

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
ABINGTON MEMORIAL HOSPITAL

% RONALD C KELLER CPA
Doing business as
ABINGTON HOSPITAL - JEFFERSON HEALTH

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1101 MARKET STREET SUITE 2004

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19107

D Employer identification number
23-1352152

E Telephone number
(215) 481-2851

G Gross receipts \$ 866,615,895

F Name and address of principal officer:
MARGARET M MCGOLDRICK
1101 MARKET ST STE 2004
PHILADELPHIA, PA 19107

- 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.ABINGTONHEALTH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1913

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE ORG. IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR ALL BY FOSTERING HEALING, EASING SUFFERING, AND PROMOTING WELLNESS IN A CULTURE OF SAFETY, LEARNING AND RESPECT.

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)	53
4 Number of independent voting members of the governing body (Part VI, line 1b)	46
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6,456
6 Total number of volunteers (estimate if necessary)	1,126
7a Total unrelated business revenue from Part VIII, column (C), line 12	56,505
7b Net unrelated business taxable income from Form 990-T, line 34	-6,271

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,305,958	294,055
9 Program service revenue (Part VIII, line 2g)	823,367,106	847,093,920
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,110,853	7,165,858
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,407,622	11,866,334
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	840,191,539	866,420,167
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	7,000
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)	483,152,339	497,826,540
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)	331,579,804	360,733,604
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	814,732,143	858,567,144
19 Revenue less expenses. Subtract line 18 from line 12	25,459,396	7,853,023
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	861,216,107	938,208,604
21 Total liabilities (Part X, line 26)	638,727,120	745,286,888
22 Net assets or fund balances. Subtract line 21 from line 20	222,488,987	192,921,716

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: 2020-07-10
PETER L DEANGELIS JR EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00642486
Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶	
Firm's address ▶ TWO LOGAN SQUARE SUITE 2001 PHILADELPHIA, PA 191032726			Phone no. (215) 546-2140	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

THE ORGANIZATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR ALL BY FOSTERING HEALING, EASING SUFFERING, AND PROMOTING WELLNESS IN A CULTURE OF SAFETY, LEARNING AND RESPECT. 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 \$ 772,711,133 including grants of \$ 7,000) (Revenue \$ 847,093,920)
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 ▶ 772,711,133

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	6,456		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a			No
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c			
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a		Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g			
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h			
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8			
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a			
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b			
10 Section 501(c)(7) organizations. Enter:				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter:				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a			
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b			
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15			No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (53); 1b Enter the number of voting members included in line 1a, above, who are independent (46); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 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. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O); 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: RONALD C KELLER CPA 1101 MARKET STREET STE 2004 PHILADELPHIA, PA 19107 (215) 503-8344

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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. Includes a row for 'See Additional Data Table' and a summary row at the bottom.

Summary rows for Sub-Total, Total from continuation sheets to Part VII, Section A, and Total (add lines 1b and 1c). Values: 12,811,618; 1,596,197; 2,554,563

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 677

Table with 3 rows (3, 4, 5) and 2 columns (Yes, No). Questions regarding compensation reporting and related organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like UNITED ANESTHESIA SERVICE PC, RADIOLOGY GROUP OF ABINGTON PC, etc.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 41

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	294,055			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f: \$ _____					
h Total. Add lines 1a-1f		294,055				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code				
		541900	828,457,897	828,457,897		
	b OTHER HEALTHCARE RELATED REVENUE	541900	18,636,023	18,579,518	56,505	
	c _____					
	d _____					
	e _____					
	f All other program service revenue.					
g Total. Add lines 2a-2f		847,093,920				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,296,530		7,296,530	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real	(ii) Personal			
		7,060,941				
		b Less: rental expenses				
		c Rental income or (loss)	7,060,941	0		
	d Net rental income or (loss)		7,060,941		7,060,941	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			65,056			
		b Less: cost or other basis and sales expenses	195,728			
		c Gain or (loss)	-195,728	65,056		
	d Net gain or (loss)		-130,672		-130,672	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	0			
		b Less: direct expenses	0			
c Net income or (loss) from fundraising events			0			
9a Gross income from gaming activities. See Part IV, line 19	a	0				
	b Less: direct expenses	0				
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	0				
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a GIFT SHOP	453220	227		227		
b CAFETERIA	722511	3,162,070		3,162,070		
c PARKING/GARAGE	812930	1,643,096		1,643,096		
d All other revenue						
e Total. Add lines 11a-11d		4,805,393				
12 Total revenue. See Instructions.		866,420,167	847,037,415	56,505	19,032,192	

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	7,000	7,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,787,693	7,908,924	878,769	
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	392,963,811	353,667,430	39,296,381	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	24,234,363	21,810,927	2,423,436	
9 Other employee benefits	45,012,155	40,510,939	4,501,216	
10 Payroll taxes	26,828,518	24,145,666	2,682,852	
11 Fees for services (non-employees):				
a Management	19,869	17,882	1,987	
b Legal	497,039	447,335	49,704	
c Accounting	28,000	25,200	2,800	
d Lobbying	47,889	43,100	4,789	
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)	66,873,538	60,186,186	6,687,352	
12 Advertising and promotion	45	41	4	
13 Office expenses	11,862,751	10,676,476	1,186,275	
14 Information technology	33,009	29,708	3,301	
15 Royalties	0			
16 Occupancy	18,266,565	16,439,909	1,826,656	
17 Travel	1,518,217	1,366,395	151,822	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	15,156	13,641	1,515	
20 Interest	10,838,408	9,754,567	1,083,841	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	42,204,272	37,983,845	4,220,427	
23 Insurance	8,571,524	7,714,372	857,152	
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	142,537,632	128,283,869	14,253,763	
b REPAIRS & MAINTENANCE	31,997,872	28,798,084	3,199,788	
c CORPORATE SERVICES	17,549,977	15,794,980	1,754,997	
d DUES & SUBSCRIPTIONS	1,122,363	1,010,127	112,236	
e All other expenses	6,749,478	6,074,530	674,948	
25 Total functional expenses. Add lines 1 through 24e	858,567,144	772,711,133	85,856,011	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	24,579,798	1	19,399
	2 Savings and temporary cash investments	-184,591	2	51,957,222
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	90,470,101	4	107,116,587
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	262,106	7	0
	8 Inventories for sale or use	4,794,896	8	4,809,202
	9 Prepaid expenses and deferred charges	6,675,965	9	5,319,724
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,153,391,013		
	b Less: accumulated depreciation	10b 696,486,805	458,969,043	10c 456,904,208
	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	57,686,884	13	117,420,405
	14 Intangible assets	14,107,955	14	14,107,955
	15 Other assets. See Part IV, line 11	203,853,950	15	180,553,902
16 Total assets. Add lines 1 through 15 (must equal line 34)	861,216,107	16	938,208,604	
Liabilities	17 Accounts payable and accrued expenses	121,558,241	17	118,154,939
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	16,667
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	196,419	23	0
	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	516,972,460	25	627,115,282
	26 Total liabilities. Add lines 17 through 25	638,727,120	26	745,286,888
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	173,149,711	27	143,192,800
	28 Temporarily restricted net assets	49,339,276	28	49,728,916
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	222,488,987	33	192,921,716	
34 Total liabilities and net assets/fund balances	861,216,107	34	938,208,604	

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	866,420,167
2	Total expenses (must equal Part IX, column (A), line 25)	2	858,567,144
3	Revenue less expenses. Subtract line 2 from line 1	3	7,853,023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	222,488,987
5	Net unrealized gains (losses) on investments	5	3,206,934
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	-40,627,228
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	192,921,716

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?	Yes	
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	

Additional Data

Software ID:

Software Version:

EIN: 23-1352152

Name: ABINGTON MEMORIAL HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING EMERGENCY AND MEDICALLY NECESSARY HEALTHCARE 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.

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			
BRUCE K ENTWISLE CHAIRMAN - TRUSTEE	5.0 0.0	X		X				0	0	0
JEAN FITZPATRICK PHD VICE CHAIR - TRUSTEE	5.0 0.0	X		X				0	0	0
DAVID ARCHIBALD EDD TRUSTEE	5.0 0.0	X						0	0	0
EDWARD K ASPLUNDH TRUSTEE	5.0 0.0	X						0	0	0
ROBERT BARSKY DO TRUSTEE	5.0 0.0	X						0	0	0
HELEN R BOSLEY TRUSTEE	5.0 0.0	X						0	0	0
JOHN A BOWN JR TRUSTEE	5.0 0.0	X						0	0	0
ARNOLD W BRADBURD TRUSTEE	5.0 0.0	X						0	0	0
DOUGLAS S CALLANTINE TRUSTEE	5.0 0.0	X						0	0	0
GERARD M CLEARY DO TRUSTEE; EX-OFFICIO	55.0 0.0	X						543,397	0	24,999

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			
EDITH R DIXON TRUSTEE	5.0 0.0	X						0	0	0
MARK L DOOLEY TRUSTEE	5.0 0.0	X						0	0	0
GEORGE T DOWNS III TRUSTEE	5.0 0.0	X						0	0	0
DAVID J ESKIN MD TRUSTEE	5.0 0.0	X						0	0	0
MARK R ESKIN TRUSTEE	5.0 0.0	X						0	0	0
WILLIAM W FONNER TRUSTEE	5.0 0.0	X						0	0	0
BRUCE GOODMAN TRUSTEE	5.0 0.0	X						0	0	0
HARVEY GUTTMANN MD TRUSTEE; EX-OFFICIO	5.0 0.0	X						0	0	0
DAVID L HARRAR TRUSTEE	5.0 0.0	X						0	0	0
MARILYN D HARRIS TRUSTEE	5.0 0.0	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			
THOMAS HILL TRUSTEE	5.0 0.0	X						0	0	0
HYMAN R KAHN MD TRUSTEE	5.0 0.0	X						0	0	0
H LEWIS KLEIN TRUSTEE	5.0 0.0	X						0	0	0
BRUCE KLUGHERZ MD TRUSTEE; EX-OFFICIO	5.0 0.0	X						0	0	0
RICHARD KRAUSS TRUSTEE	5.0 0.0	X						0	0	0
JOSEPHINE C MANDEVILLE TRUSTEE	5.0 0.0	X						0	0	0
LINDA MANFREDONIA ESQ TRUSTEE	5.0 0.0	X						0	0	0
WARREN B MATTHEWS MD TRUSTEE - PHYSICIAN	55.0 0.0	X						306,084	0	96,094
MARGARET M MCGOLDRICK TRUSTEE - PRESIDENT, AMH/LHC	55.0 0.0	X		X				1,786,475	0	143,236
REEVES MILLER TRUSTEE	5.0 0.0	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			
NEAL PEARLSTINE ESQ TRUSTEE	5.0 0.0	X						0	0	0
FREDERICK PENNEKAMP TRUSTEE	5.0 0.0	X						0	0	0
ROBERT PETERMAN TRUSTEE	5.0 0.0	X						0	0	0
REV DR BRUCE W PETTY SR TRUSTEE	5.0 0.0	X						0	0	0
DONALD PIZER TRUSTEE	5.0 0.0	X						0	0	0
LORRAINE C PRUITT TRUSTEE	5.0 0.0	X						0	0	0
REV CHARLES QUANN TRUSTEE	5.0 0.0	X						0	0	0
ROBERT J RIETHMILLER JR TRUSTEE	5.0 0.0	X						0	0	0
JEREMY A ROSENAU TRUSTEE	5.0 0.0	X						0	0	0
ANDREW D RUBIN TRUSTEE	5.0 0.0	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			
HERBERT SACHS TRUSTEE	5.0 0.0	X						0	0	0
FREDDA L SEGAL TRUSTEE	5.0 0.0	X						0	0	0
STANLEY A SINGER TRUSTEE	5.0 0.0	X						0	0	0
JOSEPHINE B SMITH TRUSTEE	5.0 0.0	X						0	0	0
RICHARD SNYDER MD TRUSTEE	5.0 0.0	X						44,255	0	0
STEVEN E SPENCER MD TRUSTEE - MEDICAL DIRECTOR	55.0 0.0	X						304,325	0	21,450
JAMES STILL TRUSTEE	5.0 0.0	X						0	0	0
ELLIOT W STONE TRUSTEE	5.0 0.0	X						0	0	0
KEITH W SWEIGARD MD TRUSTEE - MEDICAL DIV CHIEF	55.0 0.0	X		X				492,215	0	166,152
BRUCE E TOLL TRUSTEE	5.0 0.0	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			
OSCAR P VANCE JR TRUSTEE	5.0 0.0	X						0	0	0
ROBERT P VOGEL ESQ TRUSTEE	5.0 0.0	X						0	0	0
MARY ANN WATSON TRUSTEE	5.0 0.0	X						0	0	0
DEBORAH A DATTE ESQ SECRETARY - SVP LEGAL	55.0 0.0			X				517,665	0	94,735
MICHAEL WALSH TREAS - SVP FINANCE TJU & JH	55.0 0.0			X				862,040	0	251,507
ALISON L FERREN SVP INTEGRATION & PERF IMP	55.0 0.0			X				609,005	0	134,699
JILL G KYLE SVP REGIONAL ADVANCEMENT	55.0 0.0			X				425,112	0	137,907
ANNMARIE CHAVARRIA MSN RN SVP; CNO (EFF 9/7/18)	55.0 0.0			X				192,741	0	39,777
MEGHAN O PATTON VP; HR OPERATIONS & ASSOC CHRO	55.0 0.0			X				550,613	0	120,339
ELISSA DELLAMONICA VP;POST ACUTE CARE & CASE MGMT	55.0 0.0			X				309,944	0	206,820

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			
EILEEN P JAMESON VP; CLINICAL SERVICES	55.0 0.0			X				286,495	0	119,612
DOUGLAS LASKE MD MEDICAL DIVISION CHIEF	55.0 0.0					X		782,661	0	25,056
ORLANDO KIRTON MD DEPARTMENT CHAIRPERSON	55.0 0.0					X		759,197	0	24,900
STEVEN BARRER MD MEDICAL DIRECTOR	55.0 0.0					X		750,448	0	119,329
WALTER J SCOTT MD MEDICAL DIVISION CHIEF	55.0 0.0					X		744,171	0	18,758
JONAS J GOPEZ MD PHYSICIAN	55.0 0.0					X		704,425	0	45,552
LAURENCE M MERLIS FORMER OFFICER	60.0 0.0						X	204,353	1,596,197	648,813
JOHN J KELLY MD FORMER OFFICER	0.0 0.0						X	707,174	0	0
THERESA M REILLY FORMER OFFICER	0.0 0.0						X	498,283	0	46,854
GARY R CANDIA PHD FORMER OFFICER	0.0 0.0						X	430,540	0	67,974

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ABINGTON MEMORIAL HOSPITAL

Employer identification number
23-1352152

Employer identification number
23-1352152

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
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>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined 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>		
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>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described 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>		
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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 23-1352152

Name: ABINGTON MEMORIAL HOSPITAL

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.

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2018
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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 ABINGTON MEMORIAL HOSPITAL	Employer identification number 23-1352152
--	--

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		47,889
j Total. Add lines 1c through 1i			47,889
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-B; LINE 11	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THOMAS JEFFERSON UNIVERSITY PAYS ALL LOBBYING EXPENDITURES ON BEHALF OF ALL AFFILIATES WITHIN THE SYSTEM AND ALLOCATES A PERCENTAGE OF THESE EXPENDITURES TO VARIOUS AFFILIATES. THESE LOBBYING EXPENDITURES INCLUDE (1) PAYMENT TO AN OUTSIDE INDEPENDENT FIRM AND (2) AN ALLOCATED PORTION OF THE DUES PAID TO THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND THE AMERICAN HOSPITAL ASSOCIATION. THE AMOUNT ALLOCATED TO THIS ORGANIZATION ATTRIBUTABLE TO LOBBYING ACTIVITY FOR THE YEAR ENDED JUNE 30, 2019 IS \$47,889.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
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 the latest information.

Name of the organization
ABINGTON MEMORIAL HOSPITAL

Employer identification number
23-1352152

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	48,769,031	47,515,691	44,790,198	46,606,272	47,770,835
b Contributions					
c Net investment earnings, gains, and losses	959,885	1,253,340	2,725,493	-1,816,074	-1,164,563
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	49,728,916	48,769,031	47,515,691	44,790,198	46,606,272

- 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 ▶ 100.000 %
- 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) | No |
| (ii) related organizations | 3a(ii) | No |
| 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		20,393,704		20,393,704
b Buildings		641,708,918	339,530,203	302,178,715
c Leasehold improvements		3,233,906	2,277,045	956,861
d Equipment		452,069,070	347,287,345	104,781,725
e Other		35,985,415	7,392,212	28,593,203
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				456,904,208

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) SHORT-TERM INVESTMENTS	51,631,234	F
(2) LONG-TERM INVESTMENTS	7,960,111	F
(3) ASSETS WHOSE USE IS LIMITED	57,829,060	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	117,420,405	

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) OTHER RECEIVABLES	41,025,922
(2) OTHER ASSETS	57,972,594
(3) DUE FROM AFFILIATES	81,555,386
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	180,553,902

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
PENSION LIABILITY	204,772,000
OTHER LIABILITIES	17,970,194
TJU OBLIGATED GROUP LIABILITY	375,000,096
ACCRUED PROF. LIABILITY CLAIMS	28,931,787
ACCRUED WORKERS COMPENSATION CLAIMS	441,205
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	627,115,282

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: 23-1352152

Name: ABINGTON MEMORIAL HOSPITAL

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	<p>ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FURTHERANCE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES. THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018; RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE SYSTEMS AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE SYSTEM'S ENDOWMENT FUNDS: THOMAS JEFFERSON UNIVERSITY'S ("TJU'S") ENDOWMENTS CONSIST OF 1,006 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH EACH OF THESE GROUPS OF FUNDS ARE CLASSIFIED AND REPORTED BASED UPON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR REQUIRES TJU TO RETAIN AS A FUND OF PERPETUAL DURATION. SHORTFALLS OF THIS NATURE, WHICH ARE REPORTED IN UNRESTRICTED NET ASSETS, WERE \$1.3 MILLION AND \$1.4 MILLION AS OF JUNE 30, 2019 AND 2018, RESPECTIVELY. THESE SHORTFALLS RESULTED FROM UNFAVORABLE MARKET FLUCTUATIONS THAT OCCURRED SHORTLY AFTER THE INVESTMENT OF NEW PERMANENTLY RESTRICTED CONTRIBUTIONS AND CONTINUED APPROPRIATION FOR CERTAIN PROGRAMS THAT WAS DEEMED PRUDENT BY TJU. THE COMMONWEALTH OF PENNSYLVANIA HAS NOT ADOPTED THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UMIFA) OR THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). RATHER, THE PENNSYLVANIA ACT GOVERNS THE INVESTMENT, USE AND MANAGEMENT OF TJUS ENDOWMENT FUNDS. THE PENNSYLVANIA ACT ALLOWS A NONPROFIT TO ELECT TO APPROPRIATE FOR EXPENDITURE AN INVESTMENT POLICY THAT SEEKS THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE INVESTMENTS. IN ACCORDANCE WITH THE PENNSYLVANIA ACT, THE OBJECTIVES OF TJUS INVESTMENT POLICY IS TO PROVIDE A LEVEL OF SPENDABLE INCOME WHICH IS SUFFICIENT TO MEET THE CURRENT AND FUTURE BUDGETARY REQUIREMENTS OF TJU AND WHICH IS CONSISTENT WITH THE GOAL OF PROTECTING THE PURCHASING POWER OF THE INVESTMENTS. THE CALCULATION OF THE SPENDABLE INCOME FOR ENDOWMENT FUNDS OF TJU IS BASED ON 75% OF THE PRIOR YEAR SPENDABLE INCOME AND 25% OF THE CALCULATED TWO YEAR AVERAGE OF THE ENDOWMENT MARKET VALUE MULTIPLIED BY 4.75%; THE SUM OF WHICH IS ADJUSTED BY AN INFLATION FACTOR. THE CALCULATION OF THE SPENDABLE INCOME FOR ENDOWMENT FUNDS OF ABINGTON IS BASED ON 5% OF THE CALCULATED THREE YEAR AVERAGE OF THE ENDOWMENT MARKET VALUE.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ABINGTON MEMORIAL HOSPITAL

Employer identification number
23-1352152

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	6,997,517
3a Sub-total	1	1			6,997,517
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			6,997,517

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 ABINGTON MEMORIAL HOSPITAL

Hospitals

▶ **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.**

Employer identification number
 23-1352152

OMB No. 1545-0047
2018
Open to Public Inspection

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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>299 %</u> 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 <u>600 %</u> 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?		No
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?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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)		58,339	9,780,116	426,464	9,353,652	1.090 %
b Medicaid (from Worksheet 3, column a)		69,954	79,102,304	54,217,860	24,884,444	2.900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		128,293	88,882,420	54,644,324	34,238,096	3.990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).		19,561	1,990,656	168,214	1,822,442	0.210 %
f Health professions education (from Worksheet 5)		123	35,743,310	11,418,275	24,325,035	2.830 %
g Subsidized health services (from Worksheet 6)		15,738	64,063,852	41,487,654	22,576,198	2.630 %
h Research (from Worksheet 7)			556,993	567,565	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		1,446	268,954		268,954	0.030 %
j Total. Other Benefits		36,868	102,623,765	53,641,708	48,992,629	5.700 %
k Total. Add lines 7d and 7j		165,161	191,506,185	108,286,032	83,230,725	9.690 %

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	18,122,331
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	1,435,476
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	189,686,551
6	Enter Medicare allowable costs of care relating to payments on line 5	6	183,007,406
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	6,679,145
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 checked="" type="checkbox"/> Cost accounting system <input 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
9b	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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MCA MED IM LLC	MEDICAL SERVICES	50 %		50 %
2 AB SURG SVCS LP	MEDICAL SERVICES	39.245 %		60.755 %
3 PAIN MGT CTR AM LLC	MEDICAL SERVICES	29.033 %		70.967 %
4 NEW BRITAIN SURG LLC	MEDICAL SERVICES	25 %		75 %
5 AB SURG SVCS GP LLC	MEDICAL SERVICES	50 %		50 %
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)
 ABINGTON MEMORIAL HOSPITAL

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>18</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.ABINGTONHEALTH.ORG</u>		
b	<input type="checkbox"/> Other website (list url): _____		
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>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.ABINGTONHEALTH.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)

ABINGTON MEMORIAL HOSPITAL

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:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>299</u> % and FPG family income limit for eligibility for discounted care of <u>600</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?	14 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):	15 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):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.ABINGTONHEALTH.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.ABINGTONHEALTH.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.ABINGTONHEALTH.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**

ABINGTON MEMORIAL HOSPITAL

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:	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
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?	21	Yes
	If "No," indicate why:		
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

ABINGTON MEMORIAL HOSPITAL

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

Form and Line Reference	Explanation
See Add'l Data	

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? 43

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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 3C	<p>AMH IS COMMITTED TO PROVIDING MEDICAL CARE IN A CARING AND COMPASSIONATE MANNER REGARDLESS OF THE PATIENTS FINANCIAL CIRCUMSTANCES, IN COMPLIANCE WITH THE DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE SECTION 501(R). THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY ("FAP") EXISTS TO OFFER FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY CARE TO BOTH UNINSURED AND UNDER-INSURED INDIVIDUALS BASED UPON THEIR ABILITY TO PAY. THE GRANTING OF FINANCIAL ASSISTANCE WILL NOT TAKE INTO ACCOUNT AGE, GENDER, RACE, SOCIAL STATUS, SEXUAL ORIENTATION OR RELIGIOUS AFFILIATION. PATIENTS SEEKING EMERGENCY CARE SHALL BE TREATED WITHOUT REGARD TO ABILITY TO PAY FOR SUCH CARE. AS REFLECTED IN SCHEDULE H, PART V, SECTION B, QUESTION 13, IN ADDITION TO FEDERAL POVERTY GUIDELINES ("FPG") AMH USES THE FOLLOWING CRITERIA WHEN DETERMINING A PATIENTS ELIGIBILITY FOR FREE OR DISCOUNTED FINANCIAL ASSISTANCE: - ASSET LEVEL; - MEDICAL INDIGENCY; - INSURANCE STATUS; - UNDERINSURANCE STATUS; AND - RESIDENCY. IN ACCORDANCE WITH THE ORGANIZATIONS FAP, A PATIENT MAY QUALIFY FOR DISCOUNTS ON MEDICAL CARE IF THERE IS NO HEALTH INSURANCE AVAILABLE, OR HAS HEALTH INSURANCE, BUT THAT INSURANCE DOES NOT FULLY COVER THE MEDICAL CARE NEEDED, SUCH AS EXHAUSTED BENEFITS, AND ALL OF THE FOLLOWING APPLY: - THE PATIENT IS NOT ELIGIBLE FOR STATE MEDICAL ASSISTANCE OR OTHER AVAILABLE ASSISTANCE PROGRAMS; - THE PATIENT MEETS THE CRITERIA FOR FINANCIAL ASSISTANCE DESCRIBED IN THIS POLICY; AND - THE PATIENT PROVIDES THE NECESSARY DOCUMENTS AND COMPLETES NECESSARY PAPERWORK. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON FINANCIAL NEED. PATIENTS THAT FALL BELOW 299% OF THE FPL, BASED ON TOTAL HOUSEHOLD INCOME, WITH SUFFICIENT SUPPORTING DOCUMENTATION PROVIDED, WILL RECEIVE A 100% DISCOUNT. PATIENTS AT 300% OR ABOVE, UP TO A MAXIMUM OF 600% OF THE FPL, ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BASED UPON A SLIDING SCALE DISCOUNT. THESE DISCOUNTS ARE APPLIED AGAINST THE MEDICARE FEE-FOR-SERVICE RATES IN PLACE AT TIME OF DETERMINATION. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS ALSO DETERMINED BY THE PATIENTS OR GUARANTORS ABILITY TO PAY AFTER ALL INSURANCE HAS BEEN UTILIZED OR LIQUID RESOURCES EXHAUSTED (EXCLUDING RETIREMENT FUNDS). AMH WILL NOT CONSIDER THE PATIENTS HOUSE, CAR, RETIREMENT ACCOUNTS, AND OTHER "NON-LIQUID" ASSETS. HOWEVER, IT IS RECOGNIZED THAT THERE IS A SMALL PERCENT OF THE UNINSURED PATIENT POPULATION THAT HAS SUBSTANTIAL ASSETS AND COULD EASILY AFFORD TO PAY FOR HEALTHCARE SERVICES, BUT WHOM, BECAUSE OF HAVING TAX-EXEMPT INCOME, WILL NOT HAVE INCOME REFLECTED ON A TAX RETURN. SUCH INDIVIDUALS MAY NOT QUALIFY FOR FINANCIAL ASSISTANCE. FOR UNINSURED PATIENTS, THERE IS AN AUTOMATIC INITIAL DISCOUNT WHICH SHALL EQUATE TO 50% OFF TOTAL CHARGES FOR SERVICES RENDERED. IN ADDITION, FOR EMERGENCY DEPARTMENT AND OBSERVATION SERVICES FOR THOSE TREATED AND RELEASED (NOT ADMITTED AS INPATIENT) THERE WILL BE A MAXIMUM LIABILITY OF \$1,600. FOR LABORATORY SERVICES, THERE IS A FURTHER DISCOUNT THAT IS GENERALLY GREATER THAN 50% OFF CHARGES. A PATIENT UNABLE TO PAY THE UNINSURED RATE IS ELIGIBLE TO APPLY FOR FINANCIAL ASSISTANCE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I; QUESTION 6A	THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS IN A REPORT PREPARED BY ABINGTON HEALTH (EIN: 27-1243803), A RELATED TAX-EXEMPT ORGANIZATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	Worksheet 2 was used to calculate the cost to charge ratio for financial assistance and unreimbursed medicaid. All other costs were either obtained from the hospital's cost accounting, cost reporting or general ledger systems.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>Community building activities undertaken by this organization improve the medical and socioeconomic well-being of the communities in our care. This is accomplished through service on state and regional advocacy committees and boards, volunteerism with local community-based non-profit advocacy groups, and participation in conferences and other educational activities to promote understanding of the root causes of health concerns. This organization provides educational materials, conducts community health fairs and holds health education seminars and outreach sessions for its patients and for community providers. Presentations are provided by physicians, nurses and other healthcare professionals.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A; LINES 2, 3 & 4	<p>BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM ITS INTERNAL FINANCIAL STATEMENTS. THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. EFFECTIVE JULY 1, 2018, THE SYSTEM ADOPTED ASU 2014-09 USING A FULL RETROSPECTIVE METHOD OF APPLICATION. THE ADOPTION OF ASU 2014-09 RESULTED IN CHANGES TO THE PRESENTATION AND DISCLOSURE OF REVENUE PRIMARILY RELATED TO UNINSURED OR UNDERINSURED PATIENTS. UNDER ASU 2014-09, THE ESTIMATED UNCOLLECTIBLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUES. FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, THE SYSTEM RECORDED \$142.9 MILLION AND \$132.8 MILLION, RESPECTIVELY OF IMPLICIT PRICE CONCESSIONS AS A DIRECT REDUCTION OF NET PATIENT SERVICE REVENUES THAT WOULD HAVE BEEN RECORDED AS PROVISION FOR BAD DEBTS PRIOR TO THE ADOPTION OF ASU 2014-09. PLEASE REFER TO THE NET PATIENT SERVICE REVENUE SECTION WITHIN FOOTNOTE 1 (PAGES 9 & 10) OF THE SYSTEM'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ADDITIONAL INFORMATION ON THIS TOPIC AND THE REPORTING OF THE NETWORK'S REVENUE RECOGNITION.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B; LINE 8</p>	<p>FINANCIAL INFORMATION LISTED ON SCHEDULE H PART III LINES 5, 6 & 7 WERE DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM AND NOT THE 2017 FILED MEDICARE COST REPORT. USING THE COST REPORT WOULD RESULT IN A DECREASE TO THE AMOUNT ON LINE 5 OF \$14,571,751 AND A DECREASE TO LINE 6 OF \$21,127,010. MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS 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, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY 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 HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT. 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 "REMOVE(D)" 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 TREAS. 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 I</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B; LINE 8</p>	<p>RS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BRO AD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROV IDED 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: I TS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANC E 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 AVAILA BLE TO ALL QUALIFIED PHYSICIANS. THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT M EDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE O N THE FORM 990, SCHEDULE H, PART I. THIS ORGANIZATION AGREES WITH THE AHA POSITION. AS OUT LINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISH ED 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 UNDERP AYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: - PROVIDI NG CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNIT Y BENEFIT STANDARD. - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE. RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS. THE MEDICARE PAYMENT ADVISORY COMMISSON ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5.4 PERCENT. - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR. MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHO SE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL. MANY OF THOSE MEDICARE BENEFI CIARIES ARE ALSO ELIGIBLE FOR MEDICAID - SO CALLED ELIGIBLES." THERE IS EVERY COMPELLING P UBLIC 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. M EDICARE 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 COM MUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT. BOTH THE AHA AND THIS ORGANIZ ATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FO RM 990, SCHEDULE H, PART I. LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPEL LING 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 HOS PITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS. A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STU DIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INC OMES BELOW 200% OF THE FEDERAL POVERTY LINE." - THE REPORT ALSO NOTED THAT A SUBSTANTIAL P ORTION 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 A ND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILIT Y 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 CHARIT Y CARE. MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQU IRED TO BE DEEMED CHARITY CARE BY AUDITORS. AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDIN G CHARITY CARE. - THE CBO CO</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION C; QUESTION 9B</p>	<p>AMH provides inpatient, outpatient, and emergency services without regard to a patient's ability to pay. To fulfill its mission of providing compassionate, high quality care to all patients it serves, AMH must also ensure its own financial viability. In order to secure reimbursement of costs for services provided, every effort is made to assist patients in obtaining insurance coverage through medical assistance (ma), children's health insurance program (chip) or other federal, state, or city care coverage sources. AMH provides financial assistance to those patients who are unable to pay based upon the eligibility criteria included in their financial assistance policy. Billing & collection efforts ----- While qualification for financial assistance is ideally determined prior to, or at the time of service, AMH continues to review such determinations as other financial resources are discovered during the billing and collection process. After an uninsured or under-insured patient's account is reduced to the uninsured discount or the financial assistance discount rate, whichever is applicable, the patient is responsible for the remainder of any outstanding patient balances. Patients will receive an initial statement indicating their balance due along with information regarding the availability of financial assistance and who to contact. Self-pay balances go through a pre-collection agency placement process that may entail the mailing of statements or letters and/or phone calls in order to collect payment on open balances. Once open balance accounts complete the pre-collection dunning cycle, (120 days or more) with no payment or proof of eligibility for financial assistance or other programs, the accounts will be transferred to a professional collection agency. If a financial assistance application and appropriate supporting documents have been submitted and a decision is pending, the account will be held from agency placement. In some cases, a patient eligible for financial assistance may not have been identified prior to sending the account to an external collection agency. Each agency will be made aware of the financial assistance policy and will work with the provider to ascertain patient eligibility. Extraordinary collection actions ("ecas") will not be undertaken during the initial notification period of the 120 days from the first post-discharge billing statement and until such time as a 30 day initiation of eca notice has been sent to the individual. The 30 day eca initiation notice will contain the eca action that the provider intends to undertake and the date at which time this would occur. A copy of the organizations plain language summary will accompany the 30 day eca initiation notice. If the patient submits a financial assistance application, AMH will suspend any ecas until the patients financial assistance eligibility is determined and the patient is informed of their eligibility. If a patient account is referred to an outside agency, that agency must first agree to abide by AMHs financial assistance policy in relation to its collection efforts. No external collection agency are permitted to engage in ecas unless authorized by AMH. After the above-described steps have been taken, AMH may use ecas with the respect to the patient account of an uninsured or under-insured and may further consider credit bureau reporting and/or legal action as appropriate. AMHs general counsel is required to approve all lawsuits prior to the eca commencing. Final authority for determining that AMH has made adequate attempts to inform a patient of the financial assistance policy, and thus may initiate the use ecas, rests with the organizations vice president director of revenue cycle operations.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 2	<p>AS A NON-PROFIT INTERNAL REVENUE CODE 501(C)(3) ORGANIZATION, ABINGTON HEALTH ("AH") HAS A STRONG MISSION OF COMMUNITY SERVICE AND OUTREACH. THE COLLABORATIVE PROCESS FOR AH INCLUDES ABINGTON MEMORIAL HOSPITAL AND LANSDALE HOSPITAL CORPORATION BEGAN IN THE FALL 2018. RECOGNIZING THAT HOSPITALS AND HEALTH SYSTEMS OFTEN MUTUALLY SERVE THE SAME COMMUNITIES, A GROUP OF LOCAL HOSPITALS AND HEALTH SYSTEMS CONVENED TO DEVELOP THIS FIRST-EVER SOUTHEASTERN PA (SEPA) REGIONAL CHNA, WITH SPECIFIC FOCUS ON BUCKS, CHESTER, MONTGOMERY AND PHILADELPHIA COUNTIES. THIS COLLABORATIVE CHNA OFFERED: INCREASED COLLABORATION AMONG LOCAL HOSPITALS/HEALTH SYSTEMS SERVING THIS REGION; REDUCED DUPLICATION OF ACTIVITIES AND COMMUNITY BURDEN FROM PARTICIPATION IN MULTIPLE COMMUNITY MEETINGS; REDUCED HOSPITAL/HEALTH SYSTEM COSTS IN CHNA REPORT DEVELOPMENT; OPPORTUNITIES FOR SHARED LEARNING; ESTABLISHMENT OF A STRONG FOUNDATION FOR COORDINATED EFFORTS TO ADDRESS HIGHEST PRIORITY COMMUNITY NEEDS. THE COLLABORATIVE APPROACH: HOSPITALS AND HEALTH SYSTEMS AND SUPPORTING PARTNERS COLLABORATIVELY DEVELOPED THE CHNA THAT OUTLINES HEALTH PRIORITIES FOR THE REGION. THE HOSPITALS AND HEALTH SYSTEMS WILL PRODUCE IMPLEMENTATION PLANS THAT MAY INVOLVE FURTHER COLLABORATION TO ADDRESS SHARED PRIORITIES. FROM OCTOBER 2018 TO JUNE 2019, THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH) LED COLLECTION OF A VARIETY OF QUANTITATIVE INDICATORS OF HEALTH OUTCOMES AND FACTORS INFLUENCING HEALTH FROM A VARIETY OF DATA SOURCES. DATA COLLECTION INCLUDED PDPH SYNTHESIZED FINDINGS OF HIGH PRIORITY AREAS; PRIORITIES WERE RANKED USING A MODIFIED HANLON METHOD. AT THE SAME TIME, COMMUNITY STAKEHOLDER INPUT PROCESS EVOLVED: COMMUNITY MEETINGS WERE COORDINATED BY HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) AND PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS (PACDC) AND FACILITATED BY QUALITATIVE EXPERTS FROM PARTICIPATING HOSPITALS/HEALTH SYSTEMS. STAKEHOLDER FOCUS GROUPS WERE CONDUCTED BY HCIF. IN ADDITION, COMMUNITY HEALTH LEADERS FROM ALH, CONDUCTED INTERNAL AND EXTERNAL INTERVIEWS. IN PARTNERSHIP WITH THE STEERING COMMITTEE OF REPRESENTATIVES FROM PARTNERING HOSPITALS AND HEALTH SYSTEMS, THE PDPH AND HCIF DEVELOPED A COLLABORATIVE, COMMUNITY-ENGAGED APPROACH THAT INVOLVED COLLECTING AND ANALYZING QUANTITATIVE AND QUALITATIVE DATA AND AGGREGATING DATA FROM A VARIETY OF SECONDARY SOURCES TO COMPREHENSIVELY ASSESS THE HEALTH STATUS OF THE REGION. THE ASSESSMENT RESULTED IN A LIST OF PRIORITY HEALTH NEEDS THAT WILL BE USED BY THE PARTICIPATING HOSPITALS AND HEALTH SYSTEMS TO DEVELOP IMPLEMENTATION PLANS OUTLINING HOW THEY WILL ADDRESS THESE NEEDS INDIVIDUALLY AND IN COLLABORATION WITH OTHER PARTNERS. SEPA REGIONAL CHNA STEERING COMMITTEE: CONSENSUS-DRIVEN GOVERNANCE TO PROVIDE OVERSIGHT AND DIRECTION; MET ONCE OR TWICE MONTHLY TO REVIEW FINDINGS AND SET PRIORITIES. PDPH LED THE COLLECTION OF QUANTITATIVE INDICATORS OF HEALTH FOR THE REGION WITH THE SUPPORT FROM CHESTER COUNTY HEALTH DEPARTMENT AND MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH. DATA WERE ACQUIRED FROM LOCAL, STATE AND FEDERAL SOURCES AND FOCUSED ON INDICATORS THAT WERE UNIFORMLY AVAILABLE AT THE ZIP CODE LEVEL ACROSS THE REGION. PDPH PARTNERED WITH HEALTHSHARE EXCHANGE, THE LOCAL HEALTH INFORMATION EXCHANGE, TO ANALYZE KEY HOSPITAL-BASED INDICATORS OF HEALTH. HCIF COORDINATED THE QUALITATIVE COMPONENTS OF THE ASSESSMENT WHICH INCLUDED: 19 COMMUNITY MEETINGS, 9 KEY STAKEHOLDER FOCUS GROUPS, 12 KEY INFORMANT INTERVIEWS AND ADDITIONAL KEY INFORMANT INTERVIEWS. ALL DATA WERE SYNTHESIZED BY PDPH STAFF AND A LIST OF 16 COMMUNITY HEALTH PRIORITIES WAS PRESENTED TO THE STEERING COMMITTEE. USING A MODIFIED HANLON RANKING METHOD, EACH PARTICIPATING HOSPITAL AND HEALTH SYSTEM RATED THE PRIORITIES. AN AVERAGE RATING WAS CALCULATED AND THE COMMUNITY HEALTH PRIORITIES WERE ORGANIZED IN PRIORITY ORDER BASED ON: SIZE OF HEALTH PROBLEM, IMPORTANCE TO THE COMMUNITY, CAPACITY OF HOSPITALS/HEALTH SYSTEMS TO ADDRESS, ALIGNMENT WITH MISSION AND STRATEGIC DIRECTION AND AVAILABILITY OF EXISTING COLLABORATIVE EFFORTS. POTENTIAL SOLUTIONS FOR EACH OF THE COMMUNITY HEALTH PRIORITIES, BASED ON FINDINGS FROM THE COMMUNITY MEETINGS, STAKEHOLDER FOCUS GROUPS, AND KEY INFORMANT INTERVIEWS, WERE ALSO INCLUDED. THE COMMUNITY HEALTH DEPARTMENT, WORKING UNDER THE GUIDANCE OF THE ABINGTON HEALTH FOUNDATION COMMUNITY BENEFIT COMMITTEE [NOW KNOWN AS THE REV. DR. MARTIN LUTHER KING JR. COMMUNITY BENEFIT AND DIVERSITY COMMITTEE] IS RESPONSIBLE FOR DEVELOPING IMPLEMENTATION PLANS FOCUSING ON PRIORITY ISSUES AND MOST IMPORTANT HEALTH NEEDS. IN ADDITION, THIS ORGANIZATION WORKS WITH LOCAL PROVIDERS TO PLAN AND DISCUSS HEALTH NEEDS OF THE POPULATION. AMH CONTINUES TO ATTEND LOCAL AND REGIONAL COMMUNITY ORGANIZATION MEETINGS AND COUNTY COLLABORATIVES FOR THE GREATER ABINGTON AREA. REGIONAL COUNTY COLLABORATIVES INCLUDE THE HEALTHCARE SYSTEM WITH REPRESENTATION FROM LOCAL POLITICIANS, LOCAL COMMUNITY HEALTH CENTERS, EMERGENCY HEALTH PR</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 2	PROVIDERS AND OTHER COMMUNITY HEALTH LEADERS. AMH WORKED WITH AREA HOSPITALS AND NON-PROFITS TO FORM THE MONTGOMERY COUNTY HEALTH ALLIANCE WHICH RECEIVED PA STATE DESIGNATION OF SHIP STATUS (STATE HEALTH IMPROVEMENT PLAN). IN ADDITION, DURING THE CHNA PROCESS, ABINGTON HEALTH CONTINUED TO PARTICIPATE IN COACH AND THE MONTGOMERY COUNTY HOSPITAL PARTNERSHIP WHICH FOCUSED ON FOOD INSECURITY, FUTURE CHNA AND MENTAL HEALTH.

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI; QUESTION 3</p>	<p>AMH IS COMMITTED TO PROVIDING MEDICAL CARE IN A CARING AND COMPASSIONATE MANNER REGARDLESS OF THE PATIENTS FINANCIAL CIRCUMSTANCES. ADDITIONALLY, THE ORGANIZATION WIDELY PUBLICIZES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN ORDER TO ENCOURAGE ITS PATIENTS TO APPLY, IF THEY ARE ELIGIBLE. THE FOLLOWING MEASURES ARE USED TO PUBLICIZE THIS POLICY TO THE COMMUNITY AND PATIENTS. COMMUNICATION IS WRITTEN IN CONSUMER-FRIENDLY TERMINOLOGY AND IN LANGUAGES THAT PATIENTS CAN UNDERSTAND. AMH PROVIDES TRAINING TO APPROPRIATE ADMINISTRATIVE AND CLINICAL STAFF THAT INTERACTS WITH PATIENTS ABOUT FINANCIAL ASSISTANCE AVAILABILITY, HOW TO COMMUNICATE THAT AVAILABILITY TO PATIENTS, AND HOW TO DIRECT PATIENTS TO APPROPRIATE FINANCIAL ASSISTANCE STAFF. COMMUNITY NOTIFICATION ----- THIS ORGANIZATIONS FINANCIAL ASSISTANCE POLICY, APPLICATION FORMS AND A PLAIN LANGUAGE SUMMARY ARE MADE AVAILABLE TO THE COMMUNITY IN ENGLISH AS WELL AS ANY PRIMARY LANGUAGE OF POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH THAT CONSTITUTE THE LESSER OF 5% OR 1,000 INDIVIDUALS, WHICHEVER IS LESS, OF THE PRIMARY COMMUNITIES SERVED AND POSTED TO THE HEALTH SYSTEMS WEBSITE. THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORMS, AND PLAIN LANGUAGE SUMMARY ARE ALSO MADE AVAILABLE, FREE OF CHARGE AS FOLLOWS: 1) ON THE AMH WEBSITE AT HTTPS://WWW.ABINGTONHEALTH.ORG/PATIENTS-GUESTS/PAYMENT-INFORMATION/FINANCIAL-ASSISTANCE-PROGRAM/#.WQLLROJWAUK 2) BY MAIL WHEN A PATIENT CALLS OR CONTACTS AMH'S FINANCIAL SERVICES UNIT AT 215-481-2185 3) IN PERSON, WITHOUT APPOINTMENT, AT THE FOLLOWING HOSPITAL LOCATIONS: AMH'S FINANCIAL SERVICES UNIT WIDENER BUILDING, 1ST FLOOR 1200 OLD YORK ROAD ABINGTON, PA 19001 4) AS PART OF THE INTAKE OR DISCHARGE PROCESS, PAPER COPIES OF THE PLAIN LANGUAGE SUMMARY ARE OFFERED TO INDIVIDUALS WHO ARE PROVIDED CARE BY THE FACILITY. PERSONAL NOTIFICATION ----- AMH USES REASONABLE EFFORTS TO NOTIFY PATIENTS OF ITS FINANCIAL ASSISTANCE POLICY. THE FOLLOWING METHODS TO NOTIFY PATIENTS: 1) AT THE TIME OF SCHEDULING, PRE-REGISTRATION, OR REGISTRATION OF ELECTIVE SERVICES, THE PATIENT WILL BE ASKED FOR INSURANCE COVERAGE. IF THE PATIENT IS AN UNINSURED PATIENT, THE PATIENT WILL BE INFORMED OF THE FINANCIAL ASSISTANCE POLICY AND, IF REQUESTED, WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE POLICY UNLESS THE TREATING PHYSICIAN ADVISES THE FINANCIAL COUNSELOR OR REGISTRATION REPRESENTATIVE THAT SUCH TREATMENT IS MEDICALLY NECESSARY, PATIENTS REQUESTING NON-EMERGENT ADMISSIONS OR OUTPATIENT SERVICES WILL NOT BE SCHEDULED FOR SERVICES UNTIL THE PATIENT HAS COMPLIED WITH MEETING THEIR FINANCIAL OBLIGATIONS. 2) IN THE CASE OF EMERGENCY OR URGENT SERVICES THAT ARE NOT SCHEDULED, A FINANCIAL COUNSELOR OR PATIENT REPRESENTATIVE WILL VISIT AS NECESSARY, WITH PATIENTS, IN PERSON, AT SERVICE SITES. 3) ALL BILLING STATEMENTS INCLUDE A REFERENCE TO THE FINANCIAL ASSISTANCE POLICY AND A CONTACT NUMBER AND EMAIL ADDRESS AS WELL AS REFERENCE TO A WEB SITE FOR ACCESS TO MORE INFORMATION. 4) STAFF WILL DISCUSS THE FINANCIAL ASSISTANCE POLICY, WHEN APPROPRIATE, DURING BILLING AND CUSTOMER SERVICE PHONE CONTACTS WITH PATIENTS. ADDITIONALLY, AMH PROVIDES FINANCIAL COUNSELING SERVICES TO GO OVER PATIENT BILLS AND ANSWER ANY QUESTIONS A PATIENT MAY HAVE.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 4	<p>THIS ORGANIZATION IS IN A DIVERSE SUBURBAN LOCATION SERVING DIVERSE COMMUNITIES RANGING FROM INNER CITY COMMUNITIES IN PHILADELPHIA TO MORE AFFLUENT SUBURBAN AREAS. THIS ORGANIZATION IS LOCATED IN ABINGTON TOWNSHIP, IN MONTGOMERY COUNTY, PENNSYLVANIA. MONTGOMERY COUNTY IS THE SECOND MOST POPULOUS COUNTY IN THE STATE WITH 62 MUNICIPALITIES. THIS ORGANIZATION IS COMMITTED TO SERVICE FOR ITS COMMUNITIES AND SERVES BOTH INNER CITY AND SUBURBAN AREAS. AMH DEFINES ITS TARGETED SERVICE AREAS FOR COMMUNITY HEALTH IMPROVEMENT BY ZIP CODES IN BUCKS AND MONTGOMERY COUNTIES. THESE AREAS REPRESENT AREAS PROXIMATE TO THE HOSPITAL WHERE 70% OF INPATIENTS RESIDE AND A TOTAL POPULATION OF 543,386. BUCKS COUNTY ZIPS: 18914, 18929, 18932, 18966, 18974, 18976. MONTGOMERY COUNTY ZIPS: 18915, 18936, 19001, 19002, 19009, 19012, 19025, 19027, 19031, 29034, 19038, 29040, 19044, 19046, 19075, 19090, 19095, 19422, 19436, 19437, 19438, 19446, 19454, 19477, 18964, 18969, 19006, 19440. THE DEMOGRAPHICS INCLUDE THE AGE DISTRIBUTION OF 21% FOR 10-17 YEARS OF AGE; 31% OF 18-44 YEARS OF AGE, 29% FOR 45-64 YEARS OF AGE AND 18% FOR 65+. INCOME DISTRIBUTION INCLUDES 43% WITH \$100,000+; 14% WITH \$75,000-\$99,999; 16% WITH \$50,000-\$74,000; 16% WITH \$25,000-\$49,999; AND 12% WITH \$25,000 OR LESS. THE RACIAL COMPOSITION INCLUDES 80% WHITE, 8% ASIAN, 7% BLACK, 4% HISPANIC/LATINO AND 2% OTHER. AMH GEOGRAPHICALLY DEFINED ITS COMMUNITY BENEFIT AREA BY REGION IN THE FOLLOWING WAY: NORTH PENN, INDIAN VALLEY, WILLIAM TENNENT, CENTRAL BUCKS, LOWER EASTERN, ABINGTON, UPPER DUBLIN WITH ALL ZIP CODES DOCUMENTED IN THE CHNA.</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 5	All qualified physicians are extended privileges by their respective departments where openings exist. Under the directive of the organization's corporate finance office, surplus funds are utilized for capital projects to improve services or purchase equipment which in turn, benefit the community. Please also refer to form 990, schedule o, which contains the organization's community benefit statement and summary of all entities which comprise jefferson/jefferson health.

