

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
Main Line Hospitals Inc

% CURT WHITESIDE
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3803 WEST CHESTER PIKE Suite 250

City or town, state or province, country, and ZIP or foreign postal code
NEWTOWN SQUARE, PA 19073

D Employer identification number
23-1352160

E Telephone number
(484) 337-8480

G Gross receipts \$ 1,295,567,989

F Name and address of principal officer:
Michael J Buongiorno
3803 W CHESTER PIKE 250
NEWTOWN SQUARE, PA 19073

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.mainlinehealth.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1893

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDE A COMPREHENSIVE RANGE OF HEALTH SERVICES, COMPLEMENTED BY EDUCATIONAL & RESEARCH ACTIVITIES THAT MEET THE NEEDS AND IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE.

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)	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	7,507
6 Total number of volunteers (estimate if necessary)	2,472
7a Total unrelated business revenue from Part VIII, column (C), line 12	42,835
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,358,245	7,265,460
9 Program service revenue (Part VIII, line 2g)	1,237,810,122	1,239,342,492
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,032,527	35,872,920
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,648,329	12,274,924
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,296,849,223	1,294,755,796
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,119	5,400
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)	491,070,502	488,512,926
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	707,597,505	750,360,400
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,198,721,126	1,238,878,726
19 Revenue less expenses. Subtract line 18 from line 12	98,128,097	55,877,070
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,800,104,349	2,900,694,241
21 Total liabilities (Part X, line 26)	688,411,339	761,190,773
22 Net assets or fund balances. Subtract line 21 from line 20	2,111,693,010	2,139,503,468

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: 2020-05-05

MICHAEL J BUONGIORNO EVP, CFO & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-04-29

Check if self-employed PTIN: P00977806

Firm's name ▶ PricewaterhouseCoopers LLP Firm's EIN ▶ _____

Firm's address ▶ 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103 Phone no. (267) 330-3000

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 MISSION OF MAIN LINE HOSPITALS, INC. IS TO PROVIDE A COMPREHENSIVE RANGE OF SAFE, HIGH QUALITY HEALTH SERVICES, COMPLEMENTED BY EDUCATIONAL AND RESEARCH ACTIVITIES THAT MEET HEALTHCARE NEEDS AND IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE.

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 \$ 492,983,999 including grants of \$ 0) (Revenue \$ 843,195,779)
See Additional Data

4b (Code:) (Expenses \$ 334,773,344 including grants of \$ 5,400) (Revenue \$ 408,378,802)
See Additional Data

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 827,757,343

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial 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, tax-exempt bonds, 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.

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... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

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... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records (CURT WHITESIDE 3803 W CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 (484) 337-8480)

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, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 579

Table with 3 rows (3, 4, 5) and 3 columns (Question, Yes, No) regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like UNITED ANESTHESIA SERVICE PC, RADIOLOGY ASSOC OF MAIN LINE 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 50

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	7,251,748			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,712			
	g Noncash contributions included in lines 1a - 1f: \$ _____					
	h Total. Add lines 1a-1f		7,265,460			
Program Service Revenue	2a INPATIENT REVENUE	Business Code				
		621110	821,261,147	821,261,147	0	
	b OUTPATIENT REVENUE	621400	394,342,885	394,300,050	42,835	
	c SUPPORT SERVICES	900099	23,738,460	23,738,460	0	
	d _____					
	e _____					
	f All other program service revenue.					
g Total. Add lines 2a-2f		1,239,342,492				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		35,529,056		35,529,056	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,156,057			
		(ii) Other				
		b Less: cost or other basis and sales expenses		812,193		
		c Gain or (loss)	1,156,057	-812,193		
	d Net gain or (loss)		343,864		343,864	
	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 NET ASSETS RELEASED FROM RESTRICTIONS	900099	6,725,164	6,725,164	0	0	
b ALL OTHER REVENUE	900099	5,549,760	5,549,760	0	0	
c _____						
d All other revenue						
e Total. Add lines 11a-11d		12,274,924				
12 Total revenue. See Instructions.		1,294,755,796	1,251,574,581	42,835	35,872,920	

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	5,400	5,400		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	8,281,187	0	8,281,187	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	57,263	0	57,263	0
7 Other salaries and wages	379,948,989	354,362,662	25,586,327	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,439,141	3,239,010	200,131	0
9 Other employee benefits	68,425,209	45,481,924	22,943,285	0
10 Payroll taxes	28,361,137	25,939,530	2,421,607	0
11 Fees for services (non-employees):				
a Management	101,077,280	62,316,700	38,760,580	0
b Legal	551,743	0	551,743	0
c Accounting	0	0	0	0
d Lobbying	49,815	0	49,815	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,864,746	34,134,860	26,729,886	0
12 Advertising and promotion	684,493	20,536	663,957	0
13 Office expenses	234,128,381	231,539,149	2,589,232	0
14 Information technology	30,369,715	96,945	30,272,770	0
15 Royalties	0	0	0	0
16 Occupancy	25,473,600	3,907,707	21,565,893	0
17 Travel	-57,238	-115,419	58,181	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	449,518	356,454	93,064	0
20 Interest	5,934,483	-9,172	5,943,655	0
21 Payments to affiliates	148,593,883	0	148,593,883	0
22 Depreciation, depletion, and amortization	98,489,438	36,304,591	62,184,847	0
23 Insurance	7,691,191	7,528,227	162,964	0
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 TEMP HELP & OUTSIDE SVCS	5,034,048	4,917,165	116,883	0
b REPAIRS & MAINTENANCE	22,397,977	15,920,347	6,477,630	0
c DUES, POST, PUB, & DUP SVCS	7,768,530	1,810,727	5,957,803	0
d EARLY EXTINGUISHMENT OF DEBT	858,797	0	858,797	0
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,238,878,726	827,757,343	411,121,383	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	0	1	0
	2 Savings and temporary cash investments	84,178,123	2	81,179,605
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	176,500,855	4	149,272,219
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	10,245,064	5	9,925,196
	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	0	7	0
	8 Inventories for sale or use	20,720,029	8	22,338,485
	9 Prepaid expenses and deferred charges	9,257,581	9	11,032,055
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,345,623,684		
	b Less: accumulated depreciation	10b 1,144,307,035	1,081,311,151	10c 1,201,316,649
	11 Investments—publicly traded securities	1,175,493,393	11	1,162,320,087
	12 Investments—other securities. See Part IV, line 11	45,249,388	12	56,722,612
	13 Investments—program-related. See Part IV, line 11	62,928,959	13	64,480,510
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	134,219,806	15	142,106,823
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,800,104,349	16	2,900,694,241	
Liabilities	17 Accounts payable and accrued expenses	147,302,322	17	136,894,473
	18 Grants payable	0	18	0
	19 Deferred revenue	6,717,810	19	6,506,786
	20 Tax-exempt bond liabilities	252,565,385	20	280,131,613
	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	0	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	281,825,822	25	337,657,901
	26 Total liabilities. Add lines 17 through 25	688,411,339	26	761,190,773
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	2,039,778,728	27	2,067,252,036
	28 Temporarily restricted net assets	24,163,732	28	23,827,414
	29 Permanently restricted net assets	47,750,550	29	48,424,018
	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	2,111,693,010	33	2,139,503,468	
34 Total liabilities and net assets/fund balances	2,800,104,349	34	2,900,694,241	

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	1,294,755,796
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,238,878,726
3	Revenue less expenses. Subtract line 2 from line 1	3	55,877,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,111,693,010
5	Net unrealized gains (losses) on investments	5	24,881,547
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-52,948,159
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,139,503,468

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 23-1352160

Name: Main Line Hospitals Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

Inpatient Acute Healthcare Services Main Line Hospitals, Inc. is comprised of three full-service community acute care hospitals and a rehabilitation hospital located in the suburbs of Philadelphia. Bryn Mawr Hospital, established 1893, operates 287 licensed beds, The Lankenau Hospital, established 1860, operates 370 licensed beds, Paoli Hospital operates 231 licensed beds, and Bryn Mawr Rehabilitation hospital operates 148 licensed beds. Main Line Hospitals, Inc. offers specialized services including Neonatal Intensive Care, Reproductive Medicine, Arthritis and Orthopedic services, Cardiovascular Care, Sleep Medicine, Cancer Care, a Kidney Transplant Program, Family Centered Maternity Care, Comprehensive Breast Care, and comprehensive rehabilitation services for brain injury, stroke, etc. to name a few. For the year presented, Main Line Hospitals, Inc. provided inpatient services to 49,445 adult patients, 485 Neonatal Care patients, performed 1,046 open heart cases, attended 6,392 births, and performed 12,315 inpatient surgeries.

Form 990, Part III, Line 4b:

Outpatient Acute Healthcare Services Main Line Hospitals, Inc. offers a full array of outpatient services both within the campus of our four member hospitals (Bryn Mawr Hospital, The Lankenau Hospital, Paoli Hospital, and Bryn Mawr Rehabilitation Hospital), as well as in five separate ambulatory centers located in the communities we serve. Outpatient services offered include Imaging services, Clinical Laboratories, Physical, Occupational and Speech Therapy services, Sleep Disorder centers, Adult Day Services, Cardiology services and a Cardiac Rehabilitation program, Cancer Center, and multiple physicians in the areas of Primary Care, OB/GYN, Pediatric, Internal and Family Medicine and other specialists. For the fiscal period presented, Main Line Hospitals, Inc. attended to 760,196 outpatient visits, performed 16,315 outpatient surgeries, and provided emergent care with 143,929 visits to our hospital based 24 hours/day, 7 days/week emergency rooms.

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			
Stephen S Aichele Esq TRUSTEE	1.0 3.0	X						0	0	0
WILLIAM STULGINSKY VICE CHAIRMAN & TRUSTEE	1.0 4.0	X		X				0	0	0
JOHN J LYNCH III CEO & Trustee	22.0 18.0	X		X				0	1,653,096	634,413
Renee Amoore Trustee	1.0 3.0	X						0	0	0
Andrea Anania Trustee	1.0 3.0	X						0	0	0
David A Berkowitz Trustee	1.0 5.0	X						0	0	0
James M Buck III Trustee	1.0 3.0	X						0	0	0
Cynthia DeFidelto Trustee	1.0 3.0	X						0	0	0
WILLIAM AYERS MD Trustee	1.0 39.0	X						0	419,451	32,458
ELIZABETH J BALDERSTON CHAIRMAN & TRUSTEE	1.0 10.0	X		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			
N Peter Hamilton Trustee	1.0 3.0	X						0	0	0
Ellen D Harvey Trustee	1.0 4.0	X						0	0	0
Steven D Higgins Trustee	1.0 3.0	X						0	0	0
Wendell F Holland Esq Trustee	1.0 3.0	X						0	0	0
Michelle Hong Esq Trustee	1.0 3.0	X						0	0	0
CHRIS BRUNER Trustee	1.0 3.0	X						0	0	0
Martha I Macartney Esq Trustee	1.0 5.0	X						0	0	0
Steven Nichtberger MD Trustee	1.0 4.0	X						0	0	0
Ellen Rinaldi Trustee	1.0 3.0	X						0	0	0
Albert S Rohr MD Trustee	1.0 3.0	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			
John Walsh Trustee	1.0 3.0	X						0	0	0
Alexandre COSTABILE TRUSTEE	1.0 3.0	X						0	0	0
ROBERT FREDERICK MD TRUSTEE	1.0 3.0	X						0	0	0
BARBARA GASPER TRUSTEE	1.0 3.0	X						0	0	0
ERNEST GILLAN MD TRUSTEE	1.0 4.0	X						0	186,820	0
GIANCARLO MERCOGLIANO TRUSTEE	1.0 4.0	X						0	1,875	0
Michael J Buongiorno EVP, CFO & TREASURER	23.0 17.0			X				0	880,609	160,755
BRIAN T CORBETT ESQ SVP, GEN COUNSEL & SECRETARY	27.0 13.0			X				0	571,884	160,393
Eileen Carr Assistant Secretary	32.0 8.0			X				0	117,069	24,109
Andrea Gilbert PRESIDENT, BMH	38.0 2.0			X				745,922	0	163,649

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			
James Paradis PRESIDENT, PH	39.0 1.0			X				522,841	0	158,780
Phillip Robinson PRESIDENT, LMC	38.0 2.0			X				840,503	0	201,643
Donna Phillips PRESIDENT, BMRH	35.0 5.0			X				503,793	0	167,435
ROBERT BENZ VP, MEDICAL AFFAIRS	40.0 0.0				X			330,427	0	26,964
MARGARET IACOBACCI DIRECTOR OF NURSING	40.0 0.0				X			317,499	0	14,218
JOHN SCHWARZ VP, ADMINISTRATION	40.0 0.0				X			300,794	0	37,244
BRENDA DEFEO VP, ADMINISTRATION	40.0 0.0				X			300,287	0	25,382
ROBERT FRIED VP, MEDICAL AFFAIRS	39.0 1.0				X			327,034	0	26,858
AJAYA DEVABHAKTUNI CHIEF PHYSICIST	40.0 0.0				X			266,986	0	43,509
DAVID WANG CHIEF PHYSICIST	40.0 0.0				X			256,488	0	37,642

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			
CRAIG GOLDBERG SENIOR PHYSICIST	40.0 0.0				X			227,495	0	35,703
ALBERT CELIDONIO DIRECTOR, PHARMACY	40.0 0.0				X			213,943	0	28,493
ELENA CASANOVA-GHOSH NURSE PRACTITIONER - VAD	40.0 0.0				X			203,304	0	39,526
HARDING WILLIAMS DIRECTOR, PHARMACY	40.0 0.0				X			198,157	0	36,393
MATTHEW MAGARGAL VP, PATIENT CARE SVCS	40.0 0.0				X			249,781	0	39,761
IVAN SCOTT DIRECTOR OF NURSING	40.0 0.0				X			183,441	0	36,488
YIBING HU SENIOR PHYSICIST	40.0 0.0				X			204,985	0	26,428
ROSADELE PLUMARI VP, Administration	40.0 0.0				X			232,840	0	20,916
AMY BENNER DIRECTOR, PHARMACY	40.0 0.0				X			199,292	0	34,717
CHINWE ONYEKERE Associate Administrator	40.0 0.0				X			196,033	0	21,902

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			
FRANCES CUSICK Campus Nurse Executive	40.0 0.0				X			227,310	0	15,565
DEREK GUIRAND PHYSICIAN	40.0 0.0				X			226,930	0	13,804
PATRICK HEAGEY Physician Assistant	40.0 0.0				X			188,552	0	33,670
GREGORY PAPA DIRECTOR, HUMAN RESOURCES	40.0 0.0					X		182,491	0	17,696
TERESA DOUGHERTY DIRECTOR, HUMAN RESOURCES	40.0 0.0					X		182,993	0	30,541
KEVIN CANNEY PHARMACIST	40.0 0.0					X		181,033	0	25,843
CRYSTAL CHAU PHARMACIST	40.0 0.0					X		180,436	0	17,625
TONI ACELLO DIRECTOR OF NURSING	40.0 0.0					X		179,045	0	28,477
BONNIE GRAHAM VP, FINANCE	0.0 40.0						X	0	370,298	42,671
MARIANNE HARKIN VP, PATIENT CARE SVCS	40.0 0.0						X	120,598	0	9,225

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			
DOUGLAS HUGHES DIR OF NURSING OPS, PAOLI HOSP	40.0 0.0						X	113,037	0	19,378
LYNNE STILLEY VP, ADMINISTRATION	40.0 0.0						X	119,870	0	10,383
FRANCES DIEGNAN ADMIN DIR, IMAGING/DIAGNOSTICS	40.0 0.0						X	140,313	0	12,749

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
Main Line Hospitals Inc

Employer identification number
23-1352160

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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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: 23-1352160

Name: Main Line Hospitals Inc

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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2018

▶ **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.**

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Main Line Hospitals Inc	Employer identification number 23-1352160
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
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		49,815
j Total. Add lines 1c through 1i			49,815
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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	AMOUNT REPORTED REPRESENTS LOBBYING PERCENTAGE OF MEMBERSHIP DUES FOR HOSPITAL AND HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA AND AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION.

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
Main Line Hospitals Inc
Employer identification number
23-1352160

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	67,096,000	64,557,000	60,471,000	63,686,000	65,980,000
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	1,094,000	2,539,000	4,086,000	-3,215,000	-2,294,000
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	68,190,000	67,096,000	64,557,000	60,471,000	63,686,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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 | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
- 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		97,089,301		97,089,301
b Buildings		1,515,560,880	677,705,733	837,855,147
c Leasehold improvements		9,019,473	5,132,415	3,887,058
d Equipment		680,603,815	461,468,887	219,134,928
e Other		43,350,215		43,350,215
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,201,316,649

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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
QUALIFIED PENSION LIABILITY	232,554,813
ESTIMATED SELF-INSURANCE COSTS	86,231,675
DUE TO AFFILIATES-RELATED	18,871,413
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	337,657,901

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: 23-1352160

Name: Main Line Hospitals Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4	Endowment funds support medical education, research, fellowship, and indigent care expenses.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Main Line Hospitals Inc

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
 23-1352160

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 type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" 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>300 %</u>	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500 %</u>	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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)			6,463,909	0	6,463,909	0.520 %
b Medicaid (from Worksheet 3, column a)			96,444,985	62,263,714	34,181,271	2.760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			102,908,894	62,263,714	40,645,180	3.280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			7,962,067	1,098,671	6,863,396	0.550 %
f Health professions education (from Worksheet 5)			34,412,048	26,368,336	8,043,712	0.650 %
g Subsidized health services (from Worksheet 6)			3,191,758	864,535	2,327,223	0.190 %
h Research (from Worksheet 7)			7,359,107	0	7,359,107	0.590 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			16,384	0	16,384	0.010 %
j Total. Other Benefits			52,941,364	28,331,542	24,609,822	1.990 %
k Total. Add lines 7d and 7j			155,850,258	90,595,256	65,255,002	5.270 %

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	0
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	0
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	328,754,172
6	Enter Medicare allowable costs of care relating to payments on line 5	6	437,854,481
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-109,100,309
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
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (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 BRYN MAWR SURGERY CT	OUTPATIENT SURGICAL CENTER	51 %	0 %	42 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

5

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)
 MAIN LINE HOSPITALS INC (GROUP A)

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): _____ 14

		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.		No
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>SEE PART V, SECTION C</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>SEE PART V, SECTION C</u>	Yes	
10b	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
12b	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)

MAIN LINE HOSPITALS INC (GROUP A)

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>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input 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>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</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**

MAIN LINE HOSPITALS INC (GROUP A)

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)

MAIN LINE HOSPITALS INC (GROUP A)

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 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)
 PHYCARE (GROUP B)

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): _____ 5 _____

		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	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	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.		No
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>SEE PART V, SECTION C</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>SEE PART V, SECTION C</u>	Yes	
10b	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
12b	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)

PHYCARE (GROUP B)

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 200. _____ % and FPG family income limit for eligibility for discounted care of 0. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input 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>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</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**

PHYCARE (GROUP B)

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 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)

PHYCARE (GROUP B)

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 Main Line Health Center-Lawrence Park 1991 Sproul Road Broomall, PA 19008	General medical & surgical
2 Main Line Health Center-Collegeville 599 Arcola Road Collegeville, PA 19426	General medical & surgical
3 Main Line Health Center-Exton 154 Exton Square Parkway Exton, PA 19341	General medical & surgical
4 Main Line Health Center-Newtown Square 3855 West Chester Pike Newtown Square, PA 19073	General medical & surgical
5 Main Line Health Center-Shannondell 1000 Shannondell Drive Audubon, PA 19403	General medical & surgical
6 Mirmont Outpatient Center-Broomall 600 Abbott Drive Broomall, PA 19008	General medical & surgical
7 Mirmont Outpatient Center-Exton 825 Springdale Drive Exton, PA 19341	General medical & surgical
8 Bryn Mawr Hospital PM&R 780 Lancaster Avenue Wayne, PA 19087	General medical & surgical
9 Lankenau Hospital OP Rehab 308 Lancaster Avenue Wynnewood, PA 19096	General medical & surgical
10 Bryn Mawr Hospital OP Imaging Center 101 S Bryn Mawr Avenue Bryn Mawr, PA 19010	General medical & surgical

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.

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Form and Line Reference	Explanation
PART I, LINE 3B	ANY PERSON WHO DOES NOT HAVE INSURANCE AND DOES NOT HAVE THE ABILITY TO PAY ALL OR PART OF THEIR FINANCIAL RESPONSIBILITY TO MAIN LINE HOSPITALS, INC. FOR MAIN LINE HOSPITALS, INC. PROVIDED SERVICES (WITH THE EXCEPTION OF ELECTIVE COSMETIC OR PLASTIC SURGERY), IS ELIGIBLE FOR CHARITY CARE AND FINANCIAL ASSISTANCE. FOR FURTHER EXPLANATION OF THE OPTIONS AVAILABLE TO PATIENTS WITHOUT INSURANCE, PLEASE SEE THE INFORMATION PRESENTED IN RESPONSE TO SCHEDULE H, PART VI, LINE 3.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	<p>THE FOLLOWING TEXT HAS BEEN TAKEN FROM THE FOOTNOTE OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MAIN LINE HEALTH SYSTEM AND AFFILIATES DESCRIBING BAD DEBT. THIS CAN BE FOUND ON PAGE 13 OF THE MAIN LINE HEALTH SYSTEM AND AFFILIATES CONSOLIDATED AUDITED FINANCIAL STATEMENTS. "Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. MLHS also provides services to uninsured patients. The transaction price for both uninsured patients as well as insured patients with deductibles and coinsurance is estimated based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. MLHS enters into very few explicit contracts with patients. For these contracts, MLHS typically receives payment prior to the service being performed, and as such, has not recorded bad debt expense in the periods presented."</p>

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Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A SOPHISTICATED COST ACCOUNTING SOFTWARE SYSTEM. THE MAIN LINE HOSPITALS, INC. COST SHORTFALL FOR CARE TO MEDICARE PATIENTS HAS BEEN ABSORBED BY THE HOSPITALS AS PART OF OUR MISSION TO PROVIDE A COMPREHENSIVE RANGE OF SAFE, HIGH-QUALITY HEALTH SERVICES AND EMERGENCY CARE, COMPLEMENTED BY RELATED EDUCATIONAL AND RESEARCH ACTIVITIES, THAT MEET HEALTH CARE NEEDS AND IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE. FOR THE FISCAL YEAR PRESENTED, THE MEDICARE SHORTFALL WAS \$109.1 MILLION AND ACCOUNTED FOR 25.4% OF HOSPITAL NET REVENUES. THE HOSPITAL CONTINUES TO PROVIDE QUALITY HEALTHCARE TO Medicare patients, REGARDLESS OF THIS SHORTFALL, AND IN DOING SO, RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR THIS PATIENT POPULATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION C, LINE 9B	PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE PRIOR TO SERVICE ARE NOT BILLED FOR THE SERVICES RENDERED. FOR OTHER ACCOUNTS, IF A PATIENT INDICATES A FINANCIAL HARDSHIP AT ANY POINT DURING COLLECTION, THE PATIENT IS REFERRED TO THE FINANCIAL COUNSELING AREA FOR ASSISTANCE WITH THE REQUIRED DOCUMENTATION TO DETERMINE ELIGIBILITY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. FURTHER EXPLANATION OF THE ROLE OF FINANCIAL COUNSELORS AND OUR CHARITY CARE AND FINANCIAL ASSISTANCE POLICY IS INCLUDED IN RESPONSE TO SCHEDULE H, PART VI, QUESTION 3 ON PATIENT EDUCATION AND ELIGIBILITY FOR ASSISTANCE.

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Form and Line Reference	Explanation
PART VI, LINE 2	<p>FOR THE ACUTE AND BMRH CHNAS, HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED BY COMPARING THE HEALTH STATUS, ACCESS TO CARE, HEALTH BEHAVIORS, AND UTILIZATION OF SERVICES FOR RESIDENTS INCLUDING THE QUALITATIVE AND QUANTITATIVE SOURCES DESCRIBED IN THE ACUTE AND BMRH IMPLEMENTATION PLANS AND REFERENCED IN PART V, LINE 5. THE MLH CHNA OVERSIGHT COMMITTEE, COMPRISING MLH SYSTEM LEADERSHIP, PROVIDED OVERSIGHT AND ACTIVE GOVERNANCE OF THE CHNA AND IMPLEMENTATION PLAN DEVELOPMENT. GOAL SELECTION WAS BASED ON PROGRAM AND INITIATIVES WHERE MLH IS IN A POSITION TO MAKE THE MOST IMPACT IN THE HEALTH OF THE COMMUNITY IN ALIGNMENT WITH THE MISSION, VALUES AND CAPABILITIES OF THE ORGANIZATION. IN ADDITION TO CONDUCTING TWO CHNAS, EACH ACUTE HOSPITAL AND BMRH HAS A COMMUNITY HEALTH AND EQUITY (CHE) LEADER THAT CONTINUALLY ASSESSES AND ACTIVELY ENGAGES THE COMMUNITY IN HEALTH PROMOTION AND OUTREACH ACTIVITIES. A PORTION OF THE MLH CHE SITE LEADERS HOLD BOARD POSITIONS ON A NUMBER OF EXTERNAL COMMUNITY ORGANIZATIONS. THIS KEEPS MLH CONTINUALLY INFORMED ABOUT THE HEALTH NEEDS OF THE COMMUNITY. THE MLH CENTER FOR POPULATION HEALTH RESEARCH (CPHR) WILL ALSO BE CONDUCTING FOCUS GROUPS OF VARIOUS SYSTEM AND COMMUNITY STAKEHOLDERS DURING AN ONGOING BASIS TO CONTINUE TO STUDY COMMUNITY HEALTH NEEDS, OPPORTUNITIES AND BARRIERS. CPHR IS CURRENTLY ASSESSING NEW MEASURES AND APPROACHES TO ENHANCE TRACKING FOR THE NEXT CHNA AND IMPLEMENTATION PLAN CYCLE. HOSPITAL ADMINISTRATORS, MLH PHYSICIAN LEADERS, INPATIENT CASE MANAGERS AND OUTREACH COORDINATORS ALSO COLLABORATE WITH COMMUNITY PHYSICIANS, AMBULANCE SERVICES AND OTHER COMMUNITY SERVICES TO ASSESS AND RESPOND TO SPECIFIC COMMUNITY NEEDS. ADDITIONALLY, MLH HOSPITALS HAVE AN ACTIVE ROLE WITH KEY COMMUNITY ORGANIZATIONS SUCH AS UNITED WAY, AMERICAN CANCER SOCIETY, COUNTY SENIOR SERVICES AND COUNTY AND LOCAL HEALTH DEPARTMENTS, ALL CONTRIBUTING TO THE ASSESSMENT OF COMMUNITY HEALTH NEEDS.</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>MAIN LINE HOSPITALS, INC. IS ONE OF A NUMBER OF HEALTH CARE PROVIDER SUBSIDIARIES OF MAIN LINE HEALTH SYSTEM (MLHS). MLHS' MISSION IS TO PROVIDE A COMPREHENSIVE RANGE OF SAFE, HIGH -QUALITY HEALTH SERVICES, COMPLEMENTED BY RELATED EDUCATIONAL AND RESEARCH ACTIVITIES, WHICH MEET HEALTHCARE NEEDS AND IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE. NO PATIENT WILL BE REFUSED EMERGENCY TREATMENT AT MLH BECAUSE OF HIS/HER FINANCIAL STATUS. MLH IS COMMITTED TO TREATING PATIENTS WITH EMERGENCY MEDICAL CONDITIONS REGARDLESS OF ABILITY TO PAY. ONE OF THE WAYS MLH FULFILLS THIS MISSION IS TO PROVIDE FINANCIAL ASSISTANCE TO THOSE MEMBERS OF THE COMMUNITY WHO ARE IN NEED OF HEALTHCARE SERVICES. THERE ARE SEVERAL DIFFERENT PROGRAMS THAT HAVE BEEN ESTABLISHED FOR THIS PURPOSE. EACH OF THE PROGRAMS HAS A SET OF CRITERIA WHICH MUST BE MET FOR THE PATIENT TO QUALIFY FOR HEALTHCARE FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS AT MLH PROVIDES FINANCIAL COUNSELORS AT EACH HOSPITAL (AND VIA A CALL CENTER) TO HELP PATIENTS FIND WAYS TO MEET THEIR FINANCIAL OBLIGATIONS FOR THE HEALTH CARE SERVICES PROVIDED TO THEM. SPECIFICALLY, FINANCIAL COUNSELORS HELP PATIENTS APPLY FOR GOVERNMENT ASSISTANCE PROGRAMS AS WELL AS MLH CHARITY CARE AND FINANCIAL ASSISTANCE. ANY PATIENT MAY REQUEST TO SPEAK TO A FINANCIAL COUNSELOR WHEN BEING SCHEDULED FOR TREATMENT AT MLH.</p> <p>UNINSURED PATIENTS WHO ARE ADMITTED TO THE HOSPITAL WILL AUTOMATICALLY RECEIVE HELP FROM A FINANCIAL COUNSELOR. THERE ARE SEVERAL OPTIONS AVAILABLE TO PATIENTS WITHOUT INSURANCE. THEY ARE: OPTION 1: GOVERNMENT SPONSORED MEDICAL ASSISTANCE THERE ARE A NUMBER OF AVAILABLE PROGRAMS FROM THE FEDERAL, STATE AND LOCAL LEVELS SUCH AS MEDICAL ASSISTANCE WHICH CAN HELP PAY THE MEDICAL BILLS OF PEOPLE WHO HAVE LOW INCOME AND CANNOT AFFORD MEDICAL CARE. OFTEN, PATIENTS ARE UNAWARE OF THESE PROGRAMS OR ARE UNABLE TO ACCESS THEM DUE TO THE CUMBERSOME ENROLLMENT PROCESS REQUIRED TO RECEIVE THESE BENEFITS. FINANCIAL COUNSELORS CAN HELP PATIENTS APPLY FOR MEDICAL ASSISTANCE TO DETERMINE ELIGIBILITY. OUR FINANCIAL COUNSELORS WILL ASSIST IN THE APPLICATION PROCESS AND FOLLOW THROUGH WITH THE GOVERNMENTAL AGENCY TO ASSIST THE PATIENT.</p> <p>OPTION 2: CHARITY CARE MLH OFFERS CHARITY CARE/FINANCIAL ASSISTANCE TO UNINSURED PATIENTS THAT NEED CARE. FOR PATIENTS WITH INCOME LEVELS AT 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES, 100% CHARITY CARE (FREE CARE) IS PROVIDED. FOR PATIENTS WITH INCOME BETWEEN 300% AND 500% OF THE FEDERAL POVERTY GUIDELINES SIGNIFICANT CHARITY DISCOUNTS ARE OFFERED AND PAYMENTS ARE EQUIVALENT TO MEDICARE REIMBURSEMENT RATES. MLH FINANCIAL COUNSELORS ASSIST PATIENTS WITH THE CHARITY CARE/FINANCIAL ASSISTANCE APPLICATION. PRESUMPTIVE CHARITY CARE ELIGIBILITY: THERE ARE INSTANCES WHERE A PATIENT MAY APPEAR ELIGIBLE FOR CHARITY CARE, BUT SUPPORTING DOCUMENTATION IS LACKING OR UNAVAILABLE. IN SUCH EVENT MAIN LINE HEALTH WILL USE OTHER APPROPRIATE 3RD PARTY RESOURCES TO ESTIMATE AN INDIVIDUAL'S INCOME. A PATIENT MEETING THE CRITERIA FOR PRESUMPTIVE FINANCIAL ASSISTANCE WILL HAVE ALL CHARGES WAIVED. PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE: 1. ENROLLED IN A STATE-FUNDED PRESCRIPTION PROGRAMS; 2. BEING HOMELESS OR RECEIVING CARE FROM A HOMELESS CLINIC; 3. PARTICIPATING IN THE PENNSYLVANIA DEPARTMENT OF WELFARE'S WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC); 4. BEING ELIGIBLE FOR FOOD STAMPS; 5. RECEIVING SUBSIDIZED SCHOOL LUNCHES; 6. BEING ELIGIBLE FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G., MEDICAID SPEND-DOWN); 7. RESIDING IN LOW INCOME/SUBSIDIZED HOUSING, PROVIDING THE ADDRESS SUPPLIED BY THE PATIENT IS A VALID ADDRESS; 8. PATIENT IS DECEASED WITH NO KNOWN ESTATE.</p> <p>OPTION 3: UNINSURED PATIENT DISCOUNT FOR UNINSURED PATIENTS WHOSE INCOME IS IN EXCESS OF 500% OF THE FEDERAL POVERTY GUIDELINES, A SUBSTANTIAL DISCOUNT BASED ON THE FOLLOWING GUIDELINES IS PROVIDED: - FOR ALL INPATIENT NON-ELECTIVE SERVICES A DISCOUNT OF 60% OFF TOTAL CHARGES WILL BE APPLIED. - FOR ALL INPATIENT ELECTIVE SERVICES A DISCOUNT OF 40% OFF TOTAL CHARGES WILL BE APPLIED. - FOR ALL EMERGENCY DEPARTMENT SERVICES, THOSE TREATED AND RELEASED, A DISCOUNT OF 40% OFF TOTAL CHARGES WILL BE APPLIED WITH A MAXIMUM CHARGE OF \$1,000 FOR THE EMERGENCY DEPARTMENT VISIT. - FOR ALL OTHER OUTPATIENT SERVICES A DISCOUNT OF 40% OFF TOTAL CHARGES. MLH APPLIES THE UNINSURED PATIENT DISCOUNT ON A CONSISTENT AND NON-DISCRIMINATORY BASIS. THE MLH CHARITY CARE & FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE TO THE PUBLIC ON THE MLH WEBSITE. EXTENDED PAYMENT ARRANGEMENTS TO PATIENTS IF PATIENTS ARE UNABLE TO PAY THE PATIENT RESPONSIBILITY PORTION OF THEIR BILL AT THE TIME OF SERVICE OR AT THE TIME OF DISCHARGE, PAYMENT OPTIONS FOR EXTENDED, INTEREST FREE PAYMENT PERIODS ARE AVAILABLE. CHARGES FOR SERVICES RENDERED TO PATIENTS THAT MEET MLH'S GUIDELINES FOR CHARITY CARE ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. DISCOUNTS OFFERED FOR F</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>FINANCIAL ASSISTANCE ARE REFLECTED AS REDUCTIONS OF NET PATIENT REVENUE. MLH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE PROVIDED. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED. SUCH AMOUNTS HAVE BEEN EXCLUDED FROM NET PATIENT SERVICE REVENUE. MANAGEMENT ESTIMATES THAT THE COST ASSOCIATED WITH THESE SERVICES FOR CHARITY CARE PROVIDED BY MAIN LINE HOSPITALS, INC. APPROXIMATED \$6,463,909 FOR THE FISCAL YEAR ENDED JUNE 30, 2019. MANAGEMENT ESTIMATES THAT THE COST ASSOCIATED WITH SERVICES FOR CHARITY CARE PROVIDED BY MAIN LINE HEALTH SYSTEM APPROXIMATED \$6,825,819 FOR THE FISCAL YEAR ENDED JUNE 30, 2019. COMMUNITY BENEFIT AND SERVICES SERVICES ARE PROVIDED TO INDIVIDUALS THAT QUALIFY FOR MEDICAL ASSISTANCE, WHO PARTICIPATE IN THE PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM. THE COST OF PROVIDING SUCH SERVICES TO ELIGIBLE WELFARE RECIPIENTS WAS \$96,444,985 AND EXCEEDED REIMBURSEMENT BY \$34,181,271 IN THE FISCAL YEAR ENDED JUNE 30, 2019 FOR MAIN LINE HOSPITALS, INC. THE COST OF PROVIDING SUCH SERVICES TO ELIGIBLE WELFARE RECIPIENTS WAS \$109,021,646 AND EXCEEDED REIMBURSEMENT BY \$37,600,831 IN THE FISCAL YEAR ENDED 2019 FOR MAIN LINE HEALTH SYSTEM. IN TOTAL, MAIN LINE HOSPITALS, INC. RECEIVED APPROXIMATELY 30.2 PERCENT OF ITS NET REVENUE FROM GOVERNMENT PROGRAMS IN FY2019. THE LOSS INCURRED IN PROVIDING HEALTHCARE SERVICES TO PATIENTS OF GOVERNMENT PROGRAMS APPROXIMATED \$143,281,580 AS DETAILED ON SCHEDULE H, PART I, LINE 7B(E) \$34,181,271 (MEDICAID) AND PART III, LINE 7 \$109,100,309 (MEDICARE). IN ACCORDANCE WITH THE MLH CHARITY CARE AND FINANCIAL ASSISTANCE POLICY, MLH PROVIDES FINANCIAL ASSISTANCE IN THE FORM OF DISCOUNTS TO UNINSURED PATIENTS WITH INCOME BETWEEN 300% AND 500% OF THE FEDERAL POVERTY GUIDELINES. THE AMOUNT OF FINANCIAL ASSISTANCE PROVIDED BY MAIN LINE HOSPITALS, INC. FOR THE FISCAL YEAR ENDED JUNE 30, 2019 APPROXIMATED \$26,987,879. THIS AMOUNT REFLECTED AT COST IS \$4,481,820. THE AMOUNT OF FINANCIAL ASSISTANCE PROVIDED BY MAIN LINE HEALTH SYSTEM, FOR THE FISCAL YEAR ENDED JUNE 30, 2019, APPROXIMATED \$32,289,228. THIS AMOUNT REFLECTED AT COST IS \$5,315,660. IN ADDITION TO PROVIDING DIRECT PATIENT CHARITY CARE AND IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY, MLH SYSTEM MEMBERS SUPPORT EDUCATION AND RESEARCH ACTIVITIES THROUGH ITS MEMBER AFFILIATE, LANKENAU INSTITUTE FOR MEDICAL RESEARCH, AND PROVIDES SPONSORSHIPS AND VARIOUS COMMUNITY SERVICES SUCH AS EDUCATION, SCREENINGS AND SUPPORT GROUPS FOR CANCER PATIENTS AND THEIR FAMILIES, IMMUNIZATION PROGRAMS, REHABILITATION SUPPORT FOR AMPUTEES, STROKE, AND BRAIN INJURY PATIENTS AND THEIR FAMILIES, HEALTH WELLNESS FESTIVALS, CONTINUUM OF INDEPENDENT LIVING AND SENIOR HEALTH PROGRAMS, HEART DISEASE SCREENINGS, MATERNITY CARE AND CHILDBIRTH PROGRAMS, A PARAMEDIC AMBULANCE PROGRAM AND OTHER RELATED COMMUNITY HEALTH PROGRAMS AND LECTURES. MLH IS ALSO INVOLVED WITH SCHOOL PARTNERSHIPS AND HELPS ORGANIZE EDUCATIONAL PROGRAMS FOR CHILDHOOD AND ADOLESCENT HEALTH ISSUES, INCLUDING UNDESIRABLE DRINKING AND SMOKING. ASSOCIATED AMOUNTS EXPENDED FOR THE ABOVE COMMUNITY SERVICES APPROXIMATED \$18,899,451 FOR MAIN LINE HOSPITALS, INC. AND \$20,819,086 FOR MAIN LINE HEALTH SYSTEM IN THE FISCAL YEAR ENDED JUNE 30, 2019. THIS AMOUNT FOR MAIN LINE HOSPITALS, INC. NET OF DIRECT OFF-SETTING REVENUE IS \$17,800,780. MAIN LINE HEALTH HOSPITALS SUBSIDIZE SEVERAL HEALTH PROGRAMS THROUGHOUT THE SYSTEM, INCLUDING LANKENAU CLINICAL CARE CENTER, PRENATAL PROGRAMS, COMMUNITY BLOOD DRAWS, HOSPITAL HOSPICE SERVICES, TRANSITIONAL CARE, HEALTHY WOMEN PROGRAMS, AQUATICS REHABILITATION, AND HEAD INJURY. THE COST FOR THESE SUBSIDIZED PROGRAMS THROUGHOUT THE SYSTEM AMOUNTED TO \$2,871,354 IN NET COST. SPECIFICALLY FOR MAIN LINE HOSPITALS, INC, THESE SERVICES AMOUNTED TO \$2,327,223 IN NET COST, AS REFLECTED ON SCHEDULE H, PART I, LINE 7G, COLUMN (E). ADDITIONALLY, THE HOSPITALS INVEST IN NUMEROUS PHYSICIAN BASED PATIENT CARE PROGRAMS ADMINIS</p>

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE MLH ACUTE CHNA IDENTIFIED 3 SUB-REGIONS SERVED BY THIS ORGANIZATION, INCLUDING EASTERN, CENTRAL, AND NORTHWESTERN. THE EASTERN SUB-REGION INCLUDES MUCH OF THE WESTERN PORTION OF PHILADELPHIA COUNTY AS WELL AS PORTIONS OF EASTERN AND SOUTHERN DELAWARE COUNTY. THIS SUB-REGION IS HOME TO A MAJORITY OF THE RACIAL DIVERSITY IN THE COMMUNITY AS WELL AS THE LOWEST MEDIAN HOUSEHOLD INCOME. THE CENTRAL SUB-REGION COVERS SOUTHERN MONTGOMERY COUNTY, EASTERN CHESTER COUNTY AND MUCH OF DELAWARE COUNTY AND IS GENERALLY AFFLUENT WITH THE HIGHEST MEDIAN INCOME AMONG THE 3 SUB-REGIONS; EACH MLH ACUTE HOSPITAL AND BMRH ARE LOCATED IN THIS SUB-REGION. THE NORTHWESTERN SUB-REGION COVERS MUCH OF CHESTER COUNTY AND SOUTHWESTERN MONTGOMERY COUNTY AND HAS THE HIGHEST PROJECTED 5 YEAR POPULATION GROWTH. COLLECTIVELY, THESE 3 SUB-REGIONS ARE CONTAINED WITHIN PORTIONS OF CHESTER, DELAWARE, MONTGOMERY AND PHILADELPHIA COUNTIES. LANKENAU HOSPITAL (LH) IS LOCATED ALONG THE EDGE OF MONTGOMERY AND PHILADELPHIA COUNTIES AND SERVES PARTS OF THE CENTRAL AND EASTERN SUB-REGIONS. THE ROBERT WOOD JOHNSON FOUNDATION'S 2019 HEALTH RANKINGS OF PENNSYLVANIA COUNTIES LIST CHESTER AND MONTGOMERY COUNTIES AS AMONG THE TOP FOUR HEALTHIEST COUNTIES IN THE STATE AND PHILADELPHIA COUNTY 67TH (LAST) FOR BOTH HEALTH FACTORS AND HEALTH OUTCOMES; DELAWARE COUNTY RANKS AMONG THE TOP GROUP (11TH) IN HEALTH FACTORS BUT 47TH FOR HEALTH OUTCOMES. LH PROVIDES CLINIC CARE THAT ATTRACTS PATIENTS FROM PHILADELPHIA AND HAS MULTIPLE OUTREACH INITIATIVES TO ADDRESS NEEDS IN PHILADELPHIA. THE BMRH CHNA'S SERVICE AREA COVERS A POPULATION SIZE APPROXIMATELY 15% SMALLER THAN THE TOTAL ACUTE CHNA SERVICE AREA. BMRH'S SERVICE AREA IS LESS RACIALLY DIVERSE AND MORE AFFLUENT THAN THE ACUTE SERVICE AREA, INCLUDING A LARGER PORTION OF CHESTER COUNTY AND A SMALLER REACH INTO PHILADELPHIA COUNTY. THE POPULATION IN SOUTHEASTERN PA AND MAIN LINE HEALTH'S CHNA SERVICE AREAS ARE PROJECTED TO CONTINUE AGING OVER THE NEXT 5 YEARS (AGE 65 AND OVER, +15.0%), WHILE THE POPULATION UNDER AGE 65 IS PROJECTED TO BE FLAT OR SLIGHTLY NEGATIVE IN EACH OF THE INCLUDED CHNA SERVICE AREAS AND SUBREGIONS. THE ACUTE NORTHWESTERN SUB-REGION'S TOTAL POPULATION IS PROJECTED TO GROW AT MORE THAN TWICE THE RATE OF THE OTHER ACUTE SUB-REGIONS, DRIVEN BY BOTH SMALLER DECLINES IN THE UNDER 65 AGE COHORTS AND A LARGER INCREASE IN THE AGE 65+ COHORT. THE BMRH CHNA SERVICE AREA AND THE ACUTE CENTRAL AND NORTHWESTERN SUB-REGIONS EACH HAVE HIGHER HOUSEHOLD INCOMES AND A LARGER PROPORTION OF RESIDENTS WITH COLLEGE DEGREES THAN SOUTHEASTERN PA OVERALL. THE ACUTE EASTERN SUB-REGION SIGNIFICANTLY LAGS BEHIND SOUTHEASTERN PA AND THE OTHER CHNA SERVICE AREAS AND SUB-REGIONS. SELECT DEMOGRAPHIC POPULATION CHARACTERISTICS OF THE ACUTE AND BMRH SERVICE AREAS ARE SHOWN BELOW, WITH SOUTHEASTERN PA INCLUDED AS A BENCHMARK. 2019 POPULATION, INCOME AND EDUCATION: POPULATION; 5 YEAR TOTAL POPULATION PROJECTION CHANGE %; 5 YEAR AGE 65+ POPULATION CHANGE %; % OF HOUSEHOLDS WITH INCOME OF AT LEAST \$100,000; % OF ADULTS WITH COLLEGE DEGREE ACUTE, CENTRAL SUB-REGION: 424,483; +1.1%; +12.5%; 55%; 61% ACUTE, EASTERN SUB-REGION: 612,654; +1.1%; +14.8%; 21%; 29% ACUTE, NORTHWESTERN SUB-REGION: 565,455; +2.4%; +17.5%; 45%; 46% ACUTE TOTAL: 1,601,592; +1.6%; +15.0%; 38%; 44% BRYN MAWR REHAB HOSPITAL: 1,388,237; +1.6%; +15.0%; 42%; 46% SOUTHEASTERN PA: 4,138,877; +1.6%; +15.0%; 35%; 38% 2019 POPULATION BY RACE/ETHNICITY: % WHITE ONLY; % BLACK ONLY; % ASIAN ONLY; % HISPANIC; % OTHER ACUTE, CENTRAL SUB-REGION: 82%; 5%; 8%; 3%; 2% ACUTE, EASTERN SUB-REGION: 35%; 51%; 6%; 5%; 3% ACUTE, NORTHWESTERN SUB-REGION: 75%; 9%; 6%; 7%; 2% ACUTE TOTAL: 62%; 24%; 6%; 5%; 3% BRYN MAWR REHAB HOSPITAL: 70%; 16%; 6%; 6%; 2% SOUTHEASTERN PA: 60%; 22%; 7%; 9%; 2% THE MAIN LINE HEALTH CHNAS AND CHNA IMPLEMENTATION PLANS ARE LOCATED ON THE MLH WEBSITE, URL: MAINLINEHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>WHEN MAIN LINE HEALTH (MLH) WAS FORMED IN 1985, THE LONG TERM OBJECTIVES INCLUDED THE DESIRE OF THE COMMUNITY-BASED BOARDS TO MORE FULLY SERVE THE INDIVIDUAL COMMUNITIES BY PROVIDING GREATER EFFICIENCIES AND BY INCREASING THE BROADER OUTREACH OF THE HOSPITALS. THIS IS BEING ACHIEVED THROUGH THE COMMITMENT OF THE COMMUNITY BOARD AND MEDICAL STAFF. THE MLH MEDICAL STAFF TODAY IS COMPRISED OF APPROXIMATELY 2,100 PHYSICIANS FOR THE 4 ACUTE HOSPITALS AND BMRH. OF THESE PHYSICIANS, 405 ARE EMPLOYED BY AN AFFILIATED NONPROFIT TAX-EXEMPT CORPORATION OF MAIN LINE HEALTH. THE SUCCESS OF THE MAIN LINE HOSPITALS TO A LARGE DEGREE IS DEPENDENT ON SELF-GOVERNED, COMMUNITY-BASED PHYSICIANS. IN ADDITION TO PROVIDING OUTSTANDING MEDICAL CARE, THEY SERVE AS AN OPEN CONDUIT TO INFORMATION ABOUT AND FROM THE COMMUNITY. MEMBERS OF THE MEDICAL STAFF SERVE ON THE BOARDS OF BOTH MAIN LINE HOSPITALS AND EACH HOSPITAL'S FOUNDATION BOARD. THE MEDICAL EXECUTIVE COMMITTEE OF THE MAIN LINE HOSPITALS MEDICAL STAFF IS A FULL PARTICIPANT IN A BOARD, MEDICAL LEADERSHIP, SENIOR STAFF RETREAT THAT TAKES PLACE EVERY 18 MONTHS. THIS TWO-DAY, OFF-CAMPUS RETREAT HAS FOCUSED ON TOPICS AS PATIENT SAFETY AND QUALITY, INVESTMENTS IN NEW TECHNOLOGY AND FACILITIES, COMMUNICATIONS, FINANCIAL IMPLICATIONS OF HEALTHCARE REFORM, ROLES AND RESPONSIBILITIES OF LEADERSHIP. MAIN LINE HEALTH HAS AN ACTIVE AND ENGAGED BOARD OF TRUSTEES THAT REPRESENTS THE COMMUNITY. MEMBERSHIP IN THE GOVERNING BOARD IS MONITORED CLOSELY TO ENSURE REPRESENTATION IN SOCIO-DEMOGRAPHICS AND ACROSS SUBJECT MATTER EXPERT AREAS THAT WOULD BE EXPECTED AND NEEDED TO PROVIDE THE GUIDANCE AND OVERSIGHT OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM. MEMBERS INCLUDE EXECUTIVES WITH EXPERTISE IN HEALTH CARE QUALITY, FINANCE, HUMAN RESOURCES, LAW, TECHNOLOGY, MARKETING AND MANUFACTURING AS WELL AS HEALTHCARE. THE BOARD IS FOCUSED ON ITS RESPONSIBILITY TO PROVIDE EXCELLENT CARE TO THE COMMUNITY WHILE GENERATING FUNDS FOR REINVESTMENT IN TECHNOLOGY, EQUIPMENT AND FACILITIES. FOREMOST, THEY ARE ADAMANT THAT QUALITY AND PATIENT SAFETY NOT BE COMPROMISED, PARTICULARLY AS HEALTHCARE PROVIDERS ARE CHALLENGED BY: -FINANCIAL RAMIFICATIONS OF THE ECONOMY -THE IMPACT OF DEMOGRAPHICS -THE UNCERTAINTY RELATING TO FUTURE LEVELS OF REIMBURSEMENT -THE GROWING EXPECTATIONS OF AN AGING POPULATION THAT THE BEST HEALTHCARE WILL BE "THERE" FOR THEM. THE MAIN LINE HEALTH BOARD IS FOCUSED ON ACHIEVING A REINVESTMENT SURPLUS IN ORDER TO MEET COMMUNITY EXPECTATIONS FOR STATE OF THE ART FACILITIES AND CARE.</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MAIN LINE HEALTH SYSTEM (MLHS) IS THE PARENT HEALTH SYSTEM FOR MAIN LINE HEALTH. MLHS AND ITS BOARD PROVIDE OVERSIGHT AND GUIDANCE FOR ITS MEMBERS. WHILE COGNIZANT OF EACH OF ITS MEMBERS' COMMUNITY ACTIVITIES AND CHARITABLE MISSIONS, MLHS PROVIDES NO DIRECT COMMUNITY OUTREACH ACTIVITIES. RATHER, THOSE ARE PROVIDED BY ITS MEMBERS WITH FULL SUPPORT AND ENCOURAGEMENT OF MLHS' BOARD OF DIRECTORS. MAIN LINE HEALTH SYSTEM FOUNDED IN 1985, MAIN LINE HEALTH, INC. (MLH) IS A NOT-FOR-PROFIT HEALTH SYSTEM SERVING PORTIONS OF PHILADELPHIA AND ITS WESTERN SUBURBS. AT ITS CORE ARE FOUR OF THE REGION'S RESPECTED ACUTE CARE HOSPITALS - LANCKENAU MEDICAL CENTER, BRYN MAWR HOSPITAL, PAOLI HOSPITAL AND RIDDLE MEMORIAL HOSPITAL - AS WELL AS ONE OF THE NATION'S PREMIER FACILITIES FOR REHABILITATIVE MEDICINE, BRYN MAWR REHABILITATION HOSPITAL; MIRMONT TREATMENT CENTER FOR DRUG AND ALCOHOL RECOVERY; AND MAIN LINE HEALTH HOMECARE AND HOSPICE, A HOME HEALTH SERVICE. MAIN LINE HEALTH ALSO CONSISTS OF MAIN LINE HEALTHCARE, ONE OF THE REGION'S LARGEST MULTI-SPECIALTY PHYSICIAN NETWORKS, AND THE LANCKENAU INSTITUTE FOR MEDICAL RESEARCH, A NON-PROFIT BIOMEDICAL RESEARCH ORGANIZATION LOCATED ON THE CAMPUS OF LANCKENAU MEDICAL CENTER. MAIN LINE HEALTH, WITH MORE THAN 10,000 EMPLOYEES AND 2,100 PHYSICIANS, ARE THE RECIPIENTS OF NUMEROUS AWARDS FOR QUALITY CARE AND SERVICE, INCLUDING RECOGNITION AMONG TRUVEN HEALTH ANALYTICS' LIST OF TOP 100 HOSPITALS AND MAGNET, THE NATION'S HIGHEST HONOR FOR NURSING EXCELLENCE. MAIN LINE HEALTH IS AMONG THE AREA'S LEADERS IN MEDICINE, PROVIDING ADVANCED PATIENT-CENTERED CARE, EDUCATION AND RESEARCH TO HELP OUR COMMUNITY STAY HEALTHY. The Delaware Valley Accountable Care Organization (DVACO) Main Line Health, Inc. is an owner of DVACO. DVACO is a limited liability company that is owned by Main Line Health (49%), Jefferson University and Hospitals (49%), and Magee Rehab (2%). DVACO's purpose is to enhance the quality of health care and reduce the growth rate of health care costs by providing the foundation needed to assist its participating members in transitioning from a fee for service model to a model focused on population health. DVACO operates under the Medicare Shared Savings Program (MSSP) through an agreement with the Centers for Medicare and Medicaid Services (CMS). Currently DVACO is the region's largest Medicare ACO with more than 2,000 primary care physicians and over 90,000 Medicare fee-for-service beneficiaries. Additionally, DVACO currently holds three performance based contracts with private payers - enhancing DVACO's total number of beneficiaries to approximately 250,000 - a number that will likely increase in the future as DVACO participates with additional insurance payers in population health contracts. For the fiscal year presented, MLH was responsible for approximately 40,000 of the Medicare attributed lives. MAIN LINE HEALTH HOSPITALS BRYN MAWR HOSPITAL, BRYN MAWR, PA. BRYN MAWR HOSPITAL (BMH), A MEMBER OF MAIN LINE HEALTH, IS A 287-BED, NOT-FOR-PROFIT ACUTE-CARE TEACHING HOSPITAL DEDICATED TO HELPING THE COMMUNITY STAY WELL AHEAD ON THE PATH TO LIFE-LONG HEALTH. THE HOSPITAL HAS ACHIEVED MAGNET DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC), THE NATION'S HIGHEST AWARD FOR RECOGNIZING EXCELLENCE IN NURSING CARE, AND HAS BEEN NATIONALLY RECOGNIZED BY PRESS GANEY, THOMSON REUTERS (NOW TRUVEN ANALYTICS), THE JOINT COMMISSION AND OTHER HEALTHCARE RATINGS ORGANIZATIONS FOR ITS HIGH QUALITY PATIENT CARE. THE HOSPITAL WAS NAMED AMONG US NEWS & WORLD REPORT'S BEST HOSPITALS IN THE PHILADELPHIA METRO AREA. THE HOSPITAL OFFERS A FULL RANGE OF SERVICES, INCLUDING CANCER CARE, ORTHOPEDIC CARE, CARDIOVASCULAR CARE, MATERNITY CARE, BARIATRICS, NEUROVASCULAR AND A LEVEL III NEONATAL INTENSIVE CARE UNIT, ALL AIDED BY A DEDICATED TEAM OF HEALTH CARE PROFESSIONALS AND INNOVATIVE TECHNOLOGY SUCH AS THE DA VINCI TM SURGICAL SYSTEM'S ROBOTIC TECHNOLOGY AND RIO ROBOTIC ARM INTERACTIVE ORTHOPEDIC SYSTEM. BRYN MAWR HOSPITAL HAS COLLABORATED WITH NEMOURS/ALFRED I. DUPONT HOSPITAL FOR CHILDREN TO INCLUDE ROUND-THE-CLOCK PEDIATRIC CARE FOR THE PEDIATRIC INPATIENT UNIT AND IN THE PEDIATRIC EMERGENCY DEPARTMENT WITH ADDITIONAL BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS. FOR MORE INFORMATION ABOUT BRYN MAWR HOSPITAL, VISIT MAINLINEHEALTH.ORG/BRYNMAWR. LANCKENAU HOSPITAL (LH), ALSO KNOWN AS LANCKENAU MEDICAL CENTER, WYNNEWOOD, PA. LANCKENAU MEDICAL CENTER, A MEMBER OF MAIN LINE HEALTH, HAS BEEN DEDICATED TO HEALING AND COMFORTING THE COMMUNITY WITH A WARM, PERSONAL TOUCH FOR OVER 150 YEARS. LOCATED ON A 93-ACRE SUBURBAN CAMPUS JUST OUTSIDE OF PHILADELPHIA, THE 370-BED, NOT-FOR-PROFIT LEVEL II TRAUMA TEACHING HOSPITAL INCLUDES ONE OF THE NATION'S LEADING CARDIOVASCULAR CENTERS; THE LANCKENAU INSTITUTE OF MEDICAL RESEARCH, ONE OF THE FEW FREESTANDING HOSPITAL-ASSOCIATED RESEARCH CENTERS IN THE NATION; AND OFFERS STATE-OF-THE-ART SERVICES IN CANCER CARE, DIGESTIVE HEALTH CARE, HEART CARE, LUNG CARE, NEPHROLOGY</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>OGY, NEUROLOGY AND NEUROSURGERY, ORTHOPEDIC CARE, PEDIATRIC CARE AND MATERNITY CARE. LANKE NAU HAS BEEN NAMED AMONG US NEWS & WORLD REPORT'S BEST HOSPITALS IN THE PHILADELPHIA METRO AREA FOR DIGESTIVE HEALTH, GERIATRICS, HEART CARE, KIDNEY DISORDERS, NEUROLOGY AND NEUROSURGERY, LUNG CARE AND UROLOGY. LANKENAU HAS ACHIEVED THE JOINT COMMISSION'S GOLD SEAL OF APPROVAL FOR STROKE CARE AND BREAST CANCER CARE AND IS ONE OF THE NATION'S TOP PERFORMING HOSPITALS FOR HEART ATTACK, HEART FAILURE, PNEUMONIA AND SURGICAL CARE. THE HOSPITAL HAS ACHIEVED MAGNET DESIGNATION, THE NATION'S HIGHEST AWARD FOR EXCELLENCE IN NURSING CARE. LANKENAU IS RECOGNIZED AS A NATIONAL LEADER IN ADVANCING NEW OPTIONS TO DIAGNOSE AND TREAT ILLNESS, PROTECT AGAINST DISEASE AND SAVE LIVES. FOR MORE INFORMATION ABOUT LANKENAU MEDICAL CENTER, VISIT MAINLINEHEALTH.ORG/LANKENAU. PAOLI HOSPITAL (PH), PAOLI, PA. PAOLI HOSPITAL, A MEMBER OF MAIN LINE HEALTH, IS A 231-BED, NOT-FOR-PROFIT ACUTE CARE HOSPITAL AND LEVEL II REGIONAL TRAUMA CENTER WITH OUTPATIENT FACILITIES IN EXTON AND COLLEGEVILLE. PAOLI HOSPITAL WAS NAMED AMONG THE NATION'S 100 TOP HOSPITALS BY THOMSON REUTERS (NOW TRUEN HEALTH ANALYTICS). IT WAS ONE OF ONLY 20 MEDIUM-SIZED COMMUNITY HOSPITALS NATIONWIDE AND THE ONLY HOSPITAL IN PENNSYLVANIA TO MAKE THE LIST IN THIS CATEGORY. PAOLI WAS NAMED AMONG US NEWS & WORLD REPORT'S BEST HOSPITALS IN THE PHILADELPHIA METRO AREA FOR EXCELLENCE IN FIVE SPECIALTIES INCLUDING ORTHOPEDICS, GERIATRICS, NEPHROLOGY, GASTROENTEROLOGY AND UROLOGY AND IS A MULTI-YEAR RECIPIENT OF THE PREMIER "AWARD FOR QUALITY" FOR PROVIDING OUTSTANDING PATIENT CARE AND MAINTAINING OPERATIONAL EFFICIENCY. PAOLI IS ONE OF ONLY THREE PERCENT OF HOSPITALS NATIONWIDE TO EARN MAGNET DESIGNATION TWICE FOR ITS SUPERIOR NURSING STAFF AND WAS AMONG THE FIRST IN EFFICIENCY, SATISFACTION AND HEALING. FOR MORE INFORMATION ABOUT PAOLI HOSPITAL, VISIT MAINLINEHEALTH.ORG/PAOLI. RIDDLE MEMORIAL HOSPITAL (RMH), MEDIA, PA. RIDDLE MEMORIAL HOSPITAL, A MEMBER OF MAIN LINE HEALTH, IS A NOT-FOR-PROFIT, ACUTE-CARE HOSPITAL FOR 204 INPATIENT BEDS AND 23 TRANSITIONAL CARE CENTER BEDS. RIDDLE HAS BEEN NATIONALLY RECOGNIZED BY THE JOINT COMMISSION, HEALTHGRADES, THE SOCIETY OF CHEST PAIN CENTERS AND OTHER HEALTH CARE RATINGS ORGANIZATIONS FOR ITS HIGH QUALITY PATIENT CARE. THE HOSPITAL OFFERS A FULL RANGE OF SERVICES INCLUDING MATERNITY, ORTHOPEDIC CARE AND CARDIOVASCULAR CARE AIDED BY A DEDICATED TEAM OF HEALTH CARE PROFESSIONALS AND ADVANCED TECHNOLOGY. THE EMERGENCY DEPARTMENT PROVIDES 24-HOUR CARE. HEALTH CENTER 4, A LEED CERTIFIED GOLD BUILDING, HOUSES THE ROTHMAN INSTITUTE, A VARIETY OF OUTPATIENT PROGRAMS AND A NEW STATE OF THE ART SURGICAL CENTER. FOR MORE INFORMATION ABOUT RIDDLE HOSPITAL, VISIT MAINLINEHEALTH.ORG/RIDDLE. BRYN MAWR REHABILITATION HOSPITAL (BMRH), MALVERN, PA. BRYN MAWR REHAB HOSPITAL, A MEMBER OF MAIN LINE HEALTH, IS A LEADER IN THE FIELD OF PHYSICAL MEDICINE AND REHABILITATION. THE 148-BED, NOT-FOR-PROFIT HOSPITAL OFFERS THE FULL CONTINUUM OF REHABILITATION SERVICES, INCLUDING ACUTE INPATIENT CARE, AS WELL AS OUTPATIENT SERVICES FOR ADULTS AND ADOLESCENTS. THE RANGE OF ILLNESSES AND INJURIES TREATED AT BRYN MAWR REHAB HOSPITAL INCLUDES TRAUMATIC, MILD TRAUMATIC AND NON-TRAUMATIC BRAIN INJURY, STROKE AND OTHER NEUROLOGICAL DISORDERS, SPINAL CORD INJURY AND AMPUTEE AND ORTHOPEDIC INJURIES AND ILLNESSES. IN ADDITION, THE MAIN LINE HEALTH OUTPATIENT REHAB NETWORK PROVIDES REHABILITATION SERVICES AT CONVENIENT LOCATIONS IN PHILADELPHIA'S WESTERN SUBURBS FOR PATIENTS OF ALL AGES. FOR MORE INFORMATION ABOUT BRYN MAWR REHAB HOSPITAL, VISIT MAINLINEHEALTH.ORG/REHAB. MAIN LINE HEALTH RELATED CENTERS AND PROGRAMS BEHAVIORAL HEALTH SERVICES BEHAVIORAL HEALTH SERVICES HELPS INDIVIDUALS, COUPLES, CHILDREN AND FAMILIES ADDRESS AND MANAGE THEIR PERSONAL CHALLENGES WITH A FOCUS ON HEALTHY, PRODUCTIVE SOLUTIONS. EXPERIENCED BEHAVIORAL HEALTH SPECIALISTS DEAL WITH MANY FACTORS THAT AFFECT MENTAL AND EMOTIONAL</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
PART V, SECTION B, LINE 5	FACILITY REPORTING GROUP A AND GROUP B: MAIN LINE HOSPITALS, INC. CONTRACTED WITH THE PUBLIC HEALTH MANAGEMENT CORPORATION (PHMC) TO CONDUCT A JOINT CHNA FOR THE FOUR ACUTE CARE HOSPITALS IN ADDITION TO PHYSICIANS CARE SURGICAL HOSPITAL: A JOINT VENTURE- ("ACUTE CHNA") AND A CHNA FOR BRYN MAWR REHABILITATION HOSPITAL ("BMRH CHNA"), COMPLETED AND POSTED ONLINE IN JUNE 2019. PHMC HAS CONDUCTED NUMEROUS CHNAs FOR HOSPITALS AND HEALTH SYSTEMS IN SOUTHEASTERN PENNSYLVANIA. PMHC ALSO WORKED CLOSELY WITH THE MAIN LINE HEALTH CENTER FOR POPULATION HEALTH RESEARCH (CPHR) WHEN DEVELOPING THE CHNAs. PHMC AND CPHR STAFF HAVE EXTENSIVE EXPERIENCE IN SURVEY RESEARCH AND PUBLIC HEALTH INITIATIVES. FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WERE CONDUCTED IN AN EFFORT TO COVER A BROAD RANGE OF COMMUNITY INTERESTS AND BACKGROUNDS. GROUPS SUCH AS PATIENTS, SERVICE AREA RESIDENTS, BUSINESS AND GOVERNMENT STAKEHOLDERS, FAITH-BASED STAKEHOLDERS, REPRESENTATIVES FROM SOCIAL SERVICES ORGANIZATIONS AND MAIN LINE HEALTH PROVIDERS WERE REPRESENTED THROUGH THIS OUTREACH. IN ADDITION TO INFORMATION PROVIDED BY COMMUNITY REPRESENTATIVES, QUANTITATIVE DATA FROM THE US CENSUS, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES- HEALTHY PEOPLE 2020, PENNSYLVANIA DEPARTMENT OF HEALTH AND THE PHMC COMMUNITY HEALTH DATABASE WAS USED IN THE CHNA. THE PHMC COMMUNITY HEALTH DATABASE HAS SURVEY DATA (SEPA HOUSEHOLD HEALTH SURVEY) FROM APPROXIMATELY 7,500 HOUSEHOLDS IN SOUTHEASTERN PENNSYLVANIA INCLUDING APPROXIMATELY 3,000 ADULT RESIDENTS IN THE MLH HOSPITAL SERVICE AREAS.
PART V, SECTION B, LINE 6A	FACILITY REPORTING GROUP A AND GROUP B: A JOINT CHNA WAS COMPLETED FOR THE FOUR ACUTE HOSPITALS IN THE MAIN LINE HEALTH SYSTEM AND PHYSICIANS CARE SURGICAL HOSPITAL (A JOINT VENTURE). THIS JOINT CHNA INCLUDED THE MAIN LINE HOSPITALS, INC.-BRYN MAWR HOSPITAL (BMH), LANKENAU HOSPITAL (LH), AND PAOLI HOSPITAL (PH)-RIDDLE MEMORIAL HOSPITAL (RH) AND PHYSICIANS CARE SURGICAL HOSPITAL (PCSH, A JOINT VENTURE). CONCURRENTLY, A CHNA WAS COMPLETED FOR THE BRYN MAWR REHABILITATION HOSPITAL (BMRH), THE REHABILITATION HOSPITAL WITHIN MAIN LINE HOSPITALS, INC. THE ACUTE HOSPITALS FOCUSED ON THE GENERAL HEALTH NEEDS OF THE POPULATION WHILE BMRH FOCUSED ON COMMUNITY NEEDS THAT IMPACT THE NEED FOR REHAB SERVICES. THE SEPARATE IMPLEMENTATION PLANS FOR THE ACUTE HOSPITALS AND BMRH HAS AN OVERLAPPING IDENTIFIED PRIORITY TOPIC FOR DIVERSITY, RESPECT AND INCLUSION.

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
PART V, SECTION B, LINE 7A	FACILITY REPORTING GROUP A AND GROUP B: HTTPS://WWW.MAINLINEHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT
PART V, SECTION B, LINE 10A	FACILITY REPORTING GROUP A AND GROUP B: HTTPS://WWW.MAINLINEHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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
PART V, SECTION B, LINE 11	<p>FACILITY REPORTING GROUP A AND GROUP B: IMPLEMENTATION PLANS TO ADDRESS THE COMMUNITY NEEDS IDENTIFIED FOR THE ACUTE AND BMRH CHNAS WERE DEVELOPED, AND THE PLAN WAS ADOPTED BY THE MLH BOARD OF DIRECTORS IN JUNE 2019. BETWEEN THE ACUTE AND BMRH CHNA IMPLEMENTATION PLANS, 67 INITIATIVES, ROLLING INTO 11 PRIORITIES (8 FOR ACUTE AND 3 FOR BMRH) WERE DEVELOPED TO ADDRESS 9 TOP AREAS OF NEED IDENTIFIