETES, CARDIOVASCULAR, STROKE AND CANCER) 3) PROVIDE LINKAGE TO CARE, WITH INCREASED ACCESS TO PROVIDERS AND NAVIGATION WITHIN PHYSICIAN NETWORK 4) CREATE CUSTOMIZED CARE PLANS TO MANAGE PATIENTS WITH COMPLEX CONDITIONS SAMPLE PROCESS/OUTCOME MEASUREMENTS: - NUMBER OF EDUCATIONAL PROGRAMS</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 11</p>	<p>AND NUMBER OF PARTICIPANTS - NUMBER OF INDIVIDUALS ENGAGED IN CHRONIC DISEASE MANAGEMENT PROGRAMS - PRE AND POST TESTS TO MEASURE CHANGES IN ATTITUDE, KNOWLEDGE, AND HEALTH OUTCOM ES - RESOURCES DEVOTED TO MAINTAINING COMMISSION ON CANCER ACCREDITATION AND JOINT COMMISS ION DISEASE SPECIFIC CERTIFICATION FOR STROKE - NUMBER OF RESOURCES DEVOTED TO CARE MANAGE MENT; NUMBER OF PATIENTS WITH CARE PLANS BEHAVIORAL HEALTH ----- GOAL: PROMOTE POSITIVE MENTAL, SOCIAL, AND EMOTIONAL HEALTH OBJECTIVES/STRATEGIES: 1) EXPAND EFFORTS TO REDUCE STIGMA 2) CONTINUE TO OFFER BEHAVIORAL HEALTH EDUCATIONAL PROGRAMS AND SCREENINGS IN COMMUNITY-BASED SETTINGS, WITH A FOCUS ON PRIORITY POPULATIONS 3) EXPAND BEHAVIORAL HEA LTH CARE SERVICES IN THE ENGLEWOOD HEALTH PHYSICIAN NETWORK 4) IMPROVE ACCESS TO BEHAVIORA L HEALTH TREATMENT 5) COLLABORATE WITH LOCAL AND REGIONAL PARTNERS TO ADDRESS BEHAVIORAL H EALTH ISSUES SAMPLE PROCESS/OUTCOME MEASUREMENTS: - NUMBER OF SCREENINGS AND NUMBER OF IND IVIDUALS REFERRED TO TREATMENT OR SUPPORTIVE SERVICES - NUMBER OF EDUCATIONAL PROGRAMS OFF ERED AND NUMBER OF PARTICIPANTS - PRE AND POST TESTS TO MEASURE CHANGES IN ATTITUDE, KNOWL EDGE, AND HEALTH OUTCOMES - RESOURCES DEVOTED TO BEHAVIORAL HEALTH INTEGRATION ACROSS THE CONTINUUM SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE ----- GOAL: ADDRESS ISSUES THAT PREVENT OR DELAY INDIVIDUALS FROM ACCESSING CA RE AND RESOURCES OBJECTIVES/STRATEGIES: 1) DEVELOP INNOVATIVE SOLUTIONS FOR IMPROVING ACCE SS TO CARE, FOR THE COMMUNITY AT-LARGE AND PATIENTS ATTRIBUTED TO THE ENGLEWOOD HEALTH PHY SICIAN NETWORK 2) IMPLEMENT NAVIGATION SERVICES THAT REMOVE BARRIERS TO CARE (LANGUAGE, AG E/TRANSPORTATION) 3) EXPAND PROGRAMS AND POLICIES THAT SCREEN FOR AND ADDRESS THE SOCIAL D ETERMINANTS OF HEALTH, WITH A FOCUS ON NUTRITION AND FOOD SECURITY 4) IMPLEMENT LOCAL AND REGIONAL EFFORTS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE ISSUES SAMPLE PROCESS/OUTCOME MEASUREMENTS: - RESOURCES PROVIDED TO IMPROVING ACCESS TO CARE - NUMBER O F SCREENINGS FOR SOCIAL DETERMINANTS OF HEALTH AND REFERRALS TO ADDITIONAL RESOURCES - RES OURCES DEVOTED TO COLLABORATIVE EFFORTS RESOURCES DEVOTED TO COLLABORATIVE EFFORTS</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
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

Schedule J
(Form 990)

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

2019

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 Questions Regarding Compensation

		Yes	No								
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification 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 (e.g., maid, chauffeur, chef)	1a		
<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 idemnification 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 (e.g., maid, chauffeur, chef)										
<p>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</p>	1b										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2										
<p>3 Indicate which, if any, of the following the filing 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<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										
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No								
	4b	Yes									
	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No								
	5b		No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No								
	6b		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes									
<p>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</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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.

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THIS INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THE UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: WARREN GELLER, \$135,130.
SCHEDULE J, PART I; QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019 WHICH WAS INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2019 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.

Additional Data

Software ID:
Software Version:
EIN: 22-1487173
Name: ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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				
1 WARREN GELLER SECRETARY - TRUSTEE; PRES/CEO	(i)	920,583	176,603	125,833	163,630	36,435	1,423,084	0
	(ii)	0	0	0	0	0	0	0
1 ANTHONY T ORLANDO SVP FINANCE/CFO	(i)	546,852	68,294	48,371	28,606	31,137	723,260	0
	(ii)	0	0	0	0	0	0	0
2 KATHLEEN KAMINSKY MS RN SVP, PATIENT SVCS/CNO	(i)	372,602	54,457	28,352	27,242	30,476	513,129	0
	(ii)	0	0	0	0	0	0	0
3 PATRICIA G WILSON SVP HUMAN RESOURCES/CHRO	(i)	347,307	43,579	27,976	28,000	32,550	479,412	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL PIETROWICZ SVP PLANNING & PROG DEV/CSO	(i)	346,479	40,589	23,355	25,760	33,913	470,096	0
	(ii)	0	0	0	0	0	0	0
5 HELENE WOLK SVP OPERATIONS/COO	(i)	377,778	45,207	7,055	8,400	16,587	455,027	0
	(ii)	0	0	0	0	0	0	0
6 BRAVIKANTH KOGANTI VP IT/CHIEF INFO OFFICER	(i)	280,006	27,473	1,288	5,600	26,396	340,763	0
	(ii)	0	0	0	0	0	0	0
7 KATHERINE COUSINEAU CHIEF PERFUSIONIST	(i)	245,094	32,912	2,090	9,500	29,046	318,642	0
	(ii)	0	0	0	0	0	0	0
8 ALICIA PARK VP COMMUNICATIONS/CCO	(i)	252,916	24,805	2,124	5,797	2,500	288,142	0
	(ii)	0	0	0	0	0	0	0
9 MARK SHAPIRO MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	250,000	0	0	0	0	250,000	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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

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	107,715	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

OMB No. 1545-0047

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

2019

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

990 Schedule O, Other Information

Return Reference	Explanation
CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BACKGROUND ===== ENGLEWOOD HOSPITAL WAS FOUNDED IN 1888. ENGLEWOOD 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. 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, NATIONAL ORIGIN OR ABILITY TO PAY. MOREOVER, ENGLEWOOD HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1) PROVIDES HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2) OPERATES AN EMERGENCY DEPARTMENT FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3) MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4) CONTROL OF ENGLEWOOD HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES WHICH 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. 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.</p> <p>OVERVIEW ===== ENGLEWOOD HOSPITAL, A COMMUNITY TEACHING HOSPITAL IN ENGLEWOOD, NEW JERSEY, HAS EARNED HIGH MARKS FOR CLINICAL EXCELLENCE AND PATIENT SAFETY. ENGLEWOOD HOSPITAL IS AMONG THE 6% OF HOSPITALS IN THE NATION TO EARN THE 2019 TOP HOSPITAL AWARD FROM THE LEAPFROG GROUP, AND ALSO RECEIVED THE LEAPFROG HOSPITAL SAFETY GRADE 'A' IN FALL 2019. THE HOSPITAL IS ALSO NATIONALLY RECOGNIZED FOR NURSING EXCELLENCE, EARNING A FOURTH CONSECUTIVE DESIGNATION BY THE MAGNET RECOGNITION PROGRAM IN 2016. AREAS OF CLINICAL EXCELLENCE INCLUDE CARDIAC SURGERY AND CARDIAC CARE, CANCER CARE, ORTHOPEDIC SURGERY, SPINE SURGERY, VASCULAR SURGERY, AND WOMENS HEALTH.</p>

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<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>LTH, AS WELL AS BLOODLESS MEDICINE AND SURGERY. THE HOSPITAL OFFERS AN INTERNAL MEDICINE RESIDENCY PROGRAM AFFILIATED WITH HACKENSACK MERIDIAN SCHOOL OF MEDICINE AT SETON HALL UNIVERSITY, PHARMACY RESIDENCY PROGRAM, AND A RADIOGRAPHY TRAINING PROGRAM. ENGLEWOOD ALSO SERVES AS A TRAINING SITE FOR SURGERY, PATHOLOGY, EMERGENCY MEDICINE, ANESTHESIOLOGY, CRITICAL CARE MEDICINE, AND OTHER MEDICAL AND SURGICAL SUBSPECIALTIES. FOUNDED IN 1888 AS A 12-BED FACILITY, ENGLEWOOD HOSPITAL AND MEDICAL CENTER IS TODAY A FULLY ACCREDITED HOSPITAL WITH 352 BEDS. THROUGH AN ONGOING CAMPUS MODERNIZATION PROJECT, A GROWING AND COMPREHENSIVE PHYSICIAN NETWORK, AND A STRATEGIC FOCUS ON OUTPATIENT SERVICES AND POPULATION HEALTH MANAGEMENT, ENGLEWOOD HOSPITAL AND MEDICAL CENTER CONTINUALLY INNOVATES AND ADAPTS IN ORDER TO MEET THE NEEDS OF THE COMMUNITY IT SERVES AND REMAIN ON THE FOREFRONT OF HIGH-QUALITY CARE. AS PART OF A STRONG COMMITMENT TO THE COMMUNITY, ENGLEWOOD HOSPITAL AND MEDICAL CENTER PROVIDES FREE HEALTH FAIRS, SCREENINGS, WELLNESS SERVICES, AND EDUCATIONAL SEMINARS. ENGLEWOOD HOSPITAL'S EMS OPERATES THE LARGEST HOSPITAL-BASED AMBULANCE SYSTEM IN BERGEN COUNTY, PROVIDING DEDICATED AMBULANCE SERVICES TO NEIGHBORING MUNICIPALITIES, AND OFFERS CPR CLASSES AND OTHER TRAINING FOR FIRST RESPONDERS. 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 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. COMMUNITY HEALTH ===== COMMUNITY NEEDS & OUTREACH ----- EVERY THREE YEARS, THE HOSPITAL EMBARKS ON A PROCESS TO IDENTIFY AND MEASURE THE NEEDS OF THE COMMUNITIES IT SERVES, THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT. THE NEEDS ASSESSMENT IS A SYSTEMATIC, DATA-DRIVEN TOOL TO DETERMINE THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF RESIDENTS. THE FINDINGS THEN INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE HEALTH AND WELLNESS. COMMUNITY HEALTH NEEDS ASSESSMENTS WERE MOST RECENTLY CONDUCTED IN 2016 AND 2019 IN PARTNERSHIP WITH SEVERAL OTHER BERGEN COUNTY HOSPITALS, THE BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES, AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP OF BERGEN COUNTY. DURING CALENDAR YEAR 2019, THE HOSPITAL WAS IN THE FINAL YEAR OF IMPLEMENTING THE THREE-YEAR 2016 PLAN, WHILE ALSO CONDUCTING THE 2019 ASSESSMENT. THE GREATEST NEEDS IDENTIFIED IN THE PLAN WERE PRIORITIZED AS: 1) ACCESS TO HEALTHCARE SERVICES 2) MENTAL HEALTH 3) HEART DISEASE AND STROKE 4) CANCER 5) DIABETES 6) NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT 7) IMMUNIZATION AND INFECTIOUS DISEASES 8) DEMENTIAS, INCLUDING ALZHEIMERS DISEASE 9) RESPIRATORY DISEASES FROM THESE FINDINGS EMERG</p>

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<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>ED THE FOLLOWING GOALS: 1) INCREASE ACCESS TO HEALTHCARE THROUGH POPULATION HEALTH MANAGEM ENT 2) PROMOTE BEHAVIORAL HEALTH 3) IMPROVE HEALTH STATUS THROUGH CHRONIC DISEASE AND CARE MANAGEMENT ACROSS THE CONTINUUM 4) INCREASE ACCESS TO IMMUNIZATIONS AND REDUCE INFECTIOUS DISEASES SINCE THE 2016 ASSESSMENT, ENGLEWOOD HOSPITAL HAS IMPLEMENTED INITIATIVES AND AC TIVITIES TO ADDRESS THESE IDENTIFIED NEEDS. THIS HAS INCLUDED INCREASED OUTREACH AND EDUCA TION TO TARGETED POPULATIONS AND DEVELOPMENT OF A BEHAVIORAL HEALTH AMBULATORY PROGRAM THA T ACCEPTS ALL INSURANCES. IN ADDITION TO SUPPORTING THE IMPLEMENTATION OF THE COMMUNITY HE ALTH NEEDS ASSESSMENT GOALS, OUTREACH EFFORTS HELP GIVE BACK TO THE COMMUNITY AND REINFORC E ITS ROLE AS A TRUSTED HEALTH RESOURCE. THROUGH HEALTH FAIRS, FREE SCREENINGS FOR CANCER AND OTHER HEALTH ISSUES, SPEAKERS' BUREAU PROGRAMS, VISITS FROM SCHOOLCHILDREN AND HIGH SC HOO L STUDENTS, AND OTHER PROGRAMS THAT TAKE PLACE THROUGHOUT THE YEAR, ENGLEWOOD HOSPITAL IS ENCOURAGING ITS NEIGHBORS TO TAKE AN ACTIVE ROLE IN THEIR OWN HEALTH. ENGLEWOOD HOSPITA LS COMMITMENT TO THE HEALTH AND WELL-BEING OF ITS COMMUNITIES HAS BEEN, AND ALWAYS WILL BE , AT THE HEART OF ITS MISSION, AND IT WILL CONTINUE TO PUT FORTH TREMENDOUS EFFORT TO CLOS E THE REMAINING GAPS IN CARE. IN 2019 ALONE, THE HOSPITAL PARTICIPATED IN OVER 200 COMMUNI TY EVENTS, REACHING CLOSE TO 25,000 COMMUNITY MEMBERS. THESE EVENTS HAVE FOCUSED ON FOUR G OALS: 1) INCREASE ACCESS TO HEALTH CARE THROUGH POPULATION HEALTH MANAGEMENT 2) PROMOTE BE HAVIORAL HEALTH 3) IMPROVE HEALTH STATUS THROUGH CHRONIC DISEASE AND CARE MANAGEMENT ACROS S THE CONTINUUM 4) INCREASE ACCESS TO IMMUNIZATIONS AND REDUCE INFECTIOUS DISEASES</p>

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<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>KOREAN HEALTH & WELLNESS ----- OVER THE YEARS, ENGLEWOOD HOSPITAL HAS RECOGNIZED THE NEED TO SUPPORT BERGEN COUNTY'S KOREAN COMMUNITY, ONE OF THE STATES FASTEST- GROWING POPULATIONS. NEW JERSEYS KOREAN POPULATION REACHED NEARLY 94,000 PEOPLE IN THE LAT EST U.S. CENSUS, WITH MORE THAN 60 PERCENT LIVING IN BERGEN COUNTY. THE CENTER FOR KOREAN HEALTH & WELLNESS MISSION COMPRISES PATIENT AND FAMILY SERVICES AS WELL AS COMMUNITY EDUC ATION AND OUTREACH. FOR PATIENTS AND FAMILIES, THE CENTER PROVIDES IMPORTANT NAVIGATION SE RVICES TO HELP WITH PRACTICAL NEEDS DURING THEIR STAY, SUCH AS INTERPRETATION, BILLING AND FINANCIAL ISSUES, REFERRALS AND APPOINTMENTS, AND DIETARY PREFERENCES AND NEEDS. MORE BRO ADLY, 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 AN D HEAL THE PHYSICAL CONDITION, BUT ALSO SUPPORT SOCIAL WELL-BEING. IT HAS COLLABORATED WIT H NUMEROUS LOCAL AND REGIONAL KOREAN ORGANIZATIONS, INCLUDING THE KOREAN COMMUNITY CENTER, KOREAN AMERICAN MEDICAL ASSOCIATION, ASSOCIATION OF KOREAN AMERICAN MEDICAL GRADUATES, ES THER HA FOUNDATION, SENIOR CENTERS, AND MANY OTHERS ON PROGRAMS SUCH AS HEALTH FAIRS, SCRE ENINGS, SEMINARS, AND CULTURAL PROGRAMS THAT PROMOTE HEALTH. TO HELP EDUCATE THE COMMUNITY , THE CENTER HAS ALSO PARTNERED WITH KOREAN MEDIA OUTLETS, INCLUDING DEVELOPING A MONTHLY SHOW WITH A KOREAN RADIO STATION THAT IS RECORDED AT THE HOSPITAL. PHYSICIAN NETWORK ----- THE ENGLEWOOD HOSPITAL PHYSICIAN NETWORK ENHANCES PATIENT CARE AND QUALITY BY IMPROVING THE COORDINATION OF SERVICES, ACCESS, CONVENIENCE, AND EFFICIENCY. THE ENGLEWOOD HOSPITAL PHYSICIAN NETWORK BEGAN IN 2011 AND HAS SINCE GROWN TO MORE THAN 500 PROVIDERS FROM A WIDE RANGE OF SPECIALTIES WHO PROVIDE CARE AT MORE THAN 100 OFFICE LOCATIONS BERGEN , ESSEX, HUDSON, MORRIS, PASSAIC, AND ROCKLAND COUNTIES, AS WELL AS ON-SITE AT OUR HOSPITA L. THE BACKBONE OF THE NETWORK IS THE MORE THAN 130 PRIMARY CARE PRACTITIONERS, WHO ARE CE NTRAL TO MANAGING A PATIENTS CARE AND STREAMLINING ACCESS TO SPECIALISTS AND TERTIARY-LEVEL CARE. WITH CARE COORDINATORS, SOCIAL WORKERS, QUALITY COORDINATORS, AND PATIENT NAVIGATO RS, THE PRACTICES ARE PUTTING PATIENTS AT THE FOREFRONT, BRIDGING RELATIONSHIPS AMONG PATI ENTS AND FAMILIES AND THEIR CARE TEAMS. IN RECOGNITION OF THIS PATIENT-CENTERED APPROACH, 18 OF OUR PRIMARY CARE PRACTICES IN OUR NETWORK AS OF THE CLOSE OF 2019 WERE NAMED LEVEL 3 PATIENT-CENTERED MEDICAL HOMES, THE GOLD STANDARD FOR PRIMARY CARE, DESIGNATED BY THE NAT IONAL COMMITTEE FOR QUALITY ASSURANCE. THE PRACTICES ACCEPT ALMOST ALL INSURANCES, ARE CON NECTED THROUGH A SINGLE ELECTRONIC HEALTH RECORD SYSTEM, OFFER EXTENDED HOURS AND WALK-IN/ URGENT CARE, HAVE MULTILINGUAL PROVIDERS AND STAFF, AND HAVE BEGUN TO OFFER TRANSPORTATION ASSISTANCE. IN 2019, THE NETWORK GREW FURTHER TO INCLUDE MORE PRIMARY CARE PHYSICIANS AND ADDITIONAL SPECIALTIES AND LO</p>

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<p>CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>CATIONS, INCLUDING ORTHOPEDIC SURGERY. POPULATION HEALTH AND COMMUNITY WELLNESS ----- ----- POPULATION HEALTH MANAGEMENT FOCUSES NOT ONLY ON HEALTH OUT COMES, BUT THE FACTORS THAT DETERMINE THEM. OVER THE PAST FOUR YEARS, ENGLEWOOD HOSPITAL HAS DEVELOPED A POPULATION HEALTH STRATEGY AND CREATED A NEW DEPARTMENT TO OVERSEE AND IMPLEMENT THIS STRATEGY IN BOTH OUR HOSPITAL AND PHYSICIAN NETWORK. STRATEGIES INCLUDE IMPROVING CARE COORDINATION, ESTABLISHING VALUE-BASED CONTRACTS WITH PAYERS, AND EXPLORING INNOVATIVE WAYS FOR PATIENTS TO ACCESS PREVENTIVE CARE, SUCH AS TELEHEALTH. ENGLEWOOD HOSPITAL IS ALSO PARTICIPATING IN VALUE-BASED PROGRAMS THAT ENCOURAGE DOCTORS, HOSPITALS, AND OTHER PROVIDERS TO COME TOGETHER TO GIVE COORDINATED HIGH-QUALITY CARE TO THEIR PATIENTS. THE GOAL OF COORDINATED CARE, SUCH AS THAT PROVIDED THROUGH OUR ACCOUNTABLE CARE ORGANIZATIONS (ACOS), IS TO ENSURE THAT PATIENTS GET THE RIGHT CARE AT THE RIGHT TIME, WHILE AVOIDING UNNECESSARY DUPLICATION OF SERVICES AND PREVENTING MEDICAL ERRORS. OUR TEAM FOCUSES ON PROVIDING PREVENTIVE CARE AND WE TRACK AND MONITOR THE HEALTH STATUS OF THEIR ENTIRE PATIENT PANEL. IN ADDITION, PATIENTS WHO ARE SEEN IN THE EMERGENCY DEPARTMENT OR ARE HOSPITALIZED ARE CONTACTED BY OUR CARE MANAGEMENT TEAM TO ACTIVELY COORDINATE THEIR TRANSITION OF CARE BACK TO THE PRIMARY CARE PROVIDER. SINCE 2015, WE HAVE ENROLLED MORE THAN 65,000 LIVES INTO OUR ACOS. 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 WOMENS HEALTH, AS WELL AS BLOODLESS MEDICINE AND SURGERY. BEHAVIORAL HEALTH: A FEW YEARS AGO, WE MADE A MAJOR COMMITMENT TO IMPROVING ACCESS TO BEHAVIORAL HEALTH SERVICES TO MEET A GROWING AND CRITICALLY IMPORTANT COMMUNITY NEED. OUR STRATEGY HAS INVOLVED BOTH PROGRAMMATIC ENHANCEMENTS AS WELL AS RENOVATION OF THE PHYSICIAN INPATIENT UNIT AND THE OPENING OF A BEHAVIORAL HEALTH PHYSICIAN PRACTICE NAMED THE GREGORY P. SHADEK CENTER FOR BEHAVIORAL HEALTH. BLOODLESS MEDICINE: OUR INSTITUTE FOR PATIENT BLOOD MANAGEMENT & BLOODLESS MEDICINE AND SURGERY CELEBRATED ITS 25TH ANNIVERSARY IN 2019. IT 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 LONG BEEN A MODEL FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER AND BENIGN BREAST DISEASE. OVER THE PAST FIVE YEARS, THE CENTER HAS EXPANDED ITS CLINICAL SERVICES AND ENHANCED THE EXPERIENCE FOR PATIENTS. CANCER: OVER THE PAST FIVE YEARS</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>RS, OUR CANCER PROGRAM HAS UNDERGONE A MAJOR TRANSFORMATION, WHICH HAS INCLUDED BRINGING TOGETHER PROVIDERS, STAFF, SERVICES AND TECHNOLOGY IN A SINGLE CENTRALIZED LOCATION THAT WOULD EMBODY A PATIENT-FIRST PHILOSOPHY. WE HAVE ALSO EXPANDED OUR OUTPATIENT ONCOLOGY SERVICES, INCLUDING RECRUITING SEVERAL NEW SPECIALISTS TO SERVE OUR HUDSON COUNTY PATIENTS. IN 2019, MORE THAN 1,200 PATIENTS WERE DIAGNOSED AND TREATED AT OUR CANCER CENTER. 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 SURGICAL 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 2019, WE PERFORMED 39,000 HEART AND VASCULAR PROCEDURES, INCLUDING OPEN HEART SURGERY. IMAGING: HIGH-TECH TOOLS ARE ESSENTIAL TO MAKING A PRECISE DIAGNOSIS AND DELIVERING HIGH-QUALITY CARE. OVER THE PAST FIVE YEARS, WE HAVE INVESTED IN STATE-OF-THE-ART DIAGNOSTIC IMAGING TECHNOLOGY, INTRODUCED NEW IMAGING SERVICES, AND EXPANDED OUR LEADING DIAGNOSTIC SERVICES INTO ADDITIONAL COMMUNITIES. JOINT AND SPINE: AS THE POPULATION AGES, ORTHOPEDIC AND SPINAL CARE ARE INCREASINGLY IMPORTANT SERVICES FOR OUR COMMUNITY. OVER THE PAST FIVE YEARS, 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. IN 2019, NEARLY 1,000 PATIENTS UNDERWENT TOTAL JOINT REPLACEMENT OR SPINE SURGERY AT ENGLEWOOD HOSPITAL. MATERNITY: OUR MATERNITY UNIT IS A BUSY CENTER OFFERING COMPASSIONATE, EXPERT CARE IN AN ENVIRONMENT WHERE PATIENTS CAN FEEL AT HOME. IN 2019, NEARLY 2,800 BABIES WERE BORN AT OUR HOSPITAL.</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 ONLY BY REMAINING VIGILANT ABOUT PATIENT SAFETY; CREATING A WELCOMING, PATIENT CENTERED ENVIRONMENT THAT EMPHASIZES HEALING; PROVIDING TOOLS AND SUPPORT THAT EMPOWER THE 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 ----- HOSPITAL-WIDE AWARDS: HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD (TOP 10% IN THE NATION TWO YEARS IN A ROW). THE LEAPFROG GROUP (HOSPITAL SAFETY GRADE "A" FALL 2019 AND TOP HOSPITAL AWARD) GASTROENTEROLOGY: CARECHEX PATIENT SAFETY AWARD FOR GASTROINTESTINAL HEMORRHAGE TOP 10% IN NATION GENERAL SURGERY: CARECHEX MEDICAL EXCELLENCE AWARD FOR GALL BLADDER REMOVAL TOP 10% IN NATION; TRAUMA CARE TOP 45 IN NATION, TOP 10% IN NATION, TOP 10% IN NJ. CARECHEX PATIENT SAFETY AWARD FOR GALL BLADDER REMOVAL TOP 10% IN NATION. HEALTHGRADES 5-STAR RECIPIENT FOR APPENDECTOMY FOUR YEARS IN A ROW; GALLBLADDER SURGERY TWO YEARS IN A ROW HEART & VASCULAR: CARECHEX PATIENT SAFETY AWARDS FOR CARDIAC CARE TOP 80 IN NATION, TOP 10% IN NATION, TOP 10% IN NJ; HEART FAILURE TREATMENT TOP 10% IN NATION; INTERVENTIONAL CORONARY CARE TOP 10% IN NATION, TOP 10% IN NJ; MAJOR CARDIAC SURGERY TOP 10% IN NJ. HEALTHGRADES 5-STAR RECIPIENT FOR CAROTID PROCEDURES TWO YEARS IN A ROW NEUROLOGY & NEUROSURGERY: CARECHEX PATIENT SAFETY AWARDS FOR NEUROLOGICAL CARE TOP 10% IN NATION; MAJOR NEUROSURGERY TOP 10% IN NJ; STROKE CARE TOP 10% IN NATION ONCOLOGY: CARECHEX PATIENT SAFETY AWARD FOR CANCER CARE TOP 80 IN NATION, TOP 10% IN NATION, TOP 10% IN NJ ORTHOPEDIC SURGERY: CARECHEX MEDICAL EXCELLENCE AWARD FOR HIP FRACTURE TOP 10% IN NJ. CARECHEX PATIENT SAFETY AWARDS FOR HIP FRACTURE TOP 60 IN NATION, TOP 10% IN NATION, TOP 10% IN NJ. HEALTHGRADES 5-STAR RECIPIENT FOR HIP FRACTURE TWO YEARS IN A ROW PULMONOLOGY: CARECHEX MEDICAL EXCELLENCE AWARD FOR PNEUMONIA CARE TOP 10% IN NATION WOMENS HEALTH: CARECHEX PATIENT SAFETY AWARD FOR WOMENS HEALTH TOP 85 IN NATION, TOP 10% IN NATION AND NJ. HEALTHGRADES EXCELLENCE AWARDS FOR OBSTETRICS AND GYNECOLOGY FOUR YEARS IN A ROW, TOP 10% OF HOSPITALS EVALUATED; LABOR AND DELIVERY FOUR YEARS IN A ROW, TOP 10% OF HOSPITALS EVALUATED. HEALTHGRADES 5-STAR RECIPIENT FOR VAGINAL DELIVERY FOUR YEARS IN A ROW; C-SECTION DELIVERY FOUR YEARS IN A ROW INFORMATION TECHNOLOGY: COLLEGE OF HEALTHCARE INFORMATION MANAGEMENT EXECUTIVES (CHIME</p>

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CORE FORM, PART III; STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS) MOST WIRED (LEVEL 8/10)

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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.

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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.

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CORE FORM, PART VI, SECTION B; QUESTION 11B	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THIS ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ENGLEWOOD HEALTH BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE ENGLEWOOD HEALTH GOVERNING BODY HAS ASSUMED THE RESPONSIBILITY TO OVERSEE AND COORDINATE THE FEDERAL FORM 990 PREPARATION, REVIEW AND FILING PROCESS FOR ALL TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM. AS PART OF THE ORGANIZATION'S FEDERAL FORM 990 TAX RETURN PREPARATION PROCESS THE SYSTEM HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE SYSTEM'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS ("INTERNAL WORKING GROUP") TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE SYSTEM'S INTERNAL WORKING GROUP FOR THEIR REVIEW. THE INTERNAL WORKING GROUP REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE INTERNAL WORKING GROUP FOR FINAL REVIEW AND APPROVAL. FOLLOWING THIS REVIEW, THE FORM 990 WAS THEN PRESENTED AND MADE AVAILABLE TO THE ENGLEWOOD HEALTH GOVERNING BODY PRIOR TO FILING WITH THE IRS.</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THE ORGANIZATION AND SYSTEM REGULARLY MONITOR AND ENFORCE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES AND CERTAIN OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE SYSTEM'S DIRECTOR OF AUDIT/COMPLIANCE FOR REVIEW. THE ORGANIZATION'S GOVERNING BODY HAS A NOMINATING AND GOVERNANCE COMMITTEE ("COMMITTEE") WHICH IS COMPRISED OF MEMBERS ITS GOVERNING BOARD AS WELL AS TRUSTEES OF ENGLEWOOD HEALTH. THE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE CONFLICT OF INTEREST DISCLOSURE AND REVIEW PROCESS.

990 Schedule O, Organizational Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN ENGLEWOOD HEALTH AND AFFILIATES; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"). ENGLEWOOD HEALTH IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THE GOVERNING BODY OF ENGLEWOOD HEALTH, ITS BOARD OF TRUSTEES, HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S VICE PRESIDENTS AND ABOVE ("SENIOR MANAGEMENT PERSONNEL"). THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THESE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPOSED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, NUMBER OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO SENIOR MANAGEMENT PERSONNEL. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS WITHIN THE ORGANIZATION ARE REVIEWED ANNUALLY BY THE SYSTEM'S PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE SYSTEM'S HUMAN RESOURCES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	WARREN GELLER IS AN OFFICER OF THIS ORGANIZATION AND INVOLVED IN THE LEADERSHIP AND MANAGEMENT OF THIS ORGANIZATION. MR. GELLER IS EMPLOYED BY THIS ORGANIZATION AND RECEIVES FORM W-2. ACCORDINGLY HIS COMMON LAW EMPLOYER/EMPLOYEE RELATIONSHIP IS WITH ENGLEWOOD HOSPITAL (EIN: 22-1487173). ENGLEWOOD HOSPITAL FILED A 2019 FORM 4720 WHICH INCLUDED A REMITTANCE OF EXCISE TAX RELATED TO MR. GELLER'S COMPENSATION IN EXCESS OF \$1M.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI; QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE: - CHANGE IN MINIMUM PENSION LIABILITIES \$853,163; - CHANGE IN MINIMUM POST-RETIREMENT HEALTH LIABILITIES - (\$281,224); AND - 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 - \$10,079,766.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, 2019 AND DECEMBER 31, 2018; RESPECTIVELY. THE INDEPENDENT CPA FIRM ISSUED AN UNMODIFIED OPINION WITH RESPECT TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS EACH YEAR. THE GOVERNING BODY OF ENGLEWOOD HEALTH, ITS BOARD OF TRUSTEES, HAS AN AUDIT AND COMPLIANCE COMMITTEE. THE ENGLEWOOD HEALTH AUDIT AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THIS ORGANIZATION AND THE SELECTION OF AN INDEPENDENT AUDITOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 CPA FIRM TO PREPARE AND ISSUE AN AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:213363501

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING FEES TOTAL FEES:3606503

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:NURSE PRACTITIONER FEES TOTAL FEES:3337065

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:NJ HEALTHCARE SUBSIDY FUND PMT TOTAL FEES:3245004

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TRANSCRIPTION FEES TOTAL FEES:177130

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:3307939

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ENGLEWOOD HOSPITAL AND MEDICAL CENTER

Employer identification number
22-1487173

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ENGLEWOOD HEALTH ALLIANCE ACO LLC 350 ENGLE STREET ENGLEWOOD, NJ 07631 46-5759919	HEALTHCARE	NJ	0	0	ENG HOSPITAL
(2) ENGLEWOOD HEALTH ACO LLC 350 ENGLE STREET ENGLEWOOD, NJ 07631 82-2282888	HEALTHCARE	NJ	0	5,000	ENG HOSPITAL

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 350 ENGLE STREET ENGLEWOOD, NJ 07631 22-3367281	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	ENG HEALTH		No
(2) ENGLEWOOD HEALTHCARE SYSTEM INC 350 ENGLE STREET ENGLEWOOD, NJ 07631 22-2749097	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	NA		No
(3) ENGLEWOOD HEALTHCARE PROPERTIES INC 350 ENGLE STREET ENGLEWOOD, NJ 07631 22-2943092	PROPERTY ACQ	NJ	501(C)(2)		ENG HEALTH		No
(4) ENGLEWOOD MEDICAL ASSOCIATES INC 350 ENGLE STREET ENGLEWOOD, NJ 07631 22-3446625	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	ENG HOSPITAL	Yes	
(5) MEDICAL ASSOCIATES OF ENGLEWOOD PC 350 ENGLE STREET ENGLEWOOD, NJ 07631 45-2548322	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	ENG HOSPITAL	Yes	
(6) EMERGENCY PHYSICIANS OF ENGLEWOOD PC 350 ENGLE STREET ENGLEWOOD, NJ 07631 45-4604076	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	ENG HOSPITAL	Yes	
(7) PHYSICIAN PARTNERS OF ENGLEWOOD PC 350 ENGLE STREET ENGLEWOOD, NJ 07631 45-5597971	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	ENG HOSPITAL	Yes	

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	

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 350 ENGLE STREET ENGLEWOOD, NJ 07631 22-2872393	HEALTHCARE SVCS.	NJ	NA	C CORP.					No

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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)	Yes	
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)		No

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	E	4,763,734	COST
(2)MEDICAL ASSOCIATES OF ENGLEWOOD PC	J	54,600	COST

Part VII Supplemental Information

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

Return Reference	Explanation
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.