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 6	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFES SIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. TJUH SYSTEM, ABINGTON HEALTH, ARIA HEALTH, KENNEDY HEALTH SYSTEM AND MAGEE REHABILITATION HOSPITAL ARE INTEGRATED HEALTH CARE ORGANIZATIONS THAT PROVIDE INPATIENT, OUTPATIENT AND EMERGENCY CARE SERVICES THROUGH ACUTE CARE, AMBULATORY CARE, PHYSICIAN AND OTHER PRIMARY CARE SERVICES FOR THE RESIDENTS O F SOUTHERN NEW JERSEY AND THE GREATER PHILADELPHIA REGION. TJU IS THE SOLE CORPORATE MEMBE R OF THESE ORGANIZATIONS. OUTLINED BELOW IS A SUMMARY OF THE ENTITIES WHICH COMPRISE THE S YSTEM: NOT-FOR-PROFIT HEALTH SYSTEM ENTITIES ===== THOMAS JEFFERSON UNIVERSITY ----- THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNA L REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A) (1). TJU IS THE PARENT COMPANY THAT FINANCIALLY AND CORPORATELY INTEGRATES THOMAS J EFFERSON UNIVERSITY AMONG ITS SUBSIDIARY ENTITIES. TJU IS AN INNOVATIVE HEALTH SCIENCES UN IVERSITY THAT CONDUCTS RESEARCH AND OFFERS UNDERGRADUATE AND GRADUATE INSTRUCTION THROUGH THE SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY ("SKMC") AS WELL AS THE J EFFERSON COLLEGES OF NURSING, PHARMACY, HEALTH PROFESSIONS, POPULATION HEALTH, REHABILITAT ION SCIENCES AND LIFE SCIENCES. TJUS EDUCATIONAL PROGRAMS ARE FULLY ACCREDITED AND IT EDUC ATES OVER 4,000 STUDENTS ANNUALLY. TJUH SYSTEM, INC. ----- TJUH SYSTEM, INC. ("TJUHS") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSU ANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNA L REVENUE CODE 509(A)(3). TJUHS IS THE HOLDING COMPANY TO PROVIDE OVERALL PLANNING, MANAGE MENT AND SUPPORT SERVICES FOR ALL OTHER HOSPITAL ENTERPRISE ORGANIZATIONS. THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ----- JEFFERSON HEALTH IS THE CLINICAL ARM OF THE ORGANIZATION. IT INCLUDES THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE AND METHODIST HOSPITAL (COLLECTIVELY REFERRED TO AS T JUH). TJUH PROMOTES THE HEALTH OF THE COMMUNITIES IT SERVES IN SOUTHEASTERN PENNSYLVANIA, SOUTHERN NEW JERSEY, AND DELAWARE PRIMARILY BY PROVIDING HOSPITAL, SUB-ACUTE, OUTPATIENT, AND PHYSICIAN SERVICES AND BY PROVIDING FACILITIES IN WHICH STUDENTS, PHYSICIANS, NURSES, AND OTHER HEALTHCARE PROFESSIONALS ARE TRAINED IN A CLINICAL SETTING. TJUH IS RECOGNIZED B Y THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATI ON. PURSUANT TO ITS CHARITABLE PURPOSES, TJUH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERV ICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, AGE, STATUS AS AN INDI VIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED N ECESSARY MEDICAL CARE, TREATMENT OR SERVICES. TJUH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545. EMERGENCY TRANSPORT ASSOCIATES, INC. ----- EMERGENCY TRANSPORT ASSOCIATES, INC. ("ETA") IS AN ORGANIZATION RE COGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 5 01(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A) (2). ETA SEEKS TO PROVIDE HIGH QUALITY AIR AND GROUND MEDICAL TRANSPORTATION SERVICES TO PATIENTS W HO ARE ADMITTED TO OR DISCHARGED FROM JEFFERSON FACILITIES. JEFFEX, INC. ----- JEFF EX, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSU ANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNA L REVENUE CODE 509(A)(3). JEFFEX, INC. IS A HOLDING COMPANY PROVIDING PLANNING, MANAGEMENT AND OVERSIGHT FOR CERTAIN NON-ACUTE CARE, NON-PROFIT SUBSIDIARY ORGANIZATIONS. JEFFERSON PHYSICIAN SERVICES ----- JEFFERSON PHYSICIAN SERVICES IS AN ORGANIZ ATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENU E CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). JEFFERSON PHYSICIAN SERVICES PROVIDES SUPPORT TO VARIOUS RELATED THOMAS JEFFERSON INTE RNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATIONS. JEFFERSON MEDICAL CARE ----- JEFFERSON MEDICAL CARE ("JMC") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REV ENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVAT E FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). JMC PROVIDES PHYSICIAN SERVICES IN THE AREAS OF FAMILY MEDICINE, ORAL SURGERY AND INTEGRATIVE MEDICINE. JEFFERSON UNIVERSI TY PHYSICIANS ----- JEFF</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI; QUESTION 6</p>	<p>ERSON UNIVERSITY PHYSICIANS ("JUP") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). JUP IS CHARGED IN SUPPORTING THE MEDICAL CARE, EDUCATION AND RESEARCH OF TJU, SKMC AND TJUHS. JEFFERSON UNIVERSITY PHYSICIANS OF NEW JERSEY, P.C. -----</p> <p>JEFFERSON UNIVERSITY PHYSICIANS OF NJ, P.C. ("JUPNJ") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). JUPNJ IS CHARGED IN SUPPORTING THE MEDICAL CARE, EDUCATION AND RESEARCH OF TJU, SKMC AND TJUHS. METHODIST ASSOCIATES IN HEALTHCARE, INC. -----</p> <p>METHODIST ASSOCIATES IN HEALTHCARE, INC. IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). METHODIST ASSOCIATES IN HEALTHCARE, INC. PROVIDES PROFESSIONAL SERVICES. METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSEY, P.C. -----</p> <p>METHODIST ASSOCIATES IN HEALTHCARE OF NEW JERSEY, P.C. ("MAHCNJ") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(2). MAHCNJ IS A PROFESSIONAL CORPORATION WHOSE STOCK IS NOMINALLY OWNED BY AN EMPLOYED PHYSICIAN OF TJUHS. SUTHBREIT PROPERTIES, LTD. -----</p> <p>SUTHBREIT PROPERTIES, LTD. ("SP") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2). SP ACTS AS A REAL ESTATE HOLDING COMPANY FOR VARIOUS PROPERTIES. WALNUT HOME THERAPEUTICS, INC. -----</p> <p>WALNUT HOME THERAPEUTICS, INC. ("WHT") IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(2). WHT PROVIDES MEDICATIONS IN THE HOME TO ASSIST IN TRANSITIONING PATIENTS FROM A HOSPITAL OF SKILLED FACILITY TO INDEPENDENT LIVING, PRIMARILY THROUGH INTRAVENOUS DRUG DELIVERY METHODOLOGIES, IN SUPPORT OF TJUH AND OTHER PHILADELPHIA AREA HOSPITALS, AND SERVES AS A SPECIALTY PHARMACY THAT PROVIDES A UNIQUE SERVICE TO CLINICALLY COMPLEX PATIENTS. SPECIALTY MEDICATIONS ARE TYPICALLY BIOTECHNOLOGY-DERIVED MEDICATIONS THAT TREAT RARE AND CHRONIC CONDITIONS. ABINGTON HEALTH -----</p> <p>ABINGTON HEALTH ("AH") IS A NOT FOR PROFIT HOLDING COMPANY BASED IN ABINGTON, PENNSYLVANIA. AH IS THE SOLE CORPORATE MEMBER OF A NUMBER OF NOT FOR-PROFIT ENTITIES AS OUTLINED HEREIN. AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, AH STRIVES TO CONTINUALLY DEVELOP AND OPERATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING EASTERN MONTGOMERY, PORTIONS OF BUCKS AND PHILADELPHIA COUNTIES, PENNSYLVANIA. AH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3). ABINGTON MEMORIAL HOSPITAL -----</p> <p>ABINGTON MEMORIAL HOSPITAL ("AMH") IS A 665-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN ABINGTON, MONTGOMERY COUNTY, PENNSYLVANIA. AMH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, AMH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, RELIGION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI; QUESTION 7	NOT APPLICABLE. THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN PENNSYLVANIA. NO COMMUNITY BENEFIT REPORT IS REQUIRED TO BE FILED WITH EITHER PENNSYLVANIA OR NEW JERSEY.

Additional Data**Software ID:****Software Version:****EIN:** 23-1352152**Name:** ABINGTON MEMORIAL HOSPITAL**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	ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK ROAD ABINGTON, PA 19001 WWW.ABINGTONHEALTH.ORG 270501	X	X		X			X			1

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 5	<p>FOR THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"), THE DEPARTMENT OF TREASURY AND THE INTERNAL REVENUE SERVICE ("IRS") ENCOURAGED CROSS INSTITUTION COLLABORATION. TO THAT END ABINGTON MEMORIAL HOSPITAL ("AMH") PARTICIPATED IN A REGIONAL COLLABORATIVE EFFORT FOR THIS CHNA CYCLE. RECOGNIZING THAT HOSPITALS AND HEALTH SYSTEMS OFTEN MUTUALLY SERVE THE SAME COMMUNITIES, A GROUP OF LOCAL HOSPITALS AND HEALTH SYSTEMS CONVENED TO DEVELOP THIS FIRST-EVER SOUTHEASTERN PENNSYLVANIA (SEPA) REGIONAL CHNA, WITH SPECIFIC FOCUS ON BUCKS, CHESTER, MONTGOMERY, AND PHILADELPHIA COUNTIES. COMMUNITY/STAKEHOLDER INPUT: COMMUNITY MEETINGS WERE COORDINATED BY HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) AND PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS (PACDC) AND FACILITATED BY QUALITATIVE EXPERTS FROM PARTICIPATING HOSPITALS/HEALTH SYSTEMS. STAKEHOLDER FOCUS GROUPS WERE CONDUCTED BY HCIF. HCIF COORDINATED THE QUALITATIVE COMPONENTS OF THE ASSESSMENT WHICH INCLUDED: 19 COMMUNITY MEETINGS THAT WERE ORGANIZED BY PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS (PACDC) AND FACILITATED BY THE QUALITATIVE TEAM, MADE UP OF EXPERTS FROM CHILDRENS HOSPITAL OF PHILADELPHIA (CHOP), JEFFERSON HEALTH (INCLUDING LHC), PENN MEDICINE, HOLY REDEEMER HEALTH SYSTEM, GRAND VIEW HEALTH, AND CHESTER COUNTY HOSPITAL. ANALYSIS OF FINDINGS FROM THESE MEETINGS WAS CONDUCTED BY EXPERTS FROM CHOP, JEFFERSON HEALTH, AND PENN MEDICINE. 9 KEY STAKEHOLDER FOCUS GROUPS ABOUT STEERING COMMITTEE-SELECTED POPULATIONS OF SPECIAL INTEREST, INCLUDING AFRICAN AMERICAN AND HISPANIC/LATINO COMMUNITIES; INDIVIDUALS EXPERIENCING HOMELESSNESS; INDIVIDUALS EXPERIENCING HOUSING SECURITY; PRENATAL AND POSTPARTUM WOMEN; AND INDIVIDUALS WITH BEHAVIORAL/MENTAL HEALTH CONDITIONS. REPRESENTATIVES INCLUDED MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH AND EPIDEMIOLOGY AND PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH LEADERSHIP. 12 KEY INFORMANT INTERVIEWS WITH LEADERSHIP AND STAFF AT FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), CONDUCTED BY HEALTH FEDERATION OF PHILADELPHIA. ADDITIONAL KEY INFORMANT INTERVIEWS WITH HOSPITAL PATIENT ADVISORY GROUPS, EMPLOYEES, AND OTHER STAKEHOLDERS CONDUCTED BY HOSPITALS AND HEALTH SYSTEMS. IN PARTICULAR FOR LANSDALE HOSPITAL CORPORATION ("LHC"), COMMUNITY HEALTH AND COMMUNITY BENEFIT LEADERS CONDUCTED IN PERSON INTERVIEWS WITH THE LEADERSHIP OF THE VNA FOUNDATION OF GREATER NORTH PENN, MANNA ON MAIN STREET, BUCKS-MONT COLLABORATIVE, ACTS RETIREMENT COMMUNITIES. ADDITIONALLY, INTERNAL INTERVIEWS WITH LHC SENIOR TEAM, MARKETING, GERIATRIC SERVICES, CARE COORDINATION, POST-ACUTE HOME CARE AND LHC CLINIC STAFF. THESE INDIVIDUALS AND THE AMH COMMUNITY LEADERS SAW SIGNIFICANT OVERLAP IN THE DISCUSSION OF UNMET NEEDS AND HEALTH STATUS AND PROVIDED A FOCUS FOR BOTH HOSPITALS.</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	AMH PARTICIPATED IN WITH THE STEERING COMMITTEE OF REPRESENTATIVES FROM PARTNERING HOSPITALS AND HEALTH SYSTEMS, THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH) AND HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) DEVELOPED A COLLABORATIVE, COMMUNITY-ENGAGED APPROACH THAT INVOLVED COLLECTING AND ANALYZING QUANTITATIVE AND QUALITATIVE DATA AND AGGREGATING DATA FROM A VARIETY OF SECONDARY SOURCES TO COMPREHENSIVELY ASSESS THE HEALTH STATUS OF THE REGION. THE ASSESSMENT RESULTED IN A LIST OF PRIORITY HEALTH NEEDS THAT WILL BE USED BY THE PARTICIPATING HOSPITALS AND HEALTH SYSTEMS TO DEVELOP IMPLEMENTATION PLANS OUTLINING HOW THEY WILL ADDRESS THESE NEEDS INDIVIDUALLY AND IN COLLABORATION WITH OTHER PARTNERS. COACH COLLABORATIVE PARTICIPATING HOSPITALS INCLUDED: - ABINGTON MEMORIAL HOSPITAL, NOW ABINGTON HOSPITAL-JEFFERSON HEALTH; - LANSDALE HOSPITAL CORPORATION, NOW ABINGTON-LANSDALE HOSPITAL-JEFFERSON HEALTH; - ARIA HEALTH, NOW JEFFERSON NORTHEAST; - CHESTER COUNTY HOSPITAL; - THE CHILDREN'S HOSPITAL OF PHILADELPHIA; - EINSTEIN MEDICAL CENTER PHILADELPHIA; - EINSTEIN MEDICAL CENTER ELKINS PARK; - EINSTEIN MEDICAL CENTER MONTGOMERY; - GRAND VIEW HOSPITAL; - HEALTH CARE IMPROVEMENT FOUNDATION; - HOSPITAL AND HEALTH SYSTEM ASSOCIATION OF PA; - HOLY REDEEMER HEALTH SYSTEM; - MONTGOMERY COUNTY HEALTH DEPARTMENT; - UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM; - PENNSYLVANIA HOSPITAL; - PENN PRESBYTERIAN MEDICAL CENTER; AND - PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH. AMH COLLABORATED WITH THE ABOVE LISTED HOSPITALS AND HEALTH SYSTEMS, WORKING WITH JEFFERSON HEALTH COLLEAGUES TO COMPLETE THE JUNE 30, 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. ABINGTON HEALTH, INCLUDING AMH AND LHC, COLLABORATED WITH AND RECEIVED SUPPORT DURING THE CHNA PROCESS FROM: CHESTER COUNTY HEALTH DEPARTMENT; HEALTH CARE IMPROVEMENT FOUNDATION; MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH; PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS; AND PHILADELPHIA DEPARTMENT OF PUBILC HEALTH.

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 7A	THE ORGANIZATION IS AN AFFILIATE WITHIN ABINGTON HEALTH ("AH"); A MEMBER WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR AH. THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN AH'S WEBSITE: HTTPS://WWW.ABINGTONHEALTH.ORG/APP/FILES/PUBLIC/6727/CHNA2019POSTING.PDF IN ADDITION, ONSITE AT AMH, COPIES OF THE CHNA ARE AVAILABLE IF REQUESTED AT NO CHARGE FOR PUBLIC INSPECTION WITHIN THE DEPARTMENT OF PUBLIC RELATIONS AND MARKETING, DIXON BUILDING.

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 8</p>	<p>AH INCLUDING AMH AND LHC PLACED THE FINAL 2019 CHNA ON THE HEALTH SYSTEMS WEBSITE TO PROVIDE ACCESS AND MAKE WIDELY AVAILABLE. THE CHNA FROM 2016 CONTINUES TO BE POSTED. SEVERAL REQUESTS FROM LOCAL NON-PROFIT ORGANIZATIONS SEEKING A COPY OF THE DOCUMENT WERE GIVEN ACCESS VIA THE DOWNLOADABLE DOCUMENT ON THE WEBSITE OR EMAILED BY AH LEADERS. IN FY19, THIS PROCESS REMAINED IN EFFECT. ALL 2019 CHNA AND IMPLEMENTATION PLANS WERE SHARED WITH ALL KEY COMMUNITY STAKEHOLDERS AND PARTICIPANTS IN INTERVIEWS AND MEETINGS. TEAMS WERE FORMED AT AMH TO COINCIDE WITH THE MAJOR TOPIC AREAS IN SUMMER 2019. ACTION PLANS OR IMPLEMENTATION PLANS WERE WRITTEN, ADOPTED AND APPROVED BY THE COMMUNITY BENEFIT COMMITTEE OF THE ABINGTON HEALTH FOUNDATION ("AHF") BOARD BY JUNE 30, 2019 [NOW KNOWN AS THE REV. DR. MARTIN LUTHER KING JR. COMMUNITY BENEFIT AND DIVERSITY COMMITTEE] WITH SUBSEQUENT RATIFICATION BY ABINGTONS BOARD OF TRUSTEES ON JUNE 25, 2019. THE COMMUNITY HEALTH DEPARTMENT CONTINUES RESPONSIBILITY FOR THE CHNA AND RESULTANT IMPLEMENTATION PLANS TO MEET COMMUNITY BENEFIT REQUIREMENTS. THE STRATEGY OF THE IMPLEMENTATION PLANS IDENTIFIES THE MEANS THROUGH WHICH THE HOSPITAL PLANS TO ADDRESS NEEDS THAT ARE CONSISTENT WITH THE HOSPITALS CHARITABLE MISSION AS PART OF ITS COMMUNITY BENEFIT PROGRAMS FROM 2016 THROUGH 2021. BEYOND PROGRAMS DISCUSSED IN THE STRATEGY, THE HOSPITAL IS ADDRESSING MANY OF THESE NEEDS SIMPLY BY PROVIDING CARE TO ALL, REGARDLESS OF ABILITY TO PAY. THE HOSPITAL ANTICIPATES HEALTH NEEDS AND RESOURCES MAY CHANGE, AND THUS A FLEXIBLE APPROACH WAS ADOPTED IN THE DEVELOPMENT OF ITS STRATEGY TO ADDRESS NEEDS IDENTIFIED IN THE 2019 CHNA. THEMES EMERGED FROM THE CHNA MEETINGS AND WERE ANALYZED AND CODED WITH ALL QUANTITATIVE DATA. RECOGNITION OF THEMES WERE DISCUSSED AND THE RESULTING ANALYSIS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS ORGANIZED INTO MAJOR TOPIC OR DOMAIN AREAS. OVERALL, THE HEALTH OF THE POPULATIONS SERVED IN THE AMH SERVICE AREA IS GOOD, RANKING HIGHER THAN THE MONTGOMERY COUNTY AND PENNSYLVANIA STATE POPULATIONS AS A WHOLE. AH'S ACCESS TO CARE IP/ACTION PLAN WAS REVIEWED IMMEDIATELY WITH SEVERAL ENHANCEMENTS INTRODUCED. AH INCLUDING AMH CONTINUES TO WORK COLLABORATIVELY WITH PROVIDERS ON SUBSTANCE USE DISORDER. A THOROUGH REVIEW OF THE POLICY AND PROCEDURES FOR FINANCIAL ASSISTANCE TO TAKE PLACE IN ACCORDANCE WITH INTERNAL REVENUE CODE 501(R) WITH A NEW ENTERPRISE FINANCIAL ASSISTANCE POLICY TO BE ADOPTED IN FY20. A PRINTED PLAIN LANGUAGE SUMMARY ("PLS") WAS CREATED AND DISTRIBUTED AT AH ACCESS POINTS, INCLUDING CLINICS, OUTPATIENT AREAS, EMERGENCY TRAUMA CENTER AT AMH AND PRIMARY CARE OFFICES AND THE HOSPITAL'S WEBSITE. OVERVIEW OF IMPLEMENTATION STRATEGY INCLUDES: PRIORITIZATION WAS PLACED INTO THE CHNA TO MAXIMIZE THE RESOURCES AVAILABLE TO THE HOSPITAL USING DOMAINS. THE STRATEGY WILL FOCUS ON THE PRIORITY HEALTH NEEDS THAT ARE MOST IMPORTANT IN THE DOMAIN OF COMMUNITY HEALTH PRIORITIES: SUBSTANCE/OPIOID USE AND ABUSE, BEHAVIORAL</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
SCHEDULE H, PART V, SECTION B, QUESTION 8	HEALTH DIAGNOSIS AND TREATMENT, ACCESS TO AFFORDABLE PRIMARY/PREVENTIVE CARE, HEALTHCARE AND HEALTH RESOURCES NAVIGATION, ACCESS TO AFFORDABLE SPECIALTY CARE, CHRONIC DISEASE PREVENTION, FOOD ACCESS AND AFFORDABILITY WERE THE TOP SEVEN PRIORITIES REVIEWED AND APPROVED BY SENIOR MANAGEMENT. AMH WILL CONTINUE COLLABORATION REGIONALLY WITH OTHER HOSPITALS AND HEALTH SYSTEMS WITHIN BUCKS AND MONTGOMERY COUNTIES THROUGH PARTNERSHIPS, COOPERATION, AND COORDINATION ON PUBLIC HEALTH ISSUES.

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 10	THE ORGANIZATION IS AN AFFILIATE WITHIN ABINGTON HEALTH ("AH"); A MEMBER WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR AH. THE IMPLEMENTATION STRATEGY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN AH'S WEBSITE: HTTPS://WWW.ABINGTONHEALTH.ORG/APP/FILES/PUBLIC/6813/2016-2019--AJH-ABINGT ON-CHNA-IMPLEMENTATION-REPORT.PDF

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 11	THE MOST RECENT, REQUIRED CHNA WAS COMPLETED IN JUNE 2019. TO ADDRESS THE NEEDS IDENTIFIED IN THE 2016 CHNA PROCESS, THE HEALTH SYSTEM CONVENED 7 COMMUNITY BENEFIT ACTION TEAMS CONSISTING OF KEY COMMUNITY STAKEHOLDERS AND AH ADMINISTRATIVE AND CLINICAL LEADERS TO DEVELOP AND IMPLEMENT GOALS AND ACTION PLANS OR IMPLEMENTATION PLANS. LEADERS OF THESE TEAMS WILL REPORT ON PROGRESS QUARTERLY THROUGH REPORTS SHARED WITH THE COMMUNITY BENEFIT COMMITTEE [CHANGED IN THE LAST THREE YEAR CYCLE TO REV. DR. MARTIN LUTHER KING JR., COMMUNITY BENEFIT AND DIVERSITY COMMITTEE] OF THE AHF BOARD. THE HEALTH SYSTEM WILL NOT DIRECTLY FOCUS ON YOUTH HEALTH BEHAVIORS, MEDICATION ACCESS, COMMUNITY SAFETY, TRANSPORTATION, OR THE BUILT AND NATURAL ENVIRONMENT NEEDS IDENTIFIED AS "IMPORTANT OR LESS IMPORTANT" IN THE 2016 CHNA. THOSE PRIORITIES ARE BEYOND THE SCOPE OF AH AND ARE BEING ADDRESSED BY OTHER COMMUNITY BASED AND GOVERNMENT ORGANIZATIONS. AH WILL COLLABORATE WITH GROUPS OF EXPERTS IN THESE AREAS TO FOSTER APPROPRIATE AND SAFE REFERRALS AND IDENTIFY OPPORTUNITIES FOR PARTNERSHIP AND INCLUSION IN COMMUNITY BENEFIT INITIATIVES. HOSPITALS ARE NOT REQUIRED TO, NOR CAN THEY MEET ALL UNMET NEEDS IN THE COMMUNITY. ANY UNMET NEEDS NOT ADDRESSED BY THE APPROVED IMPLEMENTATION PLANS ARE ALREADY BEING ADDRESSED IN THE SERVICE AREA BY THE HOSPITAL, OTHER HEALTHCARE PROVIDERS, GOVERNMENT, AND LOCAL NON-PROFIT ORGANIZATIONS. OUR PRIORITY UNMET NEEDS IN THE IMPLEMENTATION PLANS ARE INTEGRAL TO OUR COMMUNITY BENEFIT STRATEGY. AH LEADERS CONTINUE TO MONITOR NEW PROGRAM DEVELOPMENT AND SERVICES WITH COLLABORATIVE PARTNERS, INCLUDING COACH AND THE MONTGOMERY COUNTY HOSPITAL PARTNERSHIP AS WELL AS LOCAL AND REGIONAL COLLABORATIVES SUCH AS INDIAN VALLEY COALITION, BUCKS-MONT COLLABORATIVE, MONTGOMERY COUNTY HEALTH ALLIANCE AND THE REGIONAL OVERDOSE PREVENTION COLLABORATIVE.

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	THE ORGANIZATION IS AN AFFILIATE WITHIN ABINGTON HEALTH ("AH"); A MEMBER WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTIONS 16A, 16B AND 16C, IS THE HOME PAGE FOR AH. THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, FINANCIAL ASSISTANCE APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN AH'S WEBSITE: HTTPS://WWW.ABINGTONHEALTH.ORG/PATIENTS-GUESTS/PAYMENT- INFORMATION/FINANCIAL-ASSISTANCE-PROGRAM/

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
SCH H,PART V,SECT B,Q'S 2,3J,7d,13B&H,15E,16J,18E,19E,20E,21C&D,23,24	NOT APPLICABLE.

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 LEVY MEDICAL PLAZA 1235 OLD YORK ROAD - LEVY MEDICAL P ABINGTON, PA 19001	PHYSICIAN SERVICES
1 ABINGTON HEALTH CENTER-SCHILLING CAMPUS 2500 MARYLAND ROAD WILLOW GROVE, PA 19090	OUTPATIENT SERVICES/ PHYSICIAN SERVICES
2 ABINGTON HEALTH CENTER-WARMINSTER CAMPUS 225 NEWTON ROAD WARMINSTER, PA 18974	OUTPATIENT SERVICES/ PHYSICIAN SERVICES
3 ARBORCREST CAMPUS 721 ARBOR WAY BLUE BELL, PA 19422	OUTPATIENT SERVICES/ PHYSICIAN SERVICES
4 ABINGTON PHYSICIANS 500 Old York Road Jenkintown, PA 19046	PHYSICIAN SERVICES
5 ABINGTON PHYSICIANS 605 N Bethlehem Pike Lower Gwynedd, PA 19002	PHYSICIAN SERVICES
6 AB OBGYN Associates 300 WELSH ROAD BUILDING 2 HORSHAM, PA 19044	PHYSICIAN SERVICES
7 ABINGTON WOMENS HEALTHCARE PHYSICIANS 1245 HIGHLAND AVE ABINGTON, PA 19001	PHYSICIAN SERVICES
8 HB Urology Navy Yard 711 Lawn Ave Bldg 2 Sellersville, PA 18960	PHYSICIAN SERVICES
9 LAWNSDALE INTERNAL MED HV 400 C HUNTINGDON PIKE ROCKLEDGE, PA 19046	PHYSICIAN SERVICES
10 ABINGTON PHYSICIANS 8250 Old York 2nd Floor Elkins Park, PA 19027	PHYSICIAN SERVICES
11 PHYSICIAN OFFICESOUTPATIENT FACILITY 2701 Blair Mill Road Willow Grove, PA 19090	OUTPATIENT SERVICES/ PHYSICIAN SERVICES
12 WARRINGTON PHYSICIAN OFFICES 1380 EASTON ROAD WARRINGTON ROAD, PA 18976	PHYSICIAN SERVICES
13 MEDICAL ARTS BUILDING 125 MEDICAL CAMPUS DRIVE LANSDALE, PA 19446	PHYSICIAN SERVICES
14 Feasterville Family Health 1665 BUSTLETON PIKE FEASTERVILLE, PA 19053	PHYSICIAN SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
16 FLOURTOWN PHYSICIAN OFFICES 1811 Bethlehem Pike A-104 Flourtown, PA 19031	PHYSICIAN SERVICES
1 PHYSICIAN OFFICESOUTPATIENT FACILITY 686 DeKalb Pike Blue Bell, PA 19422	OUTPATIENT SERVICES/ PHYSICIAN SERVICES
2 Endocrine Specialists 2300 Computer Ave H 39 Willow Grove, PA 19090	PHYSICIAN SERVICES
3 NORTH PENN FAMILY MEDICINE 2026 N Broad Street Lansdale, PA 19446	PHYSICIAN SERVICES
4 INTERNAL MEDICINE ASSOC OF ABINGTON 118 Welsh Rd Horsham, PA 19044	PHYSICIAN SERVICES
5 URGENT CARE CENTER 1820 Bethlehem Pike Flourtown, PA 19031	URGENT CARE
6 ABINGTON RESIDENTIAL CARE 205 Newtown Rd Suite 219 Warminster, PA 18974	PHYSICIAN SERVICES
7 Buxmont Primary Care 501 Street road Suite 101 Southampton, PA 18966	PHYSICIAN SERVICES
8 Gwynedd Family Medicine 1600 Horizon Drive Suite 117 Chalfont, PA 18914	PHYSICIAN SERVICES
9 ABINGTON PRIMARY CARE 1400 OLD YORK ROAD SUITE A ABINGTON, PA 19001	PHYSICIAN SERVICES
10 URGENT CARE CENTER 2603 Easton Road Willow Grove, PA 19090	URGENT CARE/ OUTPATIENT SERVICES
11 INTERNAL MEDICINE ASSOC OF ABINGTON 1000 E WELSH ROAD AMBLER, PA 19002	PHYSICIAN SERVICES
12 Family Care Medical Center 1700 Horizon Drive Suite 203 Chalfont, PA 18914	PHYSICIAN SERVICES
13 Women Health Care Group 1045 Bustleton Pike Feasterville, PA 19053	PHYSICIAN SERVICES
14 Women Health Care Group 2651 Huntingdon Pike Huntingdon Valley, PA 19006	PHYSICIAN SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
31 Women Health Care Group 7996 Oxford Ave Philadelphia, PA 19111	PHYSICIAN SERVICES
1 ABINGTON PHYSICIANS 7848 Old York Rd Ste 104 Elkins Park, PA 19027	PHYSICIAN SERVICES
2 Horsham Family Practice 1116 HORSHAM ROAD SUITE 10 AMBLER, PA 19002	PHYSICIAN SERVICES
3 ABINGTON PHYSICIANS AT MONTGOMERYVILLE 1010 HORSHAM ROAD SUITE 110 NORTH WALES, PA 19454	OUTPATIENT SERVICES
4 Steven I Cowan DO Internal Med 1339 EASTON ROAD ROSLYN, PA 19001	PHYSICIAN SERVICES
5 Hatfield Primary Care 115 East Broad Street Hatfield, PA 19440	PHYSICIAN SERVICES
6 Dresher Family Medicine 830 Twining Rd Ste 6 Dresher, PA 19025	PHYSICIAN SERVICES
7 Rockledge Med Assoc 801A HUNTINGDON PIKE HUNTINGDON VALLEY, PA 19006	PHYSICIAN SERVICES
8 ABINGTON PRIMARY WOMENS HEALTHCARE GROUP 11 Friends Lane Newtown, PA 18940	PHYSICIAN SERVICES
9 The Neurology Group 430 Park Avenue Collegeville, PA 19426	PHYSICIAN SERVICES
10 AMH PHYSICAL THERAPYREHABILITATION SVCS 250 North Bethlehem Pike Amblert, PA 19002	OUTPATIENT SERVICES
11 FAMILY PRACTICE OF WILLOW GROVE 221 Davisville Road Willow Grove, PA 19090	PHYSICIAN SERVICES
12 NORTH HILL HEALTH CENTER 212 GRAND AVENUE NORTH HILLS, PA 19038	PHYSICIAN SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

ABINGTON MEMORIAL HOSPITAL

Employer identification number

23-1352152

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	4	7,000		FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ABINGTON MEMORIAL HOSPITAL

Employer identification number
23-1352152

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input checked="" type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If any of the boxes in 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	1b Yes	
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 in line 1a?	2 Yes	
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.		
<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 checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC 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				
See Additional Data Table							

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
CORE FORM, PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2018 FORMS W-2.

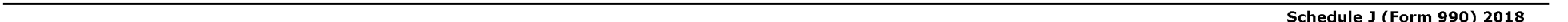
Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 1	THE ORGANIZATION MAINTAINS A FLEXIBLE BENEFIT PROGRAM ("EXECUFLEX BENEFIT PROGRAM") FOR CERTAIN OF ITS EXECUTIVE EMPLOYEES. THIS PROGRAM PROVIDES A FIXED DOLLAR AMOUNT, AND ENABLES PARTICIPATING EMPLOYEES TO ALLOCATE THE AMOUNT AMONG CERTAIN TAXABLE BENEFIT OPTIONS (I.E., ADDITIONAL LIFE INSURANCE COVERAGES, LONG-TERM CARE INSURANCE AND FINANCIAL OR TAX PLANNING ASSISTANCE) OR TO NONQUALIFIED DEFERRED COMPENSATION OPTIONS. THE ELECTIONS ARE MADE BEFORE THE YEAR IN WHICH THE BENEFIT PROGRAM AMOUNT IS PROVIDED. THE AMOUNTS ALLOCATED TO TAXABLE BENEFIT OPTIONS ARE INCLUDED ON EMPLOYEES' FORMS W-2 AS TAXABLE INCOME FOR THE YEAR IN WHICH THE ALLOCATIONS ARE EFFECTIVE, AND THE NONQUALIFIED DEFERRED COMPENSATION AMOUNTS ARE DISCLOSED ON FORM 990 IN THE YEAR OF DEFERRAL AND AGAIN IN THE YEAR IN WHICH THE SUBSTANTIAL RISK OF FORFEITURE LAPSES AND THE AMOUNTS ARE TREATED AS TAXABLE INCOME. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S EXECUFLEX BENEFIT PROGRAM: MARGARET M. MCGOLDRICK; DEBORAH A. DATTE, ESQ.; MICHAEL B. WALSH; ALISON L. FERREN; JILL G. KYLE; MEGHAN O. PATTON; JOHN J. KELLY, M.D. AND THERESA M. REILLY.

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2018 WHICH WAS INCLUDED IN THEIR 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: JOHN J. KELLY, M.D., \$640,019 AND GARY R. CANDIA, PH.D., \$364,813.

Return Reference	Explanation
SCHEDULE J, PART I; QUESTION 4B	<p>THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNTS OUTLINED HEREIN WERE INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: MARGARET M. MCGOLDRICK, \$1,099,801; DEBORAH A. DATTE, ESQ., \$27,317; MICHAEL B. WALSH, \$233,890; ALISON L. FERREN, \$55,385; JILL G. KYLE, \$32,116; MEGHAN O. PATTON, \$59,143; LAURENCE M. MERLIS, \$197,279 AND THERESA M. REILLY, \$224,470. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: KEITH W. SWEIGARD, M.D., \$49,975; DEBORAH A. DATTE, ESQ., \$35,862; MICHAEL B. WALSH, \$167,496; ALISON L. FERREN, \$52,135; JILL G. KYLE, \$38,687; MEGHAN O. PATTON, \$48,030; LAURENCE M. MERLIS, \$138,060 AND THERESA M. REILLY, \$21,262. THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN EMPLOYER RECRUITMENT AND RETENTION PROGRAM FOR KEY INDIVIDUALS, WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN THE INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: LAURENCE M. MERLIS, \$459,224.</p>

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2018 WHICH AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2018 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.

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDE VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THESE AMOUNTS WERE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THESE AMOUNTS WERE PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990. THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: DEBORAH A. DATTE, ESQ., \$27,317; MICHAEL B. WALSH, \$233,890; ALISON L. FERREN, \$92,818; JILL G. KYLE, \$51,408; MEGHAN O. PATTON, \$59,143; LAURENCE M. MERLIS, \$197,279; JOHN J. KELLY, M.D., \$67,155; AND THERESA M. REILLY, \$181,276.



Additional Data

Software ID:
Software Version:
EIN: 23-1352152
Name: ABINGTON MEMORIAL HOSPITAL

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				
GERARD M CLEARY DO TRUSTEE; EX-OFFICIO	(i)	455,956	86,626	815	0	24,999	568,396	0
	(ii)	0	0	0	0	0	0	0
WARREN B MATTHEWS MD TRUSTEE - PHYSICIAN	(i)	276,949	9,339	19,796	82,951	13,143	402,178	0
	(ii)	0	0	0	0	0	0	0
MARGARET M MCGOLDRICK TRUSTEE - PRESIDENT, AMH/LHC	(i)	507,436	128,580	1,150,459	125,405	17,831	1,929,711	0
	(ii)	0	0	0	0	0	0	0
STEVEN E SPENCER MD TRUSTEE - MEDICAL DIRECTOR	(i)	241,357	52,744	10,224	10,118	11,332	325,775	0
	(ii)	0	0	0	0	0	0	0
KEITH W SWEIGARD MD TRUSTEE - MEDICAL DIV CHIEF	(i)	361,915	107,237	23,063	146,202	19,950	658,367	0
	(ii)	0	0	0	0	0	0	0
DEBORAH A DATTE ESQ SECRETARY - SVP LEGAL	(i)	364,240	100,336	53,089	82,713	12,022	612,400	27,317
	(ii)	0	0	0	0	0	0	0
MICHAEL WALSH TREAS - SVP FINANCE TJU & JH	(i)	464,137	138,085	259,818	233,578	17,929	1,113,547	233,890
	(ii)	0	0	0	0	0	0	0
ALISON L FERREN SVP INTEGRATION & PERF IMP	(i)	385,899	115,943	107,163	115,220	19,479	743,704	92,818
	(ii)	0	0	0	0	0	0	0
JILL G KYLE SVP REGIONAL ADVANCEMENT	(i)	276,722	75,885	72,505	119,004	18,903	563,019	51,408
	(ii)	0	0	0	0	0	0	0
ANNMARIE CHAVARRIA MSN RN SVP; CNO (EFF 9/7/18)	(i)	179,306	13,234	201	14,996	24,781	232,518	0
	(ii)	0	0	0	0	0	0	0
MEGHAN O PATTON VP; HR OPERATIONS & ASSOC CHRO	(i)	364,231	100,982	85,400	103,407	16,932	670,952	59,143
	(ii)	0	0	0	0	0	0	0
ELISSA DELLAMONICA VP;POST ACUTE CARE & CASE MGMT	(i)	286,333	22,867	744	198,420	8,400	516,764	0
	(ii)	0	0	0	0	0	0	0
EILEEN P JAMESON VP; CLINICAL SERVICES	(i)	240,027	45,295	1,173	104,236	15,376	406,107	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS LASKE MD MEDICAL DIVISION CHIEF	(i)	772,130	8,546	1,985	0	25,056	807,717	0
	(ii)	0	0	0	0	0	0	0
ORLANDO KIRTON MD DEPARTMENT CHAIRPERSON	(i)	707,151	30,500	21,546	0	24,900	784,097	0
	(ii)	0	0	0	0	0	0	0
STEVEN BARRER MD MEDICAL DIRECTOR	(i)	738,435	8,408	3,605	97,998	21,331	869,777	0
	(ii)	0	0	0	0	0	0	0
WALTER J SCOTT MD MEDICAL DIVISION CHIEF	(i)	621,125	120,000	3,046	0	18,758	762,929	0
	(ii)	0	0	0	0	0	0	0
JONAS J GOPEZ MD PHYSICIAN	(i)	678,033	7,200	19,192	20,496	25,056	749,977	0
	(ii)	0	0	0	0	0	0	0
LAURENCE M MERLIS FORMER OFFICER	(i)	7,074	0	197,279	0	0	204,353	197,279
	(ii)	994,803	525,370	76,024	631,752	17,061	2,245,010	0
JOHN J KELLY MD FORMER OFFICER	(i)	0	0	707,174	0	0	707,174	67,155
	(ii)	0	0	0	0	0	0	0

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				
THERESA M REILLY FORMER OFFICER	(i)	195,823	41,997	260,463	37,894	8,960	545,137	181,276
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
GARY R CANDIA PHD FORMER OFFICER	(i)	8,498	0	422,042	64,879	3,095	498,514	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ABINGTON MEMORIAL HOSPITAL

Employer identification number 23-1352152

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Multiple empty rows.

2 Enter the amount of tax incurred by 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 main 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). Includes a Total row at the bottom.

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

Table with 5 main 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. Multiple empty rows.

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) RYDAL SQUARE LP	TRUSTEE - TOLL	538,403	RENT		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	BRUCE E. TOLL IS A TRUSTEE OF THE ORGANIZATION. THE ORGANIZATION PAID RENT TO RYDAL SQUARE, LP DURING THE FISCAL YEAR ENDED JUNE 30, 2019. TOTAL RENT PAID TO RYDAL SQUARE, LP WAS \$538,403. RENT CHARGED WAS AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS.

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.

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization

ABINGTON MEMORIAL HOSPITAL

Employer identification number

23-1352152

990 Schedule O, Optional Information

Return Reference	Explanation
CORE FORM, PART III	<p>ABINGTON MEMORIAL HOSPITAL ("AMH") IS A NON-PROFIT, REGIONAL ACUTE CARE HOSPITAL. AMH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, AMH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, GENDER IDENTITY OR EXPRESSION, SEXUAL ORIENTATION, RELIGION, AGE, STATUS AS AN INDIVIDUAL WITH A HANDICAP/DISABILITY OR ABILITY TO PAY. MOREOVER, NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES. AMH OPERATES CONSISTENTLY WITHIN THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: 1. AMH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS; 2. AMH OPERATES AN ACTIVE EMERGENCY TRAUMA CENTER FOR ALL PERSONS; WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. AMH MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS. 4. CONTROL OF AMH RESTS WITH JEFFERSON HEALTH'S BOARD OF TRUSTEES; WHICH INCLUDES A NUMBER OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY WHO ALL VOLUNTEER THEIR TIME AND TALENTS. 5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES. EFFECTIVE APRIL 30, 2015 AT 11:59 PM, THOMAS JEFFERSON UNIVERSITY ("TJU"), A PENNSYLVANIA NON-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAXATION PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, BECAME THE SOLE CORPORATE MEMBER OF ABINGTON HEALTH ("AH"). THIS TRANSACTION WAS ACHIEVED BY THE FILING OF THE AMENDED AND RESTATED ARTICLES OF INCORPORATION. AS A RESULT OF THIS TRANSACTION, AH AND ITS SUBSIDIARIES, AMH, LANSDALE HOSPITAL CORPORATION ("LHC"), AND ABINGTON HEALTH FOUNDATION ("AHF") (COLLECTIVELY, THE "SUBSIDIARIES"), BECAME SUBSIDIARIES OF TJU, CREATING A UNIVERSITY HEALTH SYSTEM, KNOWN AS JEFFERSON, THAT ENCOMPASSES THOMAS JEFFERSON UNIVERSITY PLUS JEFFERSON HEALTH. PART OF JEFFERSON HEALTH SINCE 2015, WHICH HAS ALSO MERGED WITH THE FORMER ARIA HEALTH AND KENNEDY HEALTH, THE COMBINED ENTITY INCLUDES FOURTEEN HOSPITALS, SEVEN URGENT CARE CENTERS, AND 25 TESTING AND IMAGING CENTERS LOCATED THROUGHOUT PHILADELPHIA, BUCKS AND MONTGOMERY COUNTIES IN PENNSYLVANIA AND CAMDEN AND GLOUCESTER COUNTIES IN NEW JERSEY. OUTPATIENT AND COMMUNITY-BASED SERVICES ARE DELIVERED THROUGH A NETWORK OF OWNED AND AFFILIATED PHYSICIAN PRACTICES, SATELLITE MEDICAL AND SURGICAL CENTERS, OUTPATIENT LABORATORIES AND RADIOLOGY CENTERS. TOGETHER, JEFFERSON HEALTH HAS 30,000+ EMPLOYEES, 6,100 PHYSICIANS AND PRACTITIONERS, 7,400 NURSES [FULL/PART TIME], 4,600 FACULTY AND 2,100 VOLUNTEERS. THE PARTNERSHIP STRENGTHENS THE ENTERPRISE'S ABILITY TO CARE FOR THE COMMUNITIES WE SERVE. IN ADDITION, JEFFERSON'S UNIQUE</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
CORE FORM, PART III	<p>E GOVERNANCE STRUCTURE CONTINUES AS A COMBINED BOARD WITH EQUAL REPRESENTATION FROM JEFFERSON, ABINGTON, ARIA AND KENNEDY. MAGEE REHABILITATION HOSPITAL WAS ACQUIRED IN FY18. ADDITIONALLY, IN FY19, JEFFERSON HEALTH CONTINUED IN ITS COMMITMENT AND ENTERED INTO A BINDING DEFINITIVE AGREEMENT WITH EINSTEIN HEALTHCARE NETWORK ("EHN") OF PHILADELPHIA AND MONTGOMERY COUNTY, PENNSYLVANIA. THIS ADDITIONAL PARTNERSHIP BUILDS ON A SHARED GOVERNANCE MODEL THAT WOULD INCLUDE THE APPOINTMENT OF EINSTEIN HEALTHCARE NETWORK REPRESENTATIVES TO THE TJU BOARD. EHN INCLUDES THE LARGEST INDEPENDENT ACADEMIC MEDICAL CENTER IN THE PHILADELPHIA REGION. WITH MORE THAN 150 YEARS OF SERVICE TO THE COMMUNITY, EINSTEIN HAS A WEALTH OF EXPERIENCE, BLENDING A LONG AND DISTINGUISHED HISTORY WITH HIGH QUALITY, LEADING-EDGE MEDICINE. THE NETWORK ENCOMPASSES 8,500 EMPLOYEES AND FOUR INPATIENT HOSPITAL FACILITIES WITH 1,000 LICENSED BEDS WHICH INCLUDES AN INDEPENDENT ACADEMIC MEDICAL CENTER WITH OVER 3,500 MEDICAL STUDENTS, 400 RESIDENTS AND FELLOWS THROUGHOUT ITS FACILITIES. EINSTEIN ALSO PROVIDES A RANGE OF HEALTHCARE SERVICES THROUGH SKILLED-NURSING AND REHABILITATION CENTERS THAT CLOSELY ALIGN WITH JEFFERSON, 12 OUTPATIENT CARE CENTERS, AND A NETWORK OF MORE THAN 700 PRIMARY CARE PHYSICIANS AND SPECIALISTS THROUGHOUT THE REGION. THE PROPOSED MERGER TO CREATE AN 18 BED HOSPITAL HEALTH SYSTEM IS AWAITING STATE AND FEDERAL GOVERNMENT APPROVALS. DURING FY19, THOMAS JEFFERSON UNIVERSITY AND JEFFERSON HEALTH AND TEMPLE UNIVERSITY AND TEMPLE HEALTH ENTERED INTO AN AGREEMENT TO CONDUCT DUE DILIGENCE AND NEGOTIATE THE SALE OF FOXCHASE CANCER CENTER TO JEFFERSON AND TEMPLES INTEREST IN HEALTH PARTNERS PLAN (HPP). PART OF THE TRANSACTION UNDER DISCUSSION, JEFFERSON AND TEMPLE WOULD ALSO ENTER INTO A LONG-TERM ONCOLOGY-RELATED ACADEMIC AFFILIATION AGREEMENT THAT WOULD EXPAND ACCESS FOR TEMPLE RESIDENTS, FELLOWS AND STUDENTS TO ACADEMIC AND RESEARCH RESOURCES. ENVISIONED IS A COLLABORATION THAT EXTENDS FAR BEYOND THE SALE OF FOXCHASE AND HPP TO JEFFERSON AS BOTH INSTITUTIONS LOOK TO COLLABORATE ON A FRAMEWORK FOR PARTNERSHIP ON CANCER TREATMENT, CARING FOR THE UNDERSERVED, INNOVATION, AND INCREASING EDUCATIONAL OPPORTUNITIES FOR STUDENTS AT BOTH SCHOOLS TO BENEFIT FROM PROGRAMS AND SERVICES AT EACH INSTITUTION. THE COLLABORATION INCLUDES THE FOLLOWING ELEMENTS: JEFFERSON WILL PURCHASE FOXCHASE CANCER CENTER, WHILE MAINTAINING A BEST OF BOTH WORLDS OPPORTUNITY FOR TEMPLE AND JEFFERSON STUDENTS AND PATIENTS. THE PURCHASE WILL CREATE NEW AVENUES FOR CANCER TREATMENT AND RESEARCH BY COMBINING TWO VERY POWERFUL NATIONAL AND REGIONAL HEALTHCARE PROVIDERS: FOXCHASE, AN NCI-DESIGNATED COMPREHENSIVE CANCER CENTER, AND THE NCI-DESIGNATED SIDNEY KIMMEL CANCER CENTER; JEFFERSON WILL ASSUME TEMPLES INTEREST IN HPP TOWARD THE GOAL OF WORKING WITH THE CURRENT OWNER PARTNERS (EINSTEIN, TEMPLE AND JEFFERSON) AS WELL AS THE COMMUNITY TO PROVIDE THE BEST AND MOST SEAMLESS CONTINUUM OF CARE FOR THE EXPAND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III	<p>ING MEDICAID AND MEDICARE ADVANTAGE POPULATION ACROSS THE CITY AND REGION; EXECUTIVE LEADERSHIP HAVE COMMITTED TO WORK WITH THE DEANS OF THEIR RESPECTIVE COLLEGES TO CREATE OPPORTUNITIES FOR JEFFERSONS STUDENTS TO BENEFIT FROM TEMPLES EXPERTISE AND NATIONAL REPUTATION IN AREAS SUCH AS BUSINESS, ENGINEERING AND LAW. IN ADDITION, THIS AGREEMENT WILL FOSTER OPPORTUNITIES FOR TEMPLE STUDENTS TO ACCESS JEFFERSONS EXPERTISE IN AREAS SUCH AS DESIGN, DIGITAL HEALTH, AND ARCHITECTURE AND THE BUILT ENVIRONMENT. AH IS THE UMBRELLA ORGANIZATION THAT ENCOMPASSES ITS FLAGSHIP HOSPITAL, AMH, IN ABINGTON AND LHC IN HATFIELD TOWNSHIP. TOGETHER, AMH AND LHC HAVE 800 LICENSED BEDS, SEVEN OUTPATIENT CAMPUSES: ABINGTON HEALTHBLUE BELL, ABINGTON HEALTH-ELKINS PARK, ABINGTON HEALTH-LOWER GWYNEDD, ABINGTON HEALTH-MONTGOMERYVILLE, ABINGTON HEALTH-WARMINSTER AND ABINGTON HEALTH-WILLOW GROVE WHICH INCLUDES THE SITE OF THE SIDNEY KIMMEL CANCER CENTER ASPLUNDH CANCER PAVILION AND NEW FOR FY19, ABINGTON HEALTH-HORSHAM. IN ADDITION, TWO URGENT CARE CENTERS IN FLOURTOWN AND WILLOW GROVE, PENNSYLVANIA ARE AVAILABLE FOR THE COMMUNITY. PHYSICIANS-EMPLOYED PRACTICES GEOGRAPHICALLY LOCATED IN BUCKS, MONTGOMERY AND PHILADELPHIA COUNTIES WITH 73 LOCATIONS. THE ABOVE BRANDED, FICTITIOUS NAMES ARE USED FOR MERGER ANNOUNCEMENT PURPOSES. LEGAL NAMES OF AMH, AH, AHF AND LHC WILL BE USED IN FY19 DOCUMENTS. AMH IS GUIDED BY ITS MISSION AND IS DEDICATED TO THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THIS LEVEL OF DETERMINATION AND COMMITMENT IS THE VERY HEART OF AMH. AMH MAINTAINS A GENEROUS FINANCIAL ASSISTANCE POLICY, PROVIDING A SIGNIFICANT AMOUNT OF SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS WHO ARE UNABLE TO PAY FOR CARE EITHER THROUGH THIRD PARTY COVERAGE OR THEIR OWN RESOURCES. SINCE CHARITY CARE AMOUNTS ARE NOT EXPECTED TO BE PAID, THEY ARE NOT REPORTED AS REVENUE. IN ADDITION, AMH PROVIDES SERVICES AND SUPPLIES AT BELOW COST TO PERSONS COVERED BY GOVERNMENT PROGRAMS, INCLUDING MEDICARE AND MEDICAID. AMH CENTRALIZED ITS FINANCIAL COUNSELING PROGRAM. A FINANCIAL COUNSELOR HELPS DETERMINE ELIGIBILITY FOR GOVERNMENT-SPONSORED PROGRAMS, AND OFFERS ASSISTANCE WITH THE HEALTH INSURANCE EXCHANGE AND OTHER INSURANCE COVERAGE. IF AN INDIVIDUAL DOES NOT QUALIFY FOR OTHER COVERAGE, THEY ASSIST INDIVIDUALS AND FAMILIES IN THE COMPLETION OF THE FINANCIAL ASSISTANCE APPLICATION. IN KEEPING WITH AMH'S COMMITMENT TO ALL MEMBERS OF ITS COMMUNITY, THE FOLLOWING SERVICES WERE PROVIDED DURING THE YEAR WITH A PARTICULAR FOCUS ON LOW INCOME MEMBERS WITHIN ITS SERVICE AREAS: - FREE CARE AND/OR SUBSIDIZED CARE TO INPATIENTS AND OUTPATIENTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III	<p>- OPERATION OF BOTH PRIMARY AND SPECIALTY CLINICS, OB/GYN CENTER, A BEHAVIORAL HEALTH EMBE DDED PRIMARY CARE MODEL, A DENTAL CLINIC, AND A HEALTH CENTER FOR NEWBORNS. UPDATED YEARLY , A CLINIC BROCHURE INCLUDES INFORMATION ON AH'S OFFERINGS AND AREA CLINIC PARTNERS. THE B ROCHURE WAS CREATED, PRINTED, AND POSTED TO HOSPITAL WEBSITES AND INTRANET FOR USE BY THE COMMUNITY. IN ADDITION, THIS BROCHURE WAS TRANSLATED INTO LANGUAGES BETTER SERVING OUR COM MUNITY. ALL CLINIC SITES AT AMH RECEIVED THE NEW FACT SHEETS TO EDUCATE THE UNINSURED AND UNDERINSURED. - FAMILY PRACTICE CENTER WHICH ALSO PROVIDES AN EDUCATIONAL SETTING FOR THE TEACHING OF PRIMARY CARE PHYSICIANS. - EMERGENCY/TRAUMA CENTER (OPERATES 24 HOURS A DAY, 3 65 DAYS A YEAR) WAS THE FIRST ACCREDITED TRAUMA CENTER IN MONTGOMERY COUNTY, OPEN TO ALL M EMBERS OF THE COMMUNITY REGARDLESS OF THEIR ABILITY TO PAY. - AMH ATTRACTS THE FINEST PHYS ICIANs TO SERVE OUR PATIENTS. OVER 1,100 PHYSICIANS CARE FOR PATIENTS THROUGHOUT THE HEALT H SYSTEM'S WIDE RANGE OF SERVICES. ABINGTON HEALTH PHYSICIANS IS A NETWORK OF PRIMARY CARE PHYSICIANS AND SPECIALISTS EMPLOYED BY AMH AND LHC. AS A RESULT OF THE JEFFERSON MERGER, THIS ENTITY IS NOW KNOWN AS JEFFERSON MEDICAL GROUP [LEGAL NAME ABINGTON HEALTH PHYSICIANS]. AMH IS A MAJOR CLINICAL CAMPUS FOR SEVERAL REGIONAL MEDICAL SCHOOLS. THE COMMITMENT TO OUTSTANDING MEDICAL CARE HAS EARNED AMH NUMEROUS AWARDS FOR QUALITY AND SAFETY, AND THE RO BUST CULTURE OF CONTINUING EDUCATION CREATES AN ATMOSPHERE OF INQUIRY AND SCHOLARSHIP. MAN Y OF OUR PHYSICIANS ARE PRIMARY INVESTIGATORS FOR NATIONAL CLINICAL TRIALS, WHICH GIVES OU R PATIENTS ACCESS TO ADVANCED TREATMENTS NOT COMMONLY AVAILABLE ELSEWHERE. OUR MISSION --- ----- WE IMPROVE LIVES. OUR VISION ----- REIMAGINING HEALTH, EDUCATION, AND DISCOV ERY TO CREATE UNPARALLELED VALUE. OUR VALUES ----- PUT PEOPLE FIRST/BE BOLD AND THINK DIFFERENTLY/DO THE RIGHT THING. BACKGROUND ----- FOUNDED IN 1914, AMH IS A FULLY ACC REDITED, NOT-FOR-PROFIT, REGIONAL TEACHING HOSPITAL WITH 665 LICENSED BEDS IN ABINGTON, PE NNSYLVANIA. LOCATED AT 1200 OLD YORK ROAD (ROUTE 611) IN ABINGTON, PENNSYLVANIA, AMH HAS B EEN PROVIDING COMPREHENSIVE, HIGH-QUALITY SERVICES FOR PEOPLE IN MONTGOMERY, BUCKS AND PHI LADELPHIA COUNTIES. WITH ALMOST 31,000 INPATIENT ADMISSIONS AND ALMOST 575,000 OUTPATIENT VISITS LAST YEAR, AMH IS A MAJOR REGIONAL REFERRAL CENTER FOR CANCER CARE, NEUROSCIENCES, MUSCULOSKELETAL AND SPINE TREATMENT. CARDIAC CARE, AND MANY OTHER MEDICAL AND SURGICAL SPE CIALTY PROGRAMS AND HAS A LEVEL II TRAUMA CENTER TO SERVE OUR COMMUNITY. AMH HAS A LONG TR ADITION OF PERSONAL, HIGH-QUALITY MATERNITY CARE SERVING AS ONE OF THE BUSIEST OB/GYN CENT ERS IN THE REGION AND IS A LEADER IN SENIOR HEALTH SERVICES. BACK IN THE EARLY 1900S THE R URAL TOWN OF ABINGTON FACED A PRESSING NEED FOR AN EXCELLENT HOSPITAL LOCATED IN THE COMMU NITY. PHILANTHROPIC VISIONARY GEORGE W. ELKINS, SR. STEPPED FORWARD WITH AN EXTRAORDINARY GIFT OF LAND AND FUNDS FOR A N</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III	<p>EW HOSPITAL. MR. ELKINS WAS JOINED BY LEADERS FROM THROUGHOUT THE COMMUNITY, INCLUDING MEMBERS OF THE NEWLY FORMED WOMEN'S ASSOCIATION OF NOBLE, PRECURSOR TO TODAY'S AHF WOMEN'S BOARD. THEIR AMBITIOUS VISION WAS REALIZED ON MAY 15, 1914, WHEN THE NEW 48-BED AMH OPENED ITS DOORS. AMH IS NOW THE FLAGSHIP HOSPITAL OF AH KNOWN AS ABINGTON JEFFERSON HEALTH AS OF FY19, WHICH ALSO ENCOMPASSES LHC PART OF THE NEWLY FORMED ENTERPRISE OF JEFFERSON HEALTH. AMH'S ACCOMPLISHMENTS IN FY19: AMH MARKED ITS FOURTH FULL YEAR AS BEING PART OF JEFFERSON. JEFFERSON FINALIZED THE MERGER WITH ARIA HEALTH, PHILADELPHIA UNIVERSITY, MAGEE REHABILITATION HOSPITAL AND KENNEDY HEALTH, NEW JERSEY IN 2018. INTEGRATION 1.0 WAS SUCCESSFUL AND IN FY18 AND FY19 INTEGRATION 2.0 (JEFFERSON-ABINGTON-ARIA-KENNEDY) CONTINUED. THE GOALS FOR INTEGRATION ARE TO ADOPT BEST PRACTICES, REALIZE CONTRACT SAVINGS, ENHANCE PATIENT SATISFACTION AND IMPROVE EMPLOYEE ENGAGEMENT ACROSS THE ORGANIZATION. AMH'S PATIENT SAFETY CORE VALUE AND ACCOMPLISHMENTS IN FY19: IN FALL 2018, AH FORMALLY LAUNCHED THE NEXT PHASE OF OUR JOURNEY TO HIGH RELIABILITY. MORE THAN 70 LEADERS WERE TRAINED IN THE PRINCIPLES OF HIGH RELIABILITY AND HAVE MET MONTHLY IN A LEADERSHIP DEVELOPMENT PROGRAM CALLED CLINICAL ACTION SUPPORT SYSTEM (CLASS). ALSO INCORPORATED WAS THE ABINGTON IMPROVEMENT MOVEMENT (AIM), WHERE DYAD LEADERS USE A MANAGEMENT SYSTEM TO HARNESS THE IDEAS OF STAFF IN IMPROVING UNITS. UNIT LEADERS HAVE ENGAGED WITH QLIK DASHBOARDS AND SCORECARDS IN A MANNER THAT CONTINUES TO GROW EACH MONTH TO SUPPORT IMPROVEMENT. DURING FY19, THE PLANS FOR A NEW OBSTETRICS TEAM MODEL FOR LABOR AND DELIVERY TOOK SHAPE AFTER MORE THAN A YEAR OF ANALYSIS. AH TRANSITIONED TO AN OBSTETRICS TEAM MODEL FOR LABOR AND DELIVERY CARE. THIS NEW MODEL CONSISTS OF A COLLABORATIVE, HIGH-QUALITY, SAFETY-FOCUSED OBSTETRICS TEAM COMPRISED OF TALENTED OBSTETRICIANS AND OB HOSPITALISTS AS WELL AS HIGHLY EXPERIENCED LABOR AND DELIVERY NURSES. THE GOAL OF THIS TRANSITION IS TO ENHANCE THE QUALITY OF CARE AMH PROVIDES TO EXPECTANT MOMS BOTH IN THE PHYSICIAN OFFICES AND IN THE HOSPITAL, AND TO INCREASE THE AVAILABILITY OF APPOINTMENTS WITH OBSTETRICIANS IN THEIR OFFICES. AH AND NEMOURS DUPONT PEDIATRICS HAVE TEAMED UP TO PROVIDE PEDIATRIC SERVICES TO INFANTS, CHILDREN AND ADOLESCENTS OF BUCKS AND MONTGOMERY COUNTIES. NEMOURS PEDIATRIC HOSPITALISTS PROVIDE MEDICAL CARE FOR CHILDREN STAYING IN AMHS 15-BED PEDIATRIC UNIT; PEDIATRIC CONSULTATIONS IN THE EMERGENCY TRAUMA CENTER AND CONSULTATIONS WITH SPECIALISTS AT NEMOURS/ALFRED I. DUPONT HOSPITAL FOR CHILDREN FOR PEDIATRIC PATIENTS AT AMH. IN ADDITION TO INPATIENT SERVICES, NEMOURS OPENED A SPECIALTY CARE CENTER AT AHS WILLOW GROVE CAMPUS, WHERE PEDIATRIC SPECIALISTS PROVIDE CARE IN CARDIOLOGY, DEVELOPMENTAL MEDICINE, GASTROENTEROLOGY, GENERAL SURGERY, INFECTIOUS DISEASES AND NEUROLOGY/ CONCUSSION. IN FY19, THE INTERVENTIONAL PROCEDURES UNIT (IPU) AT AMH WAS TRANSFORMED INTO A MODEL UNIT, ALLOWING OTHERS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III	<p>TO SEE LEAN PRINCIPLES IN ACTION. QUALITIES OF A MODEL UNIT INCLUDE ACHIEVING A COMPLETE ELIMINATION OF WASTE, ALLOWING MORE RAPID IMPROVEMENT IN AN AREA OF CONCERN AND DEMONSTRATING ALL ELEMENTS OF WORLD-CLASS HEALTHCARE DELIVERY. OPIOID USE DISORDER INITIATIVES WERE INTRODUCED DUE TO THE GROWING EPIDEMIC: ENHANCED RECOVERY AFTER SURGERY (ERAS) PROJECT FOR C-SECTIONS IMPLEMENTED IN OCTOBER 2018, THE PROJECTS GOAL WAS TO REDUCE POST-OPERATIVE CONSUMPTION OF OPIOIDS DURING THE INPATIENT STAY BY 30 PERCENT. SINCE ITS IMPLEMENTATION, AMH HAS CARED FOR MORE THAN 700 MOTHERS DELIVERING BY C-SECTION WHO PARTICIPATED IN THIS PROGRAM. THE RESULTS ARE A 62 PERCENT DECREASE IN OPIOID CONSUMPTION, WHICH IS WAY ABOVE THE INTENDED GOAL. SIMILAR WORK WITH IMPRESSIVE RESULTS HAS BEEN UNDERTAKEN IN THE DEPARTMENT OF SURGERY, SPECIFICALLY WITH PATIENTS UNDERGOING LAPAROSCOPIC REMOVAL OF THE GALLBLADDER OR BARIATRIC SURGERY. WARM HAND OFF PROGRAM: ALL PATIENTS PRESENTING OPIOID USE DISORDER OR ANY SUBSTANCE USE DISORDER CAN NOW ACCESS THE WARM HAND-OFF PROGRAM AT AMH OR ANY ACCESS POINT IN AH. THROUGH THIS PROGRAM, PATIENTS ARE CONNECTED TO A CERTIFIED RECOVERY SPECIALIST AND REFERRED TO A CARE PROVIDER, A NON-PROFIT ORGANIZATION THAT ADDRESSES SUBSTANCE USE AND MENTAL HEALTH NEEDS. AMH PROVIDERS PARTICIPATE IN THE STATES PRESCRIPTION DRUG MONITORING PROGRAM WHICH PROVIDES A COMPLETE PICTURE OF THEIR PATIENTS CONTROLLED SUBSTANCE PRESCRIPTION HISTORIES. PATIENT EDUCATION HAS INCLUDED THE CREATION AND DISTRIBUTION OF "MANAGING ACUTE PAIN", A PATIENT EDUCATION BROCHURE; THE LAUNCHING OF A NEW E-NEWSLETTER, "OPIOID MATTERS" IN FY19 AND THE CONTINUED EDUCATION AND PROMOTION OF DRUG TAKE BACK SITES IN THE REGION INCLUDING ONE LOCATED AT ALLIANCE PHARMACY AT AMH. THE DEPARTMENT OF NURSING, QUALITY AND OUTCOMES COUNCIL LAUNCHED THE "STOMP OUT STIGMA" CAMPAIGN, A NEW INITIATIVE AIMED AT CHANGING NEGATIVE PERCEPTIONS SURROUNDING SUBSTANCE USE DISORDER. MORE THAN 600 AH STAFF SIGNED A BANNER, PLEDGING TO REFRAIN FROM PASSING JUDGMENT OR SHOWING BIAS TOWARD PATIENTS DEALING WITH SUBSTANCE USE DISORDER. AHS BREAST PROGRAM ADOPTED A WIRE-FREE RADAR BREAST LOCALIZATION SYSTEM THAT CAN DECREASE PATIENT DISCOMFORT AND IMPROVE PATIENT SATISFACTION FOR WOMEN UNDERGOING LUMPECTOMY. THE SAVI SCOUT SYSTEM USES A NON-RADIOACTIVE, RADAR TECHNOLOGY TO PROVIDE REAL-TIME SURGICAL GUIDANCE DURING BREAST SURGERY. HYDROGEL BARRIER FOR MEN UNDERGOING RADIATION FOR PROSTATE CANCER: MEN RECEIVING RADIATION FOR PROSTATE CANCER AT THE ASPLUNDH CANCER PAVILION NOW HAVE THE OPTION OF HAVING A HYDROGEL BARRIER IMPLANTED BEFORE TREATMENT. THE SPACE FOR HYDROGEL BARRIER ACTS AS A SPACER BETWEEN THE PROSTATE AND THE RECTUM, SIGNIFICANTLY LOWERING THE DOSE OF RADIATION THE RECTUM RECEIVES AND HAS BEEN PROVEN TO DECREASE THE RISK FOR DEVELOPING RECTAL COMPLICATIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III	<p>MR ELASTOGRAPHY (MRE), ONE OF THE LATEST OPTIONS FOR DETECTING CHRONIC LIVER DISEASE AND CIRRHOSIS, IS NOW OFFERED AT AH WARMINSTER. MRE IS A NON-INVASIVE AND PAIN-FREE IMAGING TEST THAT MEASURES THE STIFFNESS OF THE LIVER. ABOUT HALF THE COST OF A LIVER BIOPSY, MRE CAN PROVIDE EARLIER AND SAFER DETECTION OF LIVER FIBROSIS, WHICH TRANSLATES INTO A BETTER CHANCE OF SUCCESSFUL TREATMENT. FY19 CONSTRUCTION PROJECTS AND RENOVATIONS HIGHLIGHTS FOR AMH AND CAMPUSES INCLUDED: PLANS ARE UNDERWAY FOR THE DESIGN OF A HUNTINGDON VALLEY HEALTH CENTER, AN 8,000 SQUARE FOOT PROJECT TARGETED FOR COMPLETION IN 2020; ENVIRONMENTAL SERVICES (EVS) RENOVATIONS THE FORMER MEDICAL RECORDS SPACE IS BEING RENOVATED TO CREATE A NEW SPACE FOR THE EVS DEPARTMENT; AMHS BUERGER AND WIDENER ELEVATORS ARE BEING UPGRADED COSMETICALLY AND MECHANICALLY; AMHS PAVILION GRILLE HAS NEW FURNITURE AND FLOORING; THIRD C-SECTION ROOM PROJECT IS UNDERWAY; TOLL BUILDING MATERNITY WAITING ROOM WAS REFRESHED WITH NEW FURNITURE AND PAINT; THE SIM LAB WAS RENOVATED; NEW FLOORS WERE INSTALLED ON 5, 6, AND 7 BUERGER; HYDRATION STATIONS ADDED TO KEY AREAS FOR EMPLOYEES AND PATIENTS/VISITORS; 5 TOLL WINDOW PROJECT; ZIPLEY GARAGE LOBBIES REFRESHED ON EACH FLOOR; NEW RECLINERS IN PATIENT ROOMS, MADE POSSIBLE BY THE WOMENS BOARD. WILLOW GROVE CAMPUS INCLUDED IN FY19, BLACK TOP AND CONCRETE REPAIRS; DRAIN WORK AT PENNWOOD BUILDING/DIXON HALL; CARDIAC REHAB AND FITNESS CENTER PROJECT; NEW LIGHTING INSTALLED AT BLAIRWOOD REGISTRATION. WARMINSTER CAMPUS INCLUDED NEW MRI INSTALLATION; NEW CONSOLIDATED SPACE FOR EPIC; NEWLY CONSOLIDATED CALL CENTER FOR JCP/JMG PRACTICES. DURING FY19, AH OPENED ITS NEWEST HEALTH CENTER IN HORSHAM, MAKING IT THE SEVENTH OUTPATIENT FACILITY THAT SERVES PATIENTS IN MONTGOMERY AND BUCKS COUNTIES. THE 20,000 SQUARE-FOOT, STATE-OF-THE-ART FACILITY INCLUDES THREE MEDICAL PRACTICES: INTERNAL MEDICINE ASSOCIATES OF ABINGTON, ABINGTON PRIMARY WOMENS HEALTHCARE GROUP AND ENDOCRINE SPECIALISTS. THE LOCATION ALSO HAS A FULL-SERVICE LABORATORY ON-SITE FOR THE CONVENIENCE OF PATIENTS NEEDING BLOODWORK AND OTHER LAB TESTS. AMH HAS A STRONG EDUCATIONAL MISSION AND SPONSORS FIVE RESIDENCY PROGRAMS IN FAMILY MEDICINE, INTERNAL MEDICINE, OBSTETRICS/GYNECOLOGY, GENERAL SURGERY AND DENTISTRY. IN ADDITION, AMH PROVIDES POSTGRADUATE MEDICAL EDUCATION IN AFFILIATION WITH SEVERAL AREA MEDICAL SCHOOLS. THE AMH DIXON SCHOOL OF NURSINGS DIPLOMA PROGRAM CLOSED IN THE FALL 2017. TO MEET THE GROWING DEMAND FOR BSN TRAINED NURSES, A SECOND CAMPUS OF THE JEFFERSON COLLEGE OF NURSING, OPENED AND OCCUPIES THE SPACE THAT WAS PREVIOUSLY HOME TO THE DIXON SCHOOL OF NURSING. AMH CONTINUES IN ITS RELATIONSHIP WITH DREXEL UNIVERSITY COLLEGE OF MEDICINE AS A REGIONAL MEDICAL CAMPUS FOR THIRD AND FOURTH YEAR MEDICAL STUDENTS, AFFILIATION WITH PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE AND THE SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA, PA. DURING FY19 AMH CONTINUED ITS AFFILIATION WITH</p>

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CORE FORM, PART III	<p>TH THE CHILDREN'S HOSPITAL OF PHILADELPHIA ("CHOP"), HOWEVER, PLANNING WAS UNDERWAY IN FY1 9 FOR AMH AND NEMOURS DUPONT PEDIATRICS PARTNERSHIP WHICH PROVIDES PEDIATRIC SERVICES TO T HE INFANTS, CHILDREN AND ADOLESCENTS OF BUCKS AND MONTGOMERY COUNTIES. NEMOURS PEDIATRIC H OSPITALISTS PROVIDE MEDICAL CARE FOR CHILDREN STAYING IN AMHS 15-BED PEDIATRIC UNIT; PEDIA TRIC CONSULTATIONS IN THE EMERGENCY TRAUMA CENTER AND CONSULTATIONS WITH SPECIALISTS AT NE MOURS/ALFRED I DUPONT HOSPITAL FOR CHILDREN FOR PEDIATRIC PATIENTS AT ABINGTON HOSPITAL. I N ADDITION TO INPATIENT SERVICES, NEMOURS OPENED A SPECIALTY CARE CENTER AT AH WILLOW GROV E, WHERE PEDIATRIC SPECIALISTS PROVIDE CARE IN CARDIOLOGY, DEVELOPMENTAL MEDICINE, GASTROE NTEROLOGY, GENERAL SURGERY, INFECTIOUS DISEASES AND NEUROLOGY/CONCUSSION. AWARDS AND RECOG NITIONS ===== AMH HAS BEEN RECOGNIZED BY MANY ORGANIZATIONS FOR THE QUAL ITY OF ITS SERVICES: AMH AND LHC [AJH] EARNED THE 2019 EXCELLENCE AWARD FROM THE MID-ATLAN TIC ALLIANCE FOR PERFORMANCE EXCELLENCE [MAAPE] THE STATE LEVEL BALDRIGE PROGRAM; THE EXCE LLENCE AWARD IS MAAPES HIGHEST LEVEL OF RECOGNITION AND AJH HAS THE DISTINCTION OF BEING T HE ONLY ORGANIZATION TO EARN TWO PENNSYLVANIA STATE EXCELLENCE AWARDS. OUR SUCCESSES IN TH E BALDRIGE JOURNEY ARE THE RESULT OF MANY INDIVIDUALS WORKING DILIGENTLY FOR MORE THAN A D ECADE TO INCORPORATE THE BALDRIGE EXCELLENCE FRAMEWORK INTO HOW WE RUN AH AND ALH. THE PRO CESS AND PLANNING WAS ACCOMPLISHED IN FY19 WITH THE ANNOUNCEMENT IN JULY 2019. AMH WAS NAM ED A BLUE DISTINCTION CENTER FOR MATERNITY BY INDEPENDENCE BLUE CROSS (IBC); AMH WAS NAMED A BABY-FRIENDLY HOSPITAL BY BABY-FRIENDLY USE, INC. THIS DESIGNATION RECOGNIZES AH FOR TH E OPTIMAL LEVEL OF CARE IT PROVIDES BREASTFEEDING MOTHERS AND THEIR BABIES. AMHS CARDIA R EHABILITATION PROGRAM EARNED ACCREDITATION FROM THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION (AACVPR); AMH WAS NAMED A BLUE DISTINCTION CENTER FOR CARDIA C CARE BY IBC; AMH RECEIVED THE MISSION: LIFELINE GOLD PLUS RECEIVING QUALITY ACHIEVEMENT AWARD FROM THE AMERICAN HEART ASSOCIATION FOR THE TREATMENT OF PATIENTS WHO SUFFER SEVERE HEART ATTACKS. AMH RECEIVED CHEST PAIN CENTER WITH PRIMARY PCI RE-ACCREDITATION FROM THE A MERICAN COLLEGE OF CARDIOLOGY. AH RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATIONS GET WITH THE GUIDELINES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD FOR OUR CO MMITMENT TO PROVIDING QUALITY STROKE CARE. AH WAS NAMED A BLUE DISTINCTION CENTER FOR SPIN E SURGERY BY IBC; RECOGNIZED AS AN AGE-FRIENDLY HEALTH SYSTEM COMMITTED TO CARE EXCELLENCE , AS PART OF A NATIONAL MOVEMENT TO IMPROVE HEALTH CARE FOR OLDER ADULTS; HOME CARE AND HO SPICE RECEIVED A "WE HONOR VETERANS" PARTNER LEVEL II DESIGNATION, WHICH REFLECTS OUR COMM ITMENT TO ENSURING THAT VETERANS HAVE ACCESS TO QUALITY END-OF-LIFE CARE; HOME CARE AND HO SPICE EARNED CMSS 4-STAR RATING; AH WAS NAMED A BLUE DISTINCTION CENTER FOR BARIATRIC SURG ERY BY IBC. AHS PULMONARY REHA</p>

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CORE FORM, PART III	<p>BILITATION PROGRAM EARNED ACCREDITATION FROM THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION (AACVPR); DEXUR, A DATA-DRIVEN HOSPITAL AND HEALTHCARE NEWS AND RESEARCH SERVICE RATED AS A TOP RANKED HOSPITAL IN PENNSYLVANIA FOR ALCOHOL AND DRUG ABUSE FOR POST HOSPITALIZATION DISCHARGE RATES AND STAYS TO SKILLS NURSING FACILITIES. THE DIABETES CENTER AT ASPLUNDH EARNED EDUCATION RECOGNITION RECERTIFICATION FOR ITS DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT PROGRAM FROM THE AMERICAN DIABETES ASSOCIATION (ADA); ASPLUNDH CANCER PAVILION EARNED THE 2019 ENVIRONMENTAL STEWARDSHIP AWARD FROM THE MONTGOMERY COUNTY BOARD OF COMMISSIONERS AND THE MONTGOMERY COUNTY CONSERVATION DISTRICT. THIS AWARD RECOGNIZES ENVIRONMENTAL STEWARDSHIP AND CONSERVATION OF WATER AND SOIL QUALITY IN MONTGOMERY COUNTY; THE ASPLUNDH CANCER PAVILION EARNED AN HONORABLE MENTION AT THE 2019 HEALTHCARE DESIGN SHOWCASE; THE ASPLUNDH CANCER PAVILION WAS NAMED BEST HEALTHCARE PROJECT BY THE GENERAL BUILDING CONTRACTORS ASSOCIATION. AMH WAS AWARDED AN "A" FOR PATIENT SAFETY IN THE SPRING 2019 BY LEAPFROG HOSPITAL SAFETY GRADE. AMH EARNED THIRD PLACE AT THE HEALTH CARE IMPROVEMENT FOUNDATIONS 2018 DELAWARE VALLEY PATIENT SAFETY AND QUALITY AWARDS. AH EARNED THE 2019 COMMUNITY PARTNER AWARD FROM HEALTHLINK DENTAL CLINIC. AMH AND LHC BOTH EARNED THE PLATINUM AWARD AS PART OF THE 2019 DONATE LIFE HOSPITAL CHALLENGE FROM GIFT OF LIFE AND THE HOSPITAL ASSOCIATION OF PENNSYLVANIA (HAP). AH RECEIVED A SILVER AWARD FOR "BEST MARKETING CAMPAIGN" AT THE 2018 HEALTHCARE LEADERSHIP AWARDS FOR THE OPENING CAMPAIGN FOR ASPLUNDH CANCER PAVILION. IN FY19, AMHS RANKING IMPROVED, RANKING 6TH IN THE PHILADELPHIA METRO AREA AND 11TH IN PENNSYLVANIA. ABINGTON SCORED HIGH PERFORMING IN FIVE PROCEDURES AND CONDITIONS: CONGESTIVE HEART FAILURE, COLON CANCER SURGERY, COPD, HIP REPLACEMENT AND KNEE REPLACEMENT AND HIGH PERFORMING IN THREE SPECIALITIES: GASTROENTEROLOGY AND GI SURGERY, NEPHROLOGY AND UROLOGY. - 2017, AMH RECOGNIZED BY THE AMERICAN HEART ASSOCIATION WITH THE 2017 MISSION: LIFETIME GOLD STEMI AWARD. THIS ACCOMPLISHMENT SIGNIFIES A COMMITMENT TO GUIDELINE ADHERENCE AND QUALITY IMPROVEMENT FOR THE STEMI AND STEMI PATIENT POPULATION. - 2017, EXCELLING IN QUALITY AND PATIENT SAFETY: JEFFERSON HEALTH EARNS HIGH HONORS FROM THE LEAPFROG GROUP; LHC EARNS TOP HONORS IN PATIENT SAFETY WITH AN "A", WHILE THOMAS JEFFERSON UNIVERSITY HOSPITAL IN CENTER CITY AND METHODIST HOSPITAL-JEFFERSON HOSPITAL EACH EARNED AN "A-". AMH AND ARIA JEFFERSON HEALTH BUCKS COUNTY WERE EACH RATED WITH A "B". - 2016, AMH HONORED WITH MISSION: LIFELINE GOLD-PLUS AWARD. - 2016, THE U.S. NEWS AND WORLD REPORT 2016-2017 RATES AMH AS HIGH PERFORMING IN COLON CANCER SURGERY. - 2016, THE U.S. NEWS AND WORLD REPORT 2016-2017 RATES AMH AS HIGH PERFORMING IN HEART BYPASS SURGERY, CONGESTIVE HEART FAILURE AND ABDOMINAL AORTIC ANEURYSM REPAIR.</p>

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CORE FORM, PART III	<p>- 2016, AMH RECOGNIZED AS A GOLD-LEVEL FIT-FRIENDLY WORKSITE BY THE AMERICAN HEART ASSOCIATION FOR HELPING ITS EMPLOYEES EAT BETTER AND MOVE MORE. - 2016, AMH IS A RECIPIENT OF THE 2016 MOST WIRED FOR THE FIFTH YEAR IN A ROW. - 2016, ABINGTON PHYSICIANS NAMED AMONG THE REGION'S BEST IN PHILADELPHIA MAGAZINE'S 2016 TOP DOCTOR'S ISSUE. - 2016, CARDIOVASCULAR UNIT AT AMH RECOGNIZED WITH THE BEACON AWARD FOR EXCELLENCE BY THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES. - 2016, PHILADELPHIA MAGAZINE TOP DENTISTS, EXEMPLIFYING AMH'S COMMITMENT TO CLINICAL EXCELLENCE AND PATIENT SAFETY. CENTERS OF EXCELLENCE ===== = 1. HEART AND VASCULAR INSTITUTE HEART PATIENTS CAN ACCESS A FULL RANGE OF SERVICES FOR HIGH-LEVEL DIAGNOSIS AND TREATMENT, INCLUDING OPEN HEART SURGERY, WITHOUT SACRIFICING THE CONVENIENCE AND WARMTH OF AMH. THE HEART AND VASCULAR CENTER AT AMH OFFERS STATE-OF-THE-ART TECHNOLOGY, COMPREHENSIVE SERVICES AND UNIQUELY SKILLED CARDIAC SURGEONS, CARDIOLOGISTS, CARDIAC ANESTHESIOLOGISTS AND SPECIALLY TRAINED NURSES. AMH HAS THE INNOVATIVE SERVICES AND OUTSTANDING EXPERTS TO GIVE THE COMMUNITY THE BEST CARE FOR CARDIAC AND VASCULAR NEEDS. THE HEART AND VASCULAR INSTITUTE OF AMH HELPS PATIENTS IN THE PHILADELPHIA AREA AND BEYOND WITH A DEDICATED FOCUS ON EXCEPTIONAL CARDIOVASCULAR TREATMENT INCLUDING: DIAGNOSIS AND TREATMENT IN THE BLANK VASCULAR CENTER, CARDIOLOGY AND CARDIOTHORACIC SURGERY; CENTER FOR BLOODLESS MEDICINE AND SURGERY; CHEST PAIN PROGRAM; COMPREHENSIVE HEART FAILURE PROGRAM ("CHF"); CONSULTS AND SECOND OPINIONS, HEART EMERGENCY AND TRAUMA; HEART HOME CARE; HEART RHYTHM CENTER; INPATIENT CARE; INTERVENTIONAL CARDIOLOGY; NUCLEAR CARDIOLOGY; PORTER INSTITUTE FOR VALVULAR HEART DISEASE INCLUDING VALVE TREATMENT AND TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR"); PREVENTIVE SERVICES, COMMUNITY BLOOD PRESSURE SCREENINGS, CPR TRAINING CENTER AND HEART HEALTH EDUCATION PROGRAMS AT THE HOSPITAL AND IN THE COMMUNITY. FIVE YEARS AGO, THE HEART AND VASCULAR INSTITUTE IMPLANTED ITS FIRST VENTRICULAR ASSISTED DEVICE OR ("VAD") FOR HEART FAILURE PATIENTS AND BECAME ONE OF ONLY A FEW HOSPITALS IN THE DELAWARE VALLEY TO OFFER VAD THERAPY. THE HEART AND VASCULAR CENTER IS A FIRST RATE, COMPREHENSIVE FACILITY AT THE FOREFRONT OF CARDIAC CARE AND RESEARCH. CARDIAC SURGEONS ARE UNIQUELY SKILLED IN ADVANCED PROCEDURES AND TECHNOLOGIES. A HEART RHYTHM CENTER OFFERS A TEAM OF SPECIALISTS SKILLED IN ELECTROPHYSIOLOGY, CARDIOLOGY AND CARDIAC SURGERY TO PROVIDE INNOVATIVE TREATMENTS FOR ABNORMAL HEART RHYTHM CONDITIONS. 2. PORTER INSTITUTE FOR VALVULAR HEART DISEASE AS THE ONLY HEART VALVE SPECIALTY CENTER IN A PHILADELPHIA AREA HOSPITAL, AMH'S PORTER INSTITUTE FOR VALVULAR HEART DISEASE HAS A DEDICATED FOCUS ON THE DIAGNOSIS AND TREATMENT OF HEART VALVE DISORDERS. TRANSCATHETER AORTIC VALVE REPLACEMENT ("TAVR") IS AN INNOVATIVE VALVE REPLACEMENT TREATMENT FOR AORTIC STENOSIS. IT DELIVERS A NEW VALVE IN A MINIMALLY INVASIVE WAY, WITHOUT REMOVI</p>

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CORE FORM, PART III	<p>NG THE FAULTY VALVE. THE PORTER INSTITUTE OF VALVULAR HEART DISEASE IS ONE OF ONLY A FEW C ENTERS IN THE PHILADELPHIA AREA WITH THE EXPERTISE TO PERFORM TAVR. 3. ASPLUNDH CANCER CEN TER AND FAULKNER CANCER INPATIENT UNIT DURING FY19, THE OPENING OF THE ASPLUNDH CANCER PAV ILION, THE ENTERPRISES MOST IMPORTANT STRATEGIC INITIATIVE TOOK PLACE IN JULY 2018: THE 86 ,000-SQUARE-FOOT MODERN, OUTPATIENT CENTER, WHICH IS HOME TO THE SIDNEY KIMMEL CANCER CEN TER AT AH [ABINGTON JEFFERSON HEALTH], OFFICIALLY OPENED ITS DOORS. SINCE THEN THERE IS MUC H TO REPORT: 86,000 SQUARE FEET OF TECHNOLOGICALLY SOPHISTICATED AND AESTHETICALLY COMFORT ING SPACE FOR OUTPATIENT CANCER SERVICES; A FULL RANGE OF OUTPATIENT SERVICES PROVIDED IN A CONVENIENTLY LOCATED, BEAUTIFULLY DESIGNED, AND LEED-CERTIFIED FACILITY; CLOSE INTEGRATI ON WITH JEFFERSONS SIDNEY KIMMEL CANCER CENTER, ONE OF ONLY 70 NCI-DESIGNATED CANCER CEN TER S IN THE COUNTRY. NUMEROUS LEADING-EDGE CANCER RESOURCES AND SERVICES AVAILABLE RIGHT HER E IN THE HEART OF OUR COMMUNITY, INCLUDING MULTIDISCIPLINARY CLINICS, ADVANCED SURGICAL TE CHNOLOGIES, A SOOTHING CHEMOTHERAPY AND INFUSION SUITE, SOPHISTICATED RADIATION THERAPY FA CILITIES, A DEDICATED ONCOLOGY PHARMACY, A CLINICAL RESEARCH CENTER, HEALING GARDENS, A HE ALTHY CAF, AN IMAGE RECOVERY CENTER, AND MUCH MORE. CONVENIENTLY LOCATED JUST OFF THE PENN SYLVANIA TURNPIKES WILLOW GROVE INTERCHANGE, THIS EXCEPTIONAL FACILITY SETS A NEW STANDARD FOR PROVIDING COMPREHENSIVE OUTPATIENT CANCER CARE IN A SOOTHING, CONVENIENT SETTING. THE NEW CENTER COST \$80 MILLION AND \$50 MILLION OF THAT WAS RAISED IN OUR COMMUNITY. MORE THA N 5,700 INDIVIDUALS MADE GIFTS, RANGING FROM \$1 TO \$3.5 MILLION. TEN MILLION DOLLARS WAS G IVEN BY THE CHILDREN OF THE LATE CARL AND EMILIE ASPLUNDH AND THEIR EXTENDED FAMILIES. IN ADDITION TO THE 31 ABINGTON ONCOLOGIC SPECIALISTS BASED AT ASPLUNDH, PATIENTS WILL BE ABLE TO SCHEDULE APPOINTMENTS WITH 15 CENTER-CITY-BASED ONCOLOGIC SPECIALISTS WHO WILL TRAVEL TO ASPLUNDH TO SEE PATIENTS IN THE NEW FACILITY. IN ADDITION TO THE PHASE II AND III TRIAL S PREVIOUSLY OFFERED BY ABINGTON, THE NEW CENTER OFFERS PHASE I CLINICAL TRIALS, A MAJOR S TEP FORWARD FOR THE REGION. THE NEW ASPLUNDH CANCER PAVILION IS SPECIFICALLY DESIGNED TO A DDRESS AN EVOLVING WORLD AS ABINGTON AND JEFFERSON REIMAGINE CANCER CARE FOR THE FUTURE. W HAT OUR DONORS HELPED US ACHIEVE: IN JUST THE FIRST SIX MONTHS OF FISCAL YEAR 2019, THE NE W CENTER PROVIDED 7,121 CHEMOTHERAPY TREATMENTS, UP 30 PERCENT FROM THE SAME PERIOD THE YE AR BEFORE. DURING THAT SAME PERIOD, THE CENTER PROVIDED 14,705 RADIATION TREATMENTS, UP 11 PERCENT FROM THE YEAR BEFORE. THE CENTER HIRED MORE ONCOLOGISTS, NURSE PRACTITIONERS, AND A NEW CLINICAL TRIALS COORDINATOR; A NEW ENT (EARS, NOSE AND THROAT) SPECIALIST, WHO IS N OW PERFORMING SURGERIES AT THE NEW CANCER CENTER THAT HAVE NEVER BEFORE BEEN PERFORMED AT AMH. THE CENTER EXPANDED THE VITAL NURSE PRACTITIONER TEAM; CREATED NEW MULTIDISCIPLINARY TREATMENT TEAMS AND CLINICS; I</p>

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CORE FORM, PART III	<p>IMPLEMENTED A COMPLETE-CARE MODEL TO COORDINATE A PATIENTS ENTIRE CARE JOURNEY, FROM SCREENING THROUGH DIAGNOSIS, TREATMENT, FOLLOW-UP AND SURVIVORSHIP CARE; ENHANCED OUR RESEARCH PROGRAM WITH NEW STATE-OF-THE-ART FACILITIES FOR MULTIDISCIPLINARY CLINICAL TRIALS RIGHT ON SITE, AND WE HAVE LINKED CLOSELY WITH THE SIDNEY KIMMEL CANCER CENTER TO OFFER OUR PATIENTS EXPANDED ACCESS TO ADVANCED CLINICAL TRIALS; ESTABLISHED A SUPPORTIVE-CARE WING TO BRING TOGETHER SERVICES THAT INCLUDE SOCIAL WORK, FINANCIAL COUNSELING, GENETIC COUNSELING, NUTRITIONAL COUNSELING, AND OTHER SERVICES; EXPANDED OUR PALLIATIVE CARE OUTPATIENT PROGRAM TO PROVIDE PERSONALIZED MEDICAL AND NURSING CARE FOR PEOPLE WITH LIFE-LIMITING ILLNESS; ADDED A UNIQUE GERONTOLOGIC ONCOLOGY PROGRAM SO THAT OUR ELDERLY PATIENTS CAN CONSULT WITH A GERIATRICIAN WHO IS ALSO A MEDICAL ONCOLOGIST; ESTABLISHED A CARDIO-ONCOLOGY PROGRAM TO ENHANCE OUR IDENTIFICATION, PREVENTION, AND MANAGEMENT OF HEART COMPLICATIONS DURING TREATMENT FOR CANCER; ESTABLISHED A MULTIDISCIPLINARY GENITOURINARY CANCER PROGRAM; INCREASED OUR COMMUNITY AND PATIENT/FAMILY OUTREACH; INITIATED A NEW WOMAN-TO-WOMAN PROGRAM THAT PAIRS GYNECOLOGIC CANCER PATIENTS WITH TRAINED AND SUPERVISED SURVIVOR VOLUNTEERS FOR ONE-ON-ONE MENTORING AND SUPPORT; PROVIDED COMPASSIONATE SUPPORT FOR CANCER PATIENTS FACING FINANCIAL NEEDS; AND MUCH MORE. 4. THE HANJANI INSTITUTE FOR GYNECOLOGIC ONCOLOGY AT THE SIDNEY KIMMEL CANCER CENTER ASPLUNDH CANCER PAVILION DEDICATED TO HELPING WOMEN WITH REPRODUCTIVE TRACT CANCERS, THE HANJANI INSTITUTE FOR GYNECOLOGIC ONCOLOGY AT THE SIDNEY KIMMEL CANCER CENTER AT AH PROVIDES STATE-OF-THE-SCIENCE TREATMENT WITH COMPASSIONATE PERSONAL ATTENTION. GYNECOLOGIC ONCOLOGISTS SPECIALIZE IN OVARIAN CANCER, UTERINE CANCER, CERVICAL CANCER, AND CANCERS OF THE FALLOPIAN TUBES, VAGINA AND VULVA. AS A MAJOR GYNECOLOGIC CANCER CENTER IN THE PHILADELPHIA AREA, THE INSTITUTE IS ACTIVELY INVOLVED IN CLINICAL TRIALS RESEARCH GIVING PATIENTS OPPORTUNITIES TO PARTICIPATE AND BENEFIT FROM INNOVATIONS. 5. WOMEN'S AND CHILDREN'S HEALTH AMH HAS BEEN COMMITTED TO WOMEN'S AND CHILDREN'S HEALTH FOR OVER 100 YEARS. THE CARE OF WOMEN AND CHILDREN GOES HAND-IN-HAND AT AMH. MANY WOMEN HAVE THEIR FIRST HOSPITAL EXPERIENCE WHEN THEY GIVE BIRTH AT AMH. WITH ALMOST 4,400 BIRTHS A YEAR, AMH IS A LEADER IN MATERNITY CARE IN THE STATE OF PENNSYLVANIA PROVIDING A 36-BED LEVEL III NEONATAL INTENSIVE CARE UNIT, HIGH RISK PRENATAL CARE, INFERTILITY SERVICES AND AN AFFILIATION WITH THE CHILDREN'S HOSPITAL OF PHILADELPHIA ("CHOP") FOR PEDIATRIC INPATIENT CARE WITH A PLANNED TRANSITION TO NEMOURS/ALFRED I. DUPONT HOSPITAL FOR CHILDREN IN FY20. WOMEN WHO DELIVER THEIR BABIES AT AMH TEND TO CHOOSE AMH FOR THE CARE OF THEIR ENTIRE FAMILIES, SETTING THE STAGE FOR A LIFETIME OF CARE. WE OPERATE AN OB/GYN CENTER (CLINIC) IN ABINGTON SERVING A DIVERSE, LOW-INCOME POPULATION.</p>

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CORE FORM, PART III	<p>MATERNITY SERVICES INCLUDE MORE THAN 60 OB/GYN PHYSICIANS, HIGH-RISK NEWBORN SERVICES, COMPREHENSIVE ADVANCED INFERTILITY SERVICES, PERINATOLOGISTS AND GENETIC COUNSELORS, PRENATAL TESTING, FETAL DIAGNOSIS AND SURGERY, AND BREASTFEEDING SUPPORT. EDUCATIONAL CLASSES ARE OFFERED THROUGHOUT THE YEAR AND INCLUDE: EXPECTANT PARENT ORIENTATION AND TOUR; CHILDBIRTH PREPARATION CLASS; BREASTFEEDING CLASS; ASK THE PEDIATRICIAN OPEN FORUM CLASS. BEAUTIFUL INPATIENT UNITS, A DEDICATED INPATIENT MOM MATERNAL OBSERVATION AND MONITORING ("MOM") UNIT, NEONATAL INTENSIVE CARE UNIT ("NICU") AND HOME CARE SERVICES FOR HIGH-RISK MOMS BEFORE DELIVERY AND MATERNAL/BABY CARE AFTER LEAVING THE HOSPITAL.</p> <p>6. MUSCULOSKELETAL AND SPINE SERVICES AMHS MUSCULOSKELETAL AND SPINE SERVICES (NOW KNOWN AS ROTHMAN INSTITUTE) COMBINES THE MOST ADVANCED MEDICAL TECHNOLOGY WITH A DEDICATED TEAM OF ORTHOPEDIC SURGEONS, NEUROSURGEONS, REHABILITATION MEDICINE SPECIALISTS AND SKILLED AND DEDICATED MEDICAL PROFESSIONALS SERVING THE COMMUNITY. PHYSICIANS TREAT A WIDE VARIETY OF DISORDERS AFFECTING THE MUSCULOSKELETAL SYSTEM, INCLUDING THE CARE OF FRACTURES AND INJURIES TO TENDONS, LIGAMENTS, JOINTS, BONES AND MUSCLES. SPECIALISTS IN JOINT REPLACEMENT, SPINE SURGERY, SPORTS MEDICINE, ORTHOPEDIC HAND SURGERY, RHEUMATOLOGY AND REHABILITATION MEDICINE ARE ON STAFF AT AMH. ORTHOPEDIC SURGEONS AND NEUROSURGEONS ARE EXPERIENCED IN TREATING PATIENTS REQUIRING HIP OR KNEE REPLACEMENTS OR SPINE SURGERY. AMH'S COMPREHENSIVE PROGRAM INCLUDES EVALUATION, CENTRALIZED PREADMISSION, HIGH-TECH OPERATING SUITE WITH LAMINAR AIR FLOW, INPATIENT AND OUTPATIENT REHABILITATION, AND HOME CARE TO ENSURE SUCCESSFUL RESULTS. STATE-OF-THE-ART MINIMAL-INCISION PROCEDURES AND COMPUTER-ASSISTED SURGERY ARE AVAILABLE FOR SOME JOINT REPLACEMENT SURGERIES. THE ORTHOPEDIC AND SPINE SERVICE HAS EARNED THE JOINT COMMISSION'S DISEASE SPECIFIC CERTIFICATION FOR JOINT REPLACEMENT, HIP AND KNEE. AS ONE OF THE REGION'S BUSIEST CENTERS FOR ANTERIOR HIP REPLACEMENT AND OTHER INNOVATIVE TREATMENTS, THE MUSCULOSKELETAL AND SPINE SERVICES SPECIALIZES IN THE NEWEST APPROACHES. AMH'S PARTICIPATION IN CLINICAL TRIALS GIVES PATIENTS ACCESS TO INNOVATIONS BEFORE THOSE DEVELOPMENTS ARE WIDELY AVAILABLE. AMH IS ALSO USING THE ROBOTIC ARM TECHNOLOGY FOR PARTIAL KNEE REPLACEMENT. CARE IS DELIVERED AT TWO EXCEPTIONAL LOCATIONS: AMH AND LHC.</p> <p>7. VICKIE AND JACK FARBER INSTITUTE FOR NEUROSCIENCE AT AH BRINGING TOGETHER THE EXPERTISE OF JEFFERSON AND AH PHYSICIANS, CLINICIANS AND RESEARCHERS SPECIALIZING IN BRAIN AND SPINE DISORDERS COLLABORATE AS NEVER BEFORE. THE MOST ADVANCED TREATMENT TECHNOLOGIES, WORLD-CLASS SPECIALISTS, AND LEADING-EDGE RESEARCH COMES TOGETHER TAKING ANOTHER STEP CLOSER TO TREATING AND CURING DISORDERS LIKE ALZHEIMER'S, ALS, STROKE, MIGRAINES, PARKINSONS, MS, EPILEPSY, ANEURYSMS AND BRAIN TUMORS. AMH'S DIAMOND STROKE CENTER WAS REACCREDITED AS A COMPREHENSIVE STROKE CENTER FOR THE THIRD TIME. THE FIRST STATE STROKE CENTER TO B</p>

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CORE FORM, PART III	<p>E AWARDED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION AS A PRIMARY STROKE CENTER, AMH ALSO RECEIVED THE AHA/ASA GOLD PLUS PERFORMANCE ACHIEVEMENT AWARD FOR STROKE QUALITY-O F-CARE. AMH HAS ALSO QUALIFIED FOR RECOGNITION AS TARGET: STROKE ELITE PLUS FOR COMMITMENT AND SUCCESS IN IMPLEMENTING A HIGHER STANDARD OF STROKE CARE. AMH'S NEUROSCIENCE CAPABILI TIES AND EXPERTISE PROVIDE PATIENTS WITH A WIDE RANGE OF EXCEPTIONAL PROGRAMS AND SPECIALT IES INCLUDING: BALANCE CENTER, CONCUSSION PROGRAM, HEADACHE CENTER, MOVEMENT DISORDERS CENTER, MULTIPLE SCLEROSIS ("MS") CENTER, NEUROLOGY, NEUROSURGERY, NEUROVASCULAR CARE, SLEEP CENTERS AND STROKE CENTER. SPECIALISTS IN THE FIELD OF NEUROSURGERY EMPLOY STATE-OF-THE-AR T SURGICAL AND MICROSURGICAL TECHNIQUES TO DIAGNOSE, TREAT AND ALLEVIATE PAIN AND DISABILI TY CAUSED BY NEUROLOGICAL PROBLEMS. AMH'S NEUROSURGEONS HAVE SPECIAL EXPERTISE IN THE TREA TMENT OF BRAIN, SPINAL CORD AND PERIPHERAL NERVE DISORDERS. THE ADVANCED DIAGNOSTIC TECHNO LOGY AND SUPPORT AT AMH FURTHER ENHANCES THE ABILITY OF OUR NEUROSURGEONS TO PROVIDE OUTST ANDING, COMPREHENSIVE CARE. THE BREADTH OF SERVICES IS FURTHER ENHANCED BY SOPHISTICATED A DVANCED CARE BY FOUR NEUROINTERVENTIONAL SPECIALISTS. INTERVENTIONAL RADIOLOGISTS, ALONG W ITH A NEUROINTENSIVIST, PERFORM CAROTID STENTING AND COILING OF CEREBRAL ANEURYSMS, INTRA- ARTERIAL RTPA, AND OTHER ADVANCED INTERVENTIONAL PROCEDURES. 8. DIAMOND STROKE CENTER THE DIAMOND STROKE CENTER, NAMED IN MAY 2012, AND PRESENTED TO OUR COMMUNITY IN 2013 WAS DEDIC ATED IN HONOR OF A FORMER CHIEF OF THE NEUROSCIENCES INSTITUTE AND STROKE PROGRAM. THE DIA MOND STROKE CENTER HAS BEEN CERTIFIED BY THE JOINT COMMISSION SINCE 2003. IN FY19, ALMOST 1,100 INPATIENTS STROKE PATIENTS WERE CARED FOR IN THE DIAMOND STROKE CENTER. THE DIAMOND STROKE CENTER AT AMH EARNED ADVANCED CERTIFICATION AS A COMPREHENSIVE STROKE CENTER FROM T HE JOINT COMMISSION AND AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION FOR THE THI RD TIME. THIS DISTINCTION HAS BEEN GIVEN TO ONLY SEVEN PENNSYLVANIA HOSPITALS. NEUROSCIENC E EXPERTS ARE AVAILABLE 24/7 IN AMH'S REGIONAL TRAUMA CENTER, PROVIDING SWIFT TREATMENT FO R STROKES, SPINAL CORD INJURIES, BRAIN BLEEDS AND OTHER NEUROCRITICAL CONDITIONS. THROUGH AMH'S HIGH-TECH TELEMEDICINE SERVICE, HOSPITAL SPECIALISTS ALSO CONSULT ON URGENT CASES AT OTHER HOSPITALS. THE STROKE CENTER CONSISTENTLY SETS GOALS TO IMPROVE PATIENT OUTCOMES. A FULLY INTEGRATED AND MULTIDISCIPLINARY NEUROSCIENCES TEAM WORKS TOGETHER TO ACCOMPLISH TH ESE GOALS. TEAM MEMBERS INCLUDE: NEUROLOGISTS, NEUROSURGEONS, NEUROINTERVENTIONALISTS, NUR SES, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS, CASE MANAGERS, SOCIA L WORKERS, NUTRITION SERVICES, PASTORAL CARE SERVICES, GERIATRIC CLINICAL NURSE SPECIALIST , PHARMACIST, AND A STROKE PROGRAM COORDINATOR. 9. MULLER INSTITUTE FOR SENIOR HEALTH AMH' S MULLER INSTITUTE FOR SENIOR HEALTH HELPS PEOPLE ENJOY HEALTHY, PRODUCTIVE LIVES AS THEY AGE. THE PROGRAMS AND SERVICES</p>

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CORE FORM, PART III	<p>AVAILABLE THROUGH AMHS MULLER INSTITUTE, AND THROUGHOUT THE ORGANIZATION, ARE AS DIVERSE AS THE SENIORS WE SERVE. AMH OFFERS COMPREHENSIVE CARE AND SUPPORT FOR SENIORS AND THEIR FAMILIES, IN THE HOSPITAL, IN THE COMMUNITY, AND IN THE HOME. THE HOSPITAL ELDER LIFE PROGRAM (HELP) PROVIDED OVER 4,000 PATIENTS SEEN ANNUALLY. THIS PROGRAM INCREASES A PATIENTS KNOWLEDGE OF THE ACCESS TO CARE FOR NEWLY DETECTED ILLNESS AND TO INCREASE PATIENT FUNCTIONALITY AFTER HOSPITAL DISCHARGE. - OUTPATIENT GERIATRIC ASSESSMENT CENTER OFFERING PHYSICIAN-LED PHYSICAL, PSYCHOLOGICAL AND NEEDS-BASED EVALUATIONS FOR SENIORS INCLUDING A COMPREHENSIVE CARE PLAN REVIEWED WITH A LICENSED SOCIAL WORKER. AN AVERAGE OF 180 OLDER ADULTS RECEIVE GERIATRIC ASSESSMENTS EACH YEAR. - SUPPORTIVE MEMORY FITNESS CENTER AT WARMINSTER AND LHC OFFERS A HALF-DAY ACTIVITY PROGRAM FOR THOSE SHOWING SIGNS OF MEMORY LOSS WITH FULL-DAY PROGRAMMING AVAILABLE THROUGH ADULT DAY SERVICES IN LHC. THERE WERE OVER 2,500 VISITS RECORDED IN THE MEMORY FITNESS CENTERS. - A MOBILITY-RESTORING GERIATRIC FRACTURE PROGRAM OF THE MUSCULOSKELETAL AND SPINE SERVICE (NOW ROTHMAN INSTITUTE) AT AMH AND LHC PROVIDES HOPE AFTER INJURIES THAT COULD LIMIT MOVEMENT WITHOUT SUCH COORDINATED CARE. - HOME CARE SERVICES TO ASSIST HOME BOUND SENIORS WITH A CHANGE IN MEDICAL CONDITION OR RECOVERY FROM AN IN-PATIENT OR REHAB FACILITY STAY. - ELDERMED PROGRAMMING AND COMMUNITY OUTREACH COMPLETE THE WIDE ARRAY OF CLINICAL AND EDUCATIONAL OFFERINGS FOR SENIORS TO ASSIST IN MEETING THEIR NEEDS AND IN COMPLIANCE WITH THE COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLANS. AN AVERAGE OF OVER 110 OLDER ADULTS ATTENDED FREE CAREGIVERS SUPPORT GROUPS; AN AVERAGE OF OVER 2,300 OLDER ADULTS ATTENDED FREE BLOOD PRESSURE AND HEALTHY LIFESTYLE PROGRAMMING EACH YEAR. AN AVERAGE OF OVER 100 OLDER ADULTS RECEIVED FREE MATTER OF BALANCE PROGRAMMING TO PREVENT FALLS EACH YEAR OF THE THREE YEAR CHNA CYCLE. 10. THE ROBOTIC SURGERY PROGRAM AT AMH SINCE SEPTEMBER 2006 SURGEONS AT AMH ARE MAKING REMARKABLE ADVANCEMENTS USING ROBOTIC SURGERY. AS THIS SURGERY-ENHANCING TECHNOLOGY CONTINUES TO EVOLVE, AMH REMAINS AT THE FOREFRONT OF ITS USE IN MINIMALLY INVASIVE PROCEDURES. THIS TECHNOLOGY GIVES THE SURGEON A THREE-DIMENSIONAL VIEW, SIMILAR TO TRADITIONAL SURGERY BUT WITH GREATER DEPTH PERCEPTION. THE ROBOTIC INSTRUMENTS OFFER A LAPAROSCOPIC APPROACH WITH MAGNIFICATION THAT IS 10 TIMES GREATER THAN THE HUMAN EYE. SURGEONS SPECIALLY TRAINED IN ROBOTICS INCLUDE GYNECOLOGIC ONCOLOGISTS, OB/GYNS, PEDIATRIC UROLOGISTS, A PEDIATRIC SURGEON, A REPRODUCTIVE ENDOCRINOLOGIST, BARIATRIC SURGEONS, A CARDIOTHORACIC SURGEON, GENERAL SURGEONS AND UROLOGISTS.</p>

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CORE FORM, PART III	<p>11. HOME CARE AH CONTINUES TO EXPAND AND SEE INCREASED DEMAND IN HOME CARE, HOSPICE, PALLIATIVE CARE, AND OTHER COMMUNITY- BASED SERVICES. JEFFERSON HEALTH HOME CARE AND HOSPICE HAVING COMBINED ABINGTON HEALTH AND THE FORMER ARIA HEALTH EMPLOYS APPROXIMATELY 247 FTES. HOME HEALTH VISITS DECREASED TO 156,615. HOSPICE VISITS INCREASED TO 47,414. THE TOTAL COMBINED VISITS FOR BOTH HOME CARE AND HOSPICE WAS 204,029. HOSPICE REALIZED A GROWTH PERIOD IN UNDUPLICATED PATIENTS SERVED 1,496. AMH'S WARMINSTER CAMPUS IS THE HOME TO HOSPICE AND THE KIND PEDIATRIC HOSPICE, THE AREA'S FIRST FACILITY TO PROVIDE A HOMELIKE RESIDENTIAL CARE ENVIRONMENT FOR TERMINALLY ILL CHILDREN. THIS IMPORTANT END-OF-LIFE CARE BRINGS TOGETHER THE HOMECARE HOSPICE PROGRAM AND RESIDENTIAL HOSPICE FOR ADULTS. INCLUSIVE OF THEIR SERVICES IS BEREAVEMENT SUPPORT WITH SUPPORT GROUPS, PROGRAMS AND REMEMBRANCES REACHING OVER 3,000 BEREAVED IN FY19, A 9 PERCENT INCREASE. THROUGH CHARITABLE SUPPORT, THE SAFE HARBOR PROGRAM HELPS PROVIDE A SAFE, SUPPORTIVE PLACE FOR CHILDREN, TEENS AND YOUNG ADULTS GRIEVING FROM THE LOSS OF A PARENT OR SIBLING. LOCATED AT AMH CENTER WILLOW GROVE, THE PROGRAM PROVIDES A CARING ENVIRONMENT OF GRIEF SUPPORT SERVICES INCLUDING SUPPORT GROUPS FOR CHILDREN, TEENS AND YOUNG ADULTS AND CAREGIVERS TO HELP THEM THROUGH THE NATURAL PROCESS OF GRIEVING, AND CAMP CHARLIE, A DAY CAMP FOR BEREAVED CHILDREN. THE PROGRAM SERVED 121 PARENT/CARE GIVER AND 148 CHILDREN, FOR A TOTAL OF 269 PERSONS SERVED IN FY19. SINCE THE INCEPTION OF THE PROGRAM, SAFE HARBOR SERVED 1,773 CHILDREN, TEENS, YOUNG ADULTS AND 1,072 FAMILIES. CAMP CHARLIE, SCHOOL OUTREACH PROGRAMS AND MOVING ON GROUPS ROUNDED OUT ANOTHER SUCCESSFUL YEAR. ALL OF THESE SERVICES WITH SAFE HARBOR ARE MADE POSSIBLE BY MANY DONORS, EMPLOYEE DONORS, TRUSTEE PHILANTHROPISTS AND DONOR ORGANIZATIONS INCLUDING CHURCH GROUPS, SCHOOLS, BUSINESSES AND AHF WOMENS BOARD. AMH PROVIDES MISSION AND SERVICE LEAVE AS A BENEFIT FOR EMPLOYEES AND SEVERAL HAVE USED SAFE HARBORS CAMP CHARLIE AS THEIR SERVICE SITE.</p> <p>12. COMPREHENSIVE WOUND HEALING CENTER THE COMPREHENSIVE WOUND HEALING CENTER AT THE AMH CENTER - WARMINSTER AND LHC, PROVIDES TREATMENT FOR NON-HEALING AND PROBLEM WOUNDS. THE CENTER'S STAFF PROVIDES STATE-OF-THE-ART TOPICAL TREATMENT OPTIONS, ADJUNCTIVE THERAPIES, NON-INVASIVE DIAGNOSTIC STUDIES, WOUND DEBRIDEMENT, NUTRITIONAL SUPPORT, RELIEF DEVICES FOR PRESSURE WOUNDS, COMPRESSION THERAPY, HYPERBARIC OXYGEN THERAPY AND PHYSICAL THERAPY.</p> <p>13. INTEGRATIVE MEDICINE INTEGRATIVE MEDICINE STAFF IS COMMITTED TO HELPING OUR PATIENTS ACHIEVE OPTIMUM HEALTH AND WELLNESS. SERVICES ARE GEARED TOWARD REVITALIZING THE MIND, BODY AND SPIRIT. INTEGRATIVE MEDICINE INTEGRATES EASTERN MODALITIES WITH TRADITIONAL WESTERN MEDICINE. A VARIETY OF THERAPEUTIC SERVICES ARE AVAILABLE AND ARE DESIGNED TO HELP REDUCE STRESS, MANAGE PAIN, IMPROVE SLEEP, DEVELOP BETTER EATING HABITS AND COPE WITH THE MANY CHALLENGES THAT PREVENT OPTIMAL HEALTH. SERVICES IN</p>

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CORE FORM, PART III	<p>CLUDE: ACUPUNCTURE, MASSAGE AND YOGA. PROGRAMMING CONTINUED IN FY19 INCLUDING THE JEFFERSON MINDFULNESS-BASED STRESS REDUCTION ("MBSR") SESSIONS AT AMH. 14. THE DIABETES CENTER AND NUTRITION COUNSELING CENTER AMH'S DIABETES/NUTRITION CENTERS SERVED OVER 1,475 NEW CLIENTS WITH OVER 3,649 OUTPATIENT VISITS IN FY19. THE NUTRITION CENTER CONTINUED TO OFFER MEDICAL NUTRITION THERAPY FOR A WIDE RANGE OF CONDITIONS INCLUDING ADULT WEIGHT MANAGEMENT, RENAL DISEASE, AND GASTROINTESTINAL DISORDERS, AS WELL AS DIABETES. THE CENTER STAFF PROVIDED DIABETES EDUCATION AS PART OF ORIENTATION FOR INPATIENT NURSING STAFF. A NUMBER OF MEDICAL RESIDENTS ALSO SHADOWED THE INPATIENT DIABETES EDUCATOR. THE DIABETES CENTER PROVIDED DIABETES SUPPORT GROUPS AND COMMUNITY EDUCATION IN FY19. 15. INSTITUTE FOR METABOLIC AND BARIATRIC SURGERY AT AMH'S INSTITUTE FOR METABOLIC AND BARIATRIC SURGERY, PATIENTS RECEIVE THE LATEST SURGICAL TREATMENTS WITH LIFETIME FOLLOW-UP. AMH OFFERS ITS PATIENTS A COMPREHENSIVE APPROACH TO WEIGHT LOSS THAT FEATURES A FULL RANGE OF SERVICES, INCLUDING ONGOING SUPPORT, COUNSELING, AN EXERCISE PROGRAM AND A NUTRITION PLAN. PROCEDURES OFFERED INCLUDE VERTICAL SLEEVE GASTRECTOMY, ROUX-EN-Y GASTRIC BYPASS AND BILIOPANCREATIC DIVERSION WITH DUODENAL SWITCH AND MINIMALLY INVASIVE REVISION SURGERY. A PATIENT UNDERGOES AN EXTENSIVE SERIES OF INTERVIEWS, CONSULTATIONS AND EVALUATIONS TO ENSURE CANDIDACY AND PREPARATION FOR THE PROCEDURES. THE CENTER PROVIDES SURGICAL INFORMATION SESSIONS AND A SUPPORT GROUP. THE PROGRAM WAS DESIGNATED A BARIATRIC SURGERY CENTER OF EXCELLENCE BY THE SURGICAL REVIEW CORPORATION, WHICH IS RECOGNIZED BY THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY. THE INSTITUTE HAS ALSO BEEN DESIGNATED A BLUE DISTINCTION CENTER FOR BARIATRIC SURGERY BY THE BLUE CROSS AND BLUE SHIELD COMPANIES. 16. AMH PROVIDES INPATIENT AND EMBEDDED BEHAVIORAL HEALTHCARE SERVICES TO SERVE THE COMMUNITY. THERE ARE FEW FACILITIES IN THE DELAWARE VALLEY WHICH ACCOMMODATE PATIENTS WITH BEHAVIORAL HEALTH AND MENTAL HEALTH NEEDS. THE INPATIENT UNIT AT AMH INCLUDES 23 BEDS, PRIVATE AND SEMI-PRIVATE ROOMS, ACTIVITY ROOM AND GROUP DINING. A MODEL OF OUTPATIENT CARE IS BEING PROVIDED IN CONJUNCTION WITH TARGETED ABINGTON HEALTH PHYSICIANS ("AHP") PRACTICES NAMED IN 2019 JEFFERSON MEDICAL GROUP, ENABLING PHYSICIANS TO HAVE CLOSER COORDINATION WITH THEIR PATIENTS' MENTAL HEALTH PROVIDERS. NEW TO BEHAVIORAL HEALTH SERVICES IS EMBEDDING THERAPISTS IN PRIMARY CARE OR PATIENT CENTERED MEDICAL HOMES OF AMH OR BEHAVIORAL HEALTH CONSULTANTS (BHC). THE PRIMARY CARE SETTING IS AN IMPORTANT VENUE FOR THE IDENTIFICATION AND MANAGEMENT OF MENTAL HEALTH CONDITIONS. INDIVIDUALS SUFFERING FROM MENTAL HEALTH DISORDERS MAY BE MORE LIKELY TO ACCESS MENTAL HEALTH SERVICES IN THE PRIMARY CARE SETTING THAN SPECIALTY CARE FOR MENTAL HEALTH OR SUBSTANCE ABUSE ISSUES. AMH CONTINUED TO WORK COLLABORATIVELY WITH COUNTY SERVICES AND OTHER NON-PROFIT ORGANIZATIONS THROUGHOUT THE YEAR.</p> <p>W</p>

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CORE FORM, PART III	<p>WITHIN THE THREE YEAR CHNA CYCLE, AMH INCREASED BEHAVIORAL HEALTH CONSULTANTS INTO PRACTICES AND ENSURED THAT ALL AH OWNED PRIMARY CARE PRACTICES ARE CURRENTLY STAFF WITH A BHC INCLUDING SEVERAL AMH CLINICS. AMH CONTINUED ITS COLLABORATION WITH MONTGOMERY COUNTY DRUG AND ALCOHOL AND PROVIDERS TO IMPLEMENT WARM HAND-OFF PROJECTS IN THE EMERGENCY TRAUMA CENTER AND ALL ACCESS POINTS INCLUDING THE COMMUNICATION TO AH WORKFORCE. WARM HAND-OFF PROJECTS WORK TO HELP OVERDOSE SURVIVORS IN HOSPITAL EMERGENCY DEPARTMENTS OR TRAUMA CENTERS GET IMMEDIATELY CONNECTED TO A TREATMENT PROGRAM. COLLABORATION WITH PROVIDER AND COUNTY IS INCLUDED. AMH HAS A TEAM OF CRISIS CLINICIANS WHO ARE AVAILABLE TO SEE PATIENTS TWENTY-FOUR HOURS A DAY SEVEN DAYS A WEEK. THIS TEAM OF CRISIS CLINICIANS IS COMPRISED OF MENTAL HEALTH PROFESSIONALS WHO, ALONG WITH THE PSYCHIATRIST OR MEDICAL ATTENDING, ARE AVAILABLE TO COMPLETE MENTAL HEALTH AND SUBSTANCE USE ASSESSMENTS FOR PATIENTS IN THE EMERGENCY ROOM AND THROUGHOUT THE HOSPITAL. CRISIS WILL MEET WITH THE PATIENT TO COMPLETE THE ASSESSMENT AND DETERMINE WITH THE PATIENT THE APPROPRIATE NEXT LEVEL OF TREATMENT. THIS NEXT LEVEL OF TREATMENT MAY BE TO AN INPATIENT TREATMENT FACILITY, AN OUTPATIENT PARTIAL HOSPITALIZATION PROGRAM, AN INTENSIVE OUTPATIENT TREATMENT PROGRAM, OR BASIC OUTPATIENT TREATMENT. CRISIS TEAM MEMBERS FACILITATE ADMISSION AND WORK WITH INSURANCE AND FACILITIES TO MEET THE PATIENTS NEEDS. 17. PRIMARY CARE PRIMARY CARE PHYSICIANS DIAGNOSE, TREAT AND MANAGE HEALTHCARE FOR ALL MEMBERS OF THE FAMILY FROM PREVENTION TO COMPLEX ILLNESSES. PRIMARY CARE PHYSICIANS ARE TRAINED AND EXPERIENCED IN MEETING THE HEALTHCARE NEEDS OF ALL MEMBERS OF THE FAMILY FROM NEWBORNS TO GERIATRICS. PATIENT CENTERED MEDICAL HOME - MANY PRIMARY CARE PHYSICIANS FOLLOW THE MODEL OF CARE WHICH PUTS THE PATIENT AT THE CENTER OF THE HEALTHCARE TEAM, TO ENSURE THAT THEY ALWAYS MEET EXPECTATIONS FOR HIGH QUALITY MEDICAL CARE. THE TEAM, LED BY A PRIMARY CARE PHYSICIAN, COORDINATES ALL ASPECTS OF HEALTHCARE, USING THE LATEST MEDICAL AND INFORMATION TECHNOLOGIES. THERE IS AN ENHANCED FOCUS ON PREVENTION TO IMPROVE HEALTH, AND IF THERE IS DEVELOPMENT OF A CHRONIC DISEASE, BEGIN EARLY, EFFECTIVE TREATMENT INTERVENTIONS. 18. CENTER FOR BLOODLESS MEDICINE AND SURGERY THE CENTER AT AMH WAS ESTABLISHED TO MEET THE NEEDS OF PATIENTS AND FAMILIES WHO DESIRE EXCELLENCE IN MEDICAL/SURGICAL CARE WHILE AVOIDING EXPOSURE TO DONATED BLOOD OR PRIMARY BLOOD COMPONENTS. THE CENTER FOR BLOODLESS MEDICINE AND SURGERY COMBINES ADVANCED MEDICAL TECHNOLOGY WITH AN EXPERIENCED TEAM OF HEALTHCARE PROFESSIONALS TO CREATE AN ATMOSPHERE OF MUTUAL UNDERSTANDING, TRUST AND RESPECT THAT PROMOTES THE DELIVERY OF HIGH QUALITY CARE. THE PHYSICIANS AND STAFF ARE COMMITTED TO EMPLOYING EVERY MEANS POSSIBLE TO AVOID THE USE OF BLOOD.</p>

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CORE FORM, PART III	<p>THE CENTER ENDEAVORS TO MINIMIZE BLOOD LOSS BY UTILIZING SPECIAL BLOOD CONSERVATION METHODS SUCH AS BLOOD CONSERVATION DEVICES, PHARMACEUTICALS AND METICULOUS SURGICAL TECHNIQUES. PROCEDURES INCLUDE: MINIMALLY INVASIVE SURGERY; CELL SAVER; HARMONIC SCALPEL; ARGON BEAM COAGULATOR; ELECTROCAUTERY; MINIMAL BLOOD SAMPLING AND TESTING; AND SYNTHETIC RED CELL STIMULATOR. 19. AMH PROVIDES COMMUNITY BENEFIT SERVICES FOR THE UNDERSERVED/UNINSURED/UNDERINSURED WITH A FOCUS ON PRIMARY AND SPECIALTY CARE, WOMEN'S AND CHILDREN'S SERVICES, AND DENTAL. THE NORTH HILLS HEALTH CENTER PROVIDED OVER 1,264 VISITS IN FY19. OB/GYN CENTER FOR PRENATAL CARE AND DELIVERY SERVING THE UNDERSERVED AND MULTI-LINGUAL PATIENTS AND FAMILIES: KOREAN, SPANISH, PORTUGUESE SERVED 15,155 VISITS IN FY19. THE DENTAL CLINIC AT AMH IS A RESIDENCY PROGRAM PROVIDING LOW OR NO COST DENTAL SERVICES FOR ALL AGES PROVIDING OVER 4,825 VISITS IN FY19. ABINGTON FAMILY MEDICINE ("AFM"), A RESIDENCY PROGRAM, SERVING ALL AGES SERVES THE UNDERINSURED AND UNINSURED. SERVING OVER 23,818 VISITS IN FY19. SANTERIAN NEWBORN CENTER, A NURSE MANAGED, CENTER SERVING NEWBORNS FROM BIRTH TO 3 MONTHS FOR WELL BABY VISITS, SAW 1,485 VISITS IN FY19. THE AMH AMBULATORY SERVICES UNIT WAS RENAMED HARTNETT HEALTH SERVICES IN 2017, A NURSE MANAGED CENTER OF PRIMARY AND SPECIALTY CARE LOCATION AT AMH NEAR ACCESSIBLE BUS ROUTES PROVIDED 10,826 VISITS IN FY19. 20. MEDICAL SCREENINGS AMH PROVIDES NUMEROUS MEDICAL SCREENING PROGRAMS TO THE COMMUNITY IN FURTHERANCE OF ITS TAX-EXEMPT PURPOSES INCLUDING THE FOLLOWING: - BREAST HEALTH SCREENINGS - BLOOD PRESSURE SCREENINGS (COMMUNITY-BASED, INCLUDING AREA MALL LOCATIONS, SENIOR CENTERS, LIBRARIES, SOUP KITCHENS, AND MULTIPLE SITES AT LOCAL FOOD STORES). - SKIN CANCER SCREENINGS. - HEART AND STROKE RISK ASSESSMENTS. FISCAL YEAR 2019 PROGRAMS WERE HELD AT MANY VENUES, INCLUDING: - A HEALTH CENTER IN A MEDICALLY UNDERSERVED PART OF THE COMMUNITY TO PROVIDE PREVENTIVE MEDICINE, HEALTH EDUCATION AND SCREENINGS, AS WELL AS DIRECT MEDICAL SERVICES TO COMMUNITY MEMBERS AND OTHER OUTREACH LOCATIONS. COMMUNITY SUPPORT, ACTIVITIES AND PROGRAMS ===== ===== OUTLINED BELOW ARE A NUMBER OF AMH COMMUNITY BENEFIT PROGRAMS. THE INFORMATION IS NOT INTENDED TO BE ALL-INCLUSIVE BUT RATHER PROVIDES ADDITIONAL INFORMATION THAT FURTHER DEMONSTRATES HOW AMH BENEFITS THE SURROUNDING COMMUNITY IN FURTHERING ITS CHARITABLE TAX-EXEMPT PURPOSES. - SPONSORSHIP OF MEETINGS AND FREE SPACE TO COMMUNITY GROUPS. - ELDERMED: FREE SENIOR MEMBERSHIP PROGRAM FOR PEOPLE OVER AGE 60; PROVIDES INSURANCE CLAIMS ASSISTANCE/COUNSELING, EDUCATION, SCREENINGS, AND COMMUNITY RESOURCES CENTER. THIS PROGRAM OFFERED EDUCATIONAL PROGRAMS AND OTHER EVENTS SERVING SENIORS IN OUR COMMUNITY AT A COST OF \$8,228. - OVER ORGANIZATIONS RECEIVED CASH FOR SPONSORSHIPS OR IN-KIND SUPPORT IN FY19 TOTALING \$33,607. - AMH PROVIDES FREE SPACE AND SUPPORT FOR THE MONTGOMERY COUNTY HEALTH DEPARTMENT COMMUNICABLE DI</p>

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CORE FORM, PART III	<p>SEASE CLINIC. IN FY19 AMH COLLABORATED WITH THE COUNTY SERVING OVER 780 INDIVIDUALS. VARIO US MATERNITY CLASSES INCLUDING BABY CARE BASICS, BREASTFEEDING, CHILDBIRTH PREPARATION, CH ILDBIRTH REFRESHER AND OB/GYN CENTER CHILDBIRTH PREPARATION AND OTHERS. AMH, IN ADDITION T O THOSE OUTLINED ABOVE, OFFERS NUMEROUS OTHER COMMUNITY PROGRAMS AND ACTIVITIES INCLUDING, BUT NOT LIMITED TO THE FOLLOWING: - MATERNITY EDUCATION CLASSES AND SUPPORT - BEREAVEMENT SUMMER CAMP - CAMP CHARLIE - ANIMAL ASST. THERAPY - HOSPITAL HOLIDAY PROGRAM - GENERAL CA NCER SUPPORT GROUP - LOOK GOOD, FEEL BETTER - WIG BANK - SAILL (STOP ABUSE IN LATER LIFE) PROGRAM - AMERICAN RED CROSS BLOOD DRIVES - SEXUAL ASSAULT NURSE EXAMINER PROGRAM - PRE-ME D VOLUNTEER PROGRAM AMH EDUCATIONAL PROGRAMS ===== AMH WAS FOUNDED AS A TEACHING HOSPITAL AND BELIEVES THAT EDUCATING THE PUBLIC AS WELL AS FUTURE GENERATIONS OF MEDICAL PROFESSIONALS IS AN IMPORTANT PART OF ITS MISSION TO SERVE ITS COMMUNITY'S COMPLE TE HEALTHCARE NEEDS. RESIDENT TRAINING PROGRAMS ----- SINCE AMH FIRST OPENED ITS DOORS IN 1914, IT HAS BUILT AND MAINTAINED AN OUTSTANDING REPUTATION AS ONE OF THE LEADING TEACHING HOSPITALS IN THE PHILADELPHIA AREA - A UNIQUE COMBINATION OF AN ACAD EMIC MEDICAL CENTER IN A COMMUNITY HOSPITAL SETTING. A COMMITMENT TO PROVIDING EXCEPTIONAL PATIENT CARE HAS EARNED AMH RECOGNITION AS A MAJOR REGIONAL TEACHING FACILITY THAT OFFERS A FULL SPECTRUM OF CLINICAL EXPERIENCES AND A RIGOROUS ACADEMIC PROGRAM. AMH HAS IN ITS P ROGRAM EACH YEAR RESIDENTS IN FAMILY MEDICINE, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOG Y, SURGERY AND DENTISTRY. RESIDENTS ROTATING FROM UNIVERSITY CENTERS IN ORTHOPEDIC SURGERY , PLASTIC SURGERY, UROLOGY AND NEUROSURGERY ADD TO THE ACADEMIC ENVIRONMENT. ALL TRAINING PROGRAMS ARE ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION. GRADU ATE PROGRAM FACULTY ----- AMH SUPPORTS PLACEMENT OPPORTUNITIES IN ALL P ROGRAMS, AND HAS ENABLED RESIDENTS TO OBTAIN ADVANCED GRADUATE TRAINING. AMH HAS A TEACHING ASSOCIATION WITH DREXEL UNIVERSITY MEDICAL SCHOOL, PHILADELPHIA COLLEGE OF OSTEOPATHIC M EDICINE AND THE SIDNEY KIMMEL MEDICAL COLLEGE AT THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA , PA. MANY OF AMH'S PHYSICIANS SERVE ON THE FACULTIES OF THE PHILADELPHIA MEDICAL SCHOOLS AND ARE INVOLVED IN CONDUCTING RESEARCH AND PUBLISHING REGULARLY. AN ACTIVE PROGRAM OF CON TINUING MEDICAL EDUCATION OFFERS OPPORTUNITIES FOR PHYSICIANS AND OTHER MEDICAL STAFF TO G AIN THE MOST CURRENT KNOWLEDGE IN THEIR SPECIALTIES. COMMUNITY HEALTH EDUCATION PROGRAMS - ----- AMH PROVIDES NUMEROUS LECTURES, SEMINARS AND OTHER EDUC ATIONAL PROGRAMS TO THE COMMUNITY IN FURTHERANCE OF ITS TAX-EXEMPT PURPOSES INCLUDING THE FOLLOWING EXAMPLES: PLEASE REFER TO THE HOSPITAL'S WEBSITE FOR A CURRENT LISTING UNDER CAL ENDAR OF EVENTS. - SKIN CANCER EDUCATION AND SCREENING - BABYSITTING WORKSHOP - SPEAKER'S BUREAU - STROKE EDUCATION PROG</p>

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CORE FORM, PART III	<p>RAM CPR TRAINING CENTER ----- AMH IS AN AMERICAN HEART ASSOCIATION BLS TRAINING CENTER ("TC"). TC'S ARE RESPONSIBLE FOR THE PROPER ADMINISTRATION AND QUALITY OF THE EMERGENCY CARDIOVASCULAR CARE COURSES THAT THEY, THEIR ALIGNED INSTRUCTORS, AND TRAINING SITES PROVIDE. WITH OVER 175 ALIGNED INSTRUCTORS, AMH TRAINING CENTER OFFERS BOTH COMMUNITY AND PROFESSIONAL LEVEL CPR AND FIRST AID AT MANY COMMUNITY SITES. FAITH COMMUNITY NETWORK ----- FAITH COMMUNITY NURSING ("FCN"), ALSO KNOWN AS PARISH NURSING, IS AN EXTENSION OF COMMUNITY HEALTH NURSING WHICH REACHES OUT TO PEOPLE IN THEIR FAITH COMMUNITIES. THE GOAL IS FOR FCN TO PROMOTE WELLNESS, BY HOLISTICALLY ADDRESSING THE PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS OF THE FAITH COMMUNITY'S MEMBERS. FULFILLING THE ROLES OF PERSONAL HEALTH COUNSELOR, HEALTH EDUCATOR, MENTOR/VOLUNTEER COORDINATOR, LIAISON/REFERRAL SOURCE AND PASTORAL PARTNER, FCN IS A UNIQUE LINKAGE FROM AMH TO OUR LOCAL FAITH COMMUNITIES. MANY PROGRAMS ARE COORDINATED THROUGHOUT THE YEAR. OVER 300 FAITH COMMUNITIES ARE COMMUNICATED WITH ON A REGULAR BASIS. VOLUNTEERS ----- OVER 1,126 MEMBERS OF OUR COMMUNITY CONTRIBUTED OVER 153,339 HOURS TO SERVE THE HEALTHCARE NEEDS OF THEIR NEIGHBORS. THE VALUE OF THIS CONTRIBUTION IS OVER \$2.9 MILLION WHICH IS RETURNED TO THE COMMUNITY THROUGH LOWER COSTS IN BOTH PATIENT SERVICES AND WELLNESS PROGRAMS. AH HAS DEDICATED ITSELF TO THE COMMUNITY BY PROVIDING A DEPARTMENT RESPONSIBLE FOR THE COMMUNITY HEALTH NEEDS ASSESSMENTS, IMPLEMENTATION PLANS, COMMUNITY BENEFIT INITIATIVES, HEALTH EDUCATION, SCREENINGS, FAITH COMMUNITY NETWORK, CPR TRAINING CENTER, AND A CHRONIC DISEASE MANAGEMENT PROGRAM. IN ADDITION, AH PROVIDES CLINICS TO SERVE THOSE IN NEED INCLUDING PRIMARY CARE AND SPECIALTY CLINICS GEOGRAPHICALLY LOCATED WITHIN THE SERVICE AREA; SPACE FOR OVER 40 SUPPORT AND SELF-HELP GROUPS AND A SPEAKERS BUREAU FOR THE COMMUNITY. IN FY19, THE 2016-2019 CHNA IMPLEMENTATION REPORT WAS COMPLETED WITH THE FULL REPORT LOCATED ON THE HEALTH SYSTEMS WEBSITE. HIGHLIGHTS FOR AH AND ALH INCLUDE: THE STRATEGY OF INCREASING BEHAVIORAL HEALTH CONSULTANTS (BHC) INTO PRIMARY CARE PRACTICES TO ENSURE THAT ALL AH OWNED PRIMARY CARE PRACTICES STAFFED WITH A BHC. MENTAL HEALTH FIRST AID CLASSES SCHEDULED AT AH AND ALH; PARTICIPATION IN COMMUNITY OUTREACH; SAFE HARBOR INCLUDING CAMP CHARLIE ALL 3 YEARS; COMMUNICATION OF SUPPORT AND SELF-HELP GROUPS ON HOSPITAL CAMPUSES TO WORKFORCE, MEDICAL STAFF AND COMMUNITY; ELDERMED PROGRAMMING MAINTAINED AND INCREASED ATTENDANCE BY 10%; OVER 4,000 PATIENTS SEEN ANNUALLY IN THE HELP PROGRAM; BLOOD PRESSURE SCREENINGS; MATTER OF BALANCE CLASSES; ADULT DAY CARE AVERAGE DAILY CENSUS IS 34 CLIENTS; OVER 2,500 VISITS RECORDED IN THE MEMORY FITNESS CENTERS EACH YEAR.</p>

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CORE FORM, PART III	<p>THERE WERE OVER 750 PATIENTS SERVED BY THE DENTAL CARE ACCESS PROGRAM ON THE CAMPUS OF LHC OVER THE THREE-YEAR PERIOD WITH AN INCREASE IN THE PARTICIPATION OF COMMUNITY DENTISTS FROM 13 PROVIDERS TO 21 PROVIDERS. CONTINUED COLLABORATION WITH ABINGTON YMCA; ESTABLISHED PARTNERSHIP WITH MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH AND MONTGOMERY COUNTY INTERMEDIATE UNIT TO DEVELOP NUTRITION PARENT ENRICHMENT PROGRAMMING AND HEAD START PRESCHOOL NUTRITION CURRICULUM; MAINTAINED COLLABORATIONS WITH GIANT, WILLOW GROVE AND SHOP RITE, TOWAMENCIN, PENNSYLVANIA. DOCUMENTED OVER 30,000 HITS FROM WEBSITE ANALYTICS ON THE AH HEALTHY LIVING WEBSITE OVER THE THREE YEAR PERIOD; PROVIDED WALK WITH THE DOC PROGRAMS AT AN AREA MALL AND PARK. THERE WERE OVER 2,000 NEW REFERRALS FOR SOCIAL SERVICES OVER THE THREE-YEAR PERIOD AND OVER 1,690 REFERRALS MADE TO LOCAL COMMUNITY AGENCIES OVER THE THREE-YEAR PERIOD. OVER THE THREE YEAR PERIOD, 36 "SAVE YOUR SOLES" EDUCATION AND SCREENINGS PROVIDED TO 496 BLACK MEN; STROKE EDUCATION CONTINUES; CPR AND FIRST AID TRAINING; MAINTAIN CONNECTIVITY WITH OVER 300 FAITH COMMUNITY NURSES INCLUDING EDUCATION SEMINARS AND EMAIL DISTRIBUTION OF HEALTH EDUCATION AND PROGRAM MATERIALS; MAINTAINED SMOKING CESSATION CLASSES FOR THE COMMUNITY AT AMH AND LHC WITH 15 CLASSES OFFERED; OVER 2,100 INDIVIDUALS WERE CONTACTED POST-DISCHARGE AT LHC WITH A HISTORY OF SMOKING AND PROVIDED RESOURCES TO QUIT SMOKING; CAMPAIGNS AND EDUCATION ON COLON CANCER; EDUCATION ON OPIOIDS AND SUBSTANCE USE DISORDER IN THE THREE YEAR TIMEFRAME INCLUDING CLERGY, COMMUNITY, FAITH COMMUNITY NURSES INCLUDING CONSISTENT COMMUNICATION ON DRUG TAKE BACK INITIATIVES. COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) HISTORY: AH HAS WORKED SINCE 2013 THROUGH 2016 WITH THE IMPLEMENTATION OR ACTION PLANS OF THE 2013 AND 2016 CHNA RESPECTIVELY FOR AMH AND LHC; PLANS INCLUDED WORK ON ACCESS TO CARE, BEHAVIORAL HEALTH/MENTAL HEALTH, OBESITY, SMOKING, CANCER SCREENINGS AND EDUCATION, OLDER ADULTS AND ACTIVITIES OF DAILY LIVING, AND CULTURAL AND LINGUISTICALLY APPROPRIATE EDUCATION. IN FY19, AH PERSONNEL CONTINUED TO UPDATE THE IMPLEMENTATION PLANS ON A QUARTERLY BASIS, WHICH IS THEN REVIEWED BY AHS COMMUNITY BENEFIT COMMITTEE. THIS SAME TEAM, WORKING WITH COLLEAGUES FROM JEFFERSON HEALTH, COMPLETED THE 2016 CHNA WHICH IS POSTED TO THE WEBSITE WITH IMPLEMENTATION PLANS UPDATED QUARTERLY INCLUDING THE NEW PRIORITIES OF SUBSTANCE USE DISORDERS AND MENTAL HEALTH ISSUES AND CHRONIC DISEASES ALONG WITH THE ABOVE LISTED. AH APPOINTED A COMMUNITY BENEFIT COMMITTEE IN 2011 WHOSE CHARTER IS TO OVERSEE AND RECOMMEND POLICIES AND PROGRAMS DESIGNED TO CARRY OUT THE CHARITABLE MISSION OF AH, PROTECTING ITS NON-PROFIT STATUS, AND TO ENHANCE THE HEALTH STATUS OF COMMUNITIES SERVED BASED ON THE RESULTS OF THE CHNA. IN 2017, THE COMMUNITY BENEFIT COMMITTEE INTEGRATED WITH THE REVEREND DR. MARTIN LUTHER KING JR., COMMITTEE TO FORM AN ENHANCED COMMITTEE SERVING COMMUNITY BENEFIT AND DIVERSITY INITIATIVES THROUGH</p>

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CORE FORM, PART III	<p>S COMMITTEE CONTINUED TO PROVIDE OVERSIGHT IN FY19. UPDATES ON JEFFERSON ENTERPRISE DIVERSITY INITIATIVES, COMMUNITY BENEFIT, NEEDS ASSESSMENT PRIORITIES, FINANCIAL ASSISTANCE PROGRAMS AND HEALTH SYSTEM CLINICS CONTINUED TO BE RELEVANT AGENDA ITEMS DURING FY19. DURING FY19, A HUNDRED AND ALPH COMMUNITY HEALTH LEADERS PARTICIPATED IN A REGIONAL PROCESS FOR THE 2019-2021 CYCLE OF CHNA. AT THE REQUEST OF LOCAL NON-PROFIT HOSPITALS AND HEALTH SYSTEMS, THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH) AND THE HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) CONVENED AN EFFORT TO COLLABORATIVELY DEVELOP THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE SOUTHEASTERN PENNSYLVANIA (SEPA) REGION, WITH SPECIFIC FOCUS ON BUCKS, CHESTER, MONTGOMERY AND PHILADELPHIA COUNTIES. WHILE SOME LOCAL HOSPITALS/HEALTH SYSTEMS HAVE WORKED COLLABORATIVELY ON SOME COMPONENTS OF PREVIOUS CHNA IMPLEMENTATION PLANS, THEY PREVIOUSLY PRODUCED INDEPENDENT CHNAs. BASED ON SERVICE AREA DEFINITIONS FROM PREVIOUS CHNAs, MANY HOSPITAL/HEALTH SYSTEMS MUTUALLY SERVE RESIDENTS OF COMMUNITIES WITHIN THE SEPA REGION. IN CONTRAST TO HEALTH SYSTEMS CONDUCTING INDEPENDENT CHNAs, A COLLABORATIVE CHNA OFFERED: INCREASED COLLABORATION AMONG LOCAL HOSPITALS/HEALTH SYSTEMS SERVING THIS REGION; REDUCED DUPLICATION OF ACTIVITIES AND COMMUNITY BURDEN FROM PARTICIPATION IN MULTIPLE COMMUNITY MEETINGS; REDUCED HOSPITAL/HEALTH SYSTEM COSTS IN CHNA REPORT DEVELOPMENT; OPPORTUNITIES FOR SHARED LEARNING; ESTABLISHMENT OF STRONG FOUNDATION FOR COORDINATED EFFORTS TO ADDRESS HIGHEST PRIORITY COMMUNITY NEEDS. THE CHNA PROCESS INCLUDED A STEERING COMMITTEE COMPOSED OF 5 LEADING ORGANIZATIONS/AGENCIES TO PROVIDE OVERSIGHT AND DIRECTION HAVING MET ONCE OR TWICE MONTHLY TO REVIEW FINDINGS AND SET PRIORITIES. THE HOSPITALS WORKED IN TANDEM WITH THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH, THE HEALTH CARE IMPROVEMENT FOUNDATION, PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS, A QUALITATIVE TEAM AND THE CHESTER COUNTY HEALTH DEPARTMENT AND MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH. DATA WAS ACQUIRED FROM LOCAL, STATE AND FEDERAL SOURCES AND FOCUSED ON INDICATORS THAT WERE UNIFORMLY AVAILABLE AT THE ZIP CODE LEVEL ACROSS THE REGION. PDPH PARTNERED WITH THE HEALTHSHARE EXCHANGE, THE LOCAL INFORMATION EXCHANGE, TO ANALYZE KEY HOSPITAL-BASED INDICATORS OF HEALTH. HCIF COORDINATED THE QUALITATIVE COMPONENT OF THE ASSESSMENT WHICH INCLUDED: 19 COMMUNITY MEETINGS; 9 KEY STAKEHOLDER FOCUS GROUPS; 12 KEY INFORMANT INTERVIEWS; ADDITIONAL KEY INFORMANT INTERVIEWS. ALL DATA WERE SYNTHESIZED BY PDPH STAFF AND A LIST OF 16 COMMUNITY HEALTH PRIORITIES WAS PRESENTED TO THE STEERING COMMITTEE. USING A MODIFIED HANLON RANKING METHOD, EACH PARTICIPATING HOSPITAL AND HEALTH SYSTEM RATED THE PRIORITIES. AN AVERAGE RATING WAS CALCULATED, AND THE COMMUNITY HEALTH PRIORITIES WERE ORGANIZED IN PRIORITY ORDER BASED ON: SIZE OF HEALTH PROBLEM, IMPORTANCE TO THE COMMUNITY, CAPACITY OF HOSPITALS/HEALTH SYSTEMS TO ADDRESS, ALIGNMENT</p>

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CORE FORM, PART III	<p>NT WITH MISSION AND STRATEGIC DIRECTION AND AVAILABILITY OF EXISTING COLLABORATIVE EFFORTS . THE LIST OF PRIORITIES INCLUDE: SUBSTANCE/OPIOID USE AND ABUSE; BEHAVIORAL HEALTH DIAGNOSIS AND TREATMENT; ACCESS TO AFFORDABLE PRIMARY/PREVENTIVE CARE; HEALTHCARE AND HEALTH RES OURCES NAVIGATION; ACCESS TO AFFORDABLE SPECIALTY CARE; CHRONIC DISEASE PREVENTION; FOOD A CCESS AND AFFORDABILITY; AFFORDABLE AND HEALTHY HOUSING; SEXUAL AND REPRODUCTIVE HEALTH; L IINGUISTICALLY AND CULTURALLY APPROPRIATE HEALTHCARE; MATERNAL MORBIDITY AND MORTALITY; SOC IOECONOMIC DISADVANTAGE [INCOME, EDUCATION AND EMPLOYMENT]; COMMUNITY VIOLENCE, RACISM AND DISCRIMINATION IN HEALTHCARE SETTINGS; NEIGHBORHOOD CONDITIONS; HOMELESSNESS. THE 2019 CH NA WAS REVIEWED AND APPROVED BY JUNE 30, 2019 BY JEFFERSON HEALTHS BOARD OF TRUSTEES AND I N ADDITION AT AH AND ALH, THE REV. MARTIN LUTHER KING, JR. COMMUNITY BENEFIT AND DIVERSITY COMMITTEE, A BOARD OVERSIGHT COMMITTEE, APPROVED THE CHNA WITH RATIFICATION BY THE AH BOA RD OF TRUSTEES AND POSTED TO THE HOSPITALS WEBSITE PER REQUIREMENTS. COMMUNITY HEALTH, COM MUNITY BENEFIT AND OTHER AH LEADERS AND STAFF ARE DEDICATED TO THE IMPLEMENTATION PLANS OF THE CHNA WHICH INCLUDES THE POSTING OF THE COMMUNITY HEALTH IMPLEMENTATION PLAN REPORT FR OM THE 2016 CHNA ON THE HOSPITALS WEBSITE. COMMUNITY HEALTH LEADERSHIP WORKED WITH KEY AH AND ALH DEPARTMENTS IN FORMULATING CHNA IMPLEMENTATION PLANS FOR THE 2019-2021 DUE NOVEMBE R 15, 2019.</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTION 2	DAVID J. ESKIN, M.D. AND MARK R. ESKIN - FAMILY RELATIONSHIP NEAL PEARLSTINE, ESQ. AND BRUCE GOODMAN - BUSINESS RELATIONSHIP

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Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES AS THE PARENT ORGANIZATION OF THE SYSTEM. AS THE PARENT ORGANIZATION OF THE SYSTEM TJU PROVIDES VARIOUS CORPORATE RELATED SERVICES FOR THE BENEFIT OF VARIOUS SYSTEM ENTITIES; INCLUDING THIS ORGANIZATION. THESE CORPORATE SERVICES, INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE. TJU ALLOCATES A PERCENTAGE OF ITS TOTAL CORPORATE RELATED SERVICES COSTS TO VARIOUS SYSTEM ENTITIES, INCLUDING THIS ORGANIZATION, AS REIMBURSEMENT FOR THESE CORPORATE RELATED SERVICES. THE REIMBURSEMENT TO TJU IS REFLECTED AS AN EXPENSE FOR THESE ORGANIZATIONS.

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CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	ABINGTON HEALTH ("AH") IS THE SOLE MEMBER OF THIS ORGANIZATION. THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE SOLE MEMBER OF AH. TJU HAS THE ULTIMATE AUTHORITY AND 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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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 11B	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO AND MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION 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 ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM 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 ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS 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 ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW. THEREAFTER, THE CPA FIRM GAVE A FORM 990 SUMMARY PRESENTATION TO THE TJU AUDIT, RISK AND COMPLIANCE COMMITTEE AND THEREAFTER A COMPLETE COPY OF THE FORM 990 WAS MADE AVAILABLE TO THIS ORGANIZATION'S BOARD OF TRUSTEES PRIOR TO FILING.</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE. THE CONFLICT OF INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES. THE CONFLICT OF INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF THE UNIVERSITY, OR SENIOR MANAGEMENT. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND FEDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS. IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANNUALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS. THE CONFLICT OF INTEREST PROCESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENTS ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE REPORTING PERIOD. THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS. IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN THE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT THEY WILL ABIDE BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES. MEMBERS OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUESTIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES. ALL PERSONS COVERED UNDER THE ORGANIZATION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CONTINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS THROUGHOUT THE YEAR. THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY. THE SYSTEM ALSO COMPILES AND ISSUES A COMPREHENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOARD OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO THE AUDIT, RISK AND COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDUCTION, OR ELIMINATION OF CERTAIN</p>

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Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	N INTERESTS, ACTIVITIES OR RELATIONSHIPS. WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS RE QUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARDS EXECUTIVE COMMITTEE, AND CERTAIN MEM BERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MA NAGEMENT PLAN. AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE. IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTIVI TIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTE RNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FED ERAL FORM 990.

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CORE FORM, PART VI, SECTION B; QUESTION 15	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE. THOMAS JEFFERSON UNIVERSITY'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATION, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVES AND OTHER KEY EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY). THE COMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDEPENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW. THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, AND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS. THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE OBJECTIVE OF ATTRACTING, RETAINING AND MOTIVATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTIONS OBJECTIVES. ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUTE ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINESS JUDGMENT FACTORS. THE EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH EXECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFORMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD. THESE GOALS ARE LINKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGHTS. AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS; IN APPROPRIATE CIRCUMSTANCES, OTHER DISCRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED. THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT ITS DELIBERATIONS AND DECISIONS</p>

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CORE FORM, PART VI, SECTION B; QUESTION 15	

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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 COMMONWEALTH OF PENNSYLVANIA.

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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 AND FOR THEIR POSITION WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE; NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES. Laurence M. Merlis, former Chief Executive Officer of Abington Health, is still employed within Jefferson/Jefferson Health as Executive Vice President, Chief Operating Officer of Jefferson Health.

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CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS, KEY EMPLOYEES AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION. TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF TRUSTEES OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED IN CORE FORM, PART VII OF THIS FORM 990. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS OR KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

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Return Reference	Explanation
CORE FORM, PART X; LINE 25	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES: - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2006B; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2009A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012B; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015A; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015B; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015C-G; - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015H; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017A; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017B; - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017C; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018A; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018B; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018C; - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D; AND - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2019A. THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY; THE TAX-EXEMPT PARENT OF THE SYSTEM AND SOLE MEMBER OF VARIOUS TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES. THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A TJU OBLIGATED GROUP LIABILITY. ACCORDINGLY, THIS TJU OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS: - THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN: 23-2829095 - TJUH SYSTEM, INC., EIN: 26-3026795 - JEFFERSON UNIVERSITY PHYSICIANS, EIN: 23-2809585 - ABINGTON HEALTH, EIN: 27-1243803 - ABINGTON HEALTH FOUNDATION, EIN: 23-2188052 - ABINGTON MEMORIAL HOSPITAL, EIN: 23-1352152 - LANSDALE HOSPITAL CORPORATION, EIN: 26-3359979 - ARIA HEALTH, EIN: 23-0596940 - ARIA HEALTH SYSTEM, EIN: 23-2239131 - PHILADELPHIA UNIVERSITY, EIN: 23-1252294 - KENNEDY UNIVERSITY HOSPITAL, INC., EIN: 22-1773439 - MAGEE REHABILITATION HOSPITAL, EIN: 23-1476328 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF THOMAS JEFFERSON UNIVERSITY, EIN: 23-1352651.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART X; LINES 27-29	<p>In August 2016, the FASB issued ASU 2016-14, Not-for-Profit Entities: Presentation of Financial Statements of Not-for Profit Entities, which eliminates the requirement for not-for-profits (NFPs) to classify net assets as unrestricted, temporarily restricted and permanently restricted. Instead, NFPs are required to classify net assets as net assets with donor restrictions or without donor restrictions. Among other things, the guidance also modifies required disclosures and reporting related to net assets, investment expenses and qualitative information regarding liquidity. NFPs are also required to report all expenses by both functional and natural classification in one location. The provisions of ASU 2016-14 are effective for the Institution for annual periods beginning after December 15, 2017 and interim periods thereafter. As such, the Institution adopted ASU 2016-14 for the year ended December 31, 2018. The effects of the adoption of ASU 2016-14 were applied retrospectively. As a result of the adoption of ASU 2016-14, the net asset categories have been updated as described above. Additionally, the addition of quantitative and qualitative disclosures related to the analysis of expenses by both natural and functional classifications and liquidity and availability of resources can be found in Notes 4 and 14. The adoption of ASU 2016-14 had no impact on the total net assets previously reported by the Institution as of December 31, 2017.</p>

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 PENSION LIABILITY; (\$65,108,000); - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR CAPITAL; \$26,430,336; - INCREASE IN VALUE OF SPLIT INTEREST AGREEMENTS AND PERPETUAL TRUSTS; \$500,974; AND - DONOR RESTRICTED NET ASSETS RELEASED FROM RESTRICTION; (\$2,450,538).

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018; RESPECTIVELY AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. THOMAS JEFFERSON UNIVERSITY'S AUDIT, RISK AND COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. TJU'S AUDIT, RISK AND COMPLIANCE COMMITTEE ENGAGED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED AUDIT UNDER THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AUDIT. THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ABINGTON MEMORIAL HOSPITAL

Employer identification number

23-1352152

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

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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.

See Additional Data Table

(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

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)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
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)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
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)	Yes	
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		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THOMAS JEFFERSON UNIVERSITY IS THE TAX-EXEMPT PARENT ENTITY OF THE SYSTEM. THOMAS JEFFERSON UNIVERSITY ROUTINELY PAYS EXPENSES FOR ITS AFFILIATES IN THE ORDINARY COURSE OF BUSINESS. THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED.

Additional Data

Software ID:
Software Version:
EIN: 23-1352152
Name: ABINGTON MEMORIAL HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352651	EDUCATION	PA	501(C)(3)	509(A)(1)	NA		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3026795	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2829095	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2809585	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-4855345	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	JUP		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3026939	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2858320	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	JPS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2678055	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3537847	HEALTH SVCS.	NJ	501(c)(3)	509(A)(2)	MAHC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622009	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622004	HEALTH SVCS.	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622006	HEALTH SVCS.	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2214351	REAL ESTATE	PA	501(c)(2)		JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 27-1243803	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3359979	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2188052	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2239131	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-0596940	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2691968	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-0779942	HEALTH SVCS.	PA	501(C)(3)	509(A)(2)	AHS		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-7318683	FUNDRAISING	PA	501(C)(3)	509(A)(3)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352294	EDUCATION	PA	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442036	HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-1773439	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 80-0550282	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442034	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2443981	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442032	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-1420853	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1476328	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJU		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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) TJU INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2146678	REAL ESTATE	PA	NA	C CORP.						No
(1) WALNUT REALTY CO 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2332416	REAL ESTATE	PA	NA	C CORP.						No
(2) ATRIUM CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2075587	HEALTH SVCS.	PA	NA	C CORP.						No
(3) HEALTHMARK INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2259593	HEALTH SVCS.	PA	NA	C CORP.						No
(4) JEFFERSON ACUTE CARE PHYSICIANS PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2639286	HEALTH SVCS.	PA	NA	C CORP.						No
(5) JEFFCARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2830152	HEALTH SVCS.	PA	NA	C CORP.						No
(6) MID-ATLANTIC MATERNAL FETAL INSTITUTE 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2922471	INACTIVE	PA	NA	C CORP.						No
(7) MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3536371	INACTIVE	NJ	NA	C CORP.						No
(8) JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 37-1856786	INACTIVE	CA	NA	C CORP.						No
(9) 925 WALNUT STREET CORP 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1657497	REAL ESTATE	PA	NA	S CORP.						No
(10) SYSTEM SERVICE CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2218944	HOLDING CO.	DE	NA	C CORP.						No
(11) TF DEVELOPMENT LTD 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2197865	REAL ESTATE	PA	NA	C CORP.						No
(12) HEALTH CARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 20-0214524	HEALTH SVCS.	PA	NA	C CORP.						No
(13) KENNEDY MANAGEMENT GROUP INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3347294	MANAGEMENT	NJ	NA	C CORP.						No
(14) PROFESSIONAL MEDICAL MANAGEMENT INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2559690	COLLECTION SVCS.	NJ	NA	C CORP.						No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(16) KENNEDY ACCESS INCORPORATED 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2661672	INVESTMENTS	NJ	NA	C CORP.					No
(1) JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1980055	HEALTH SVCS.	NJ	NA	C CORP.					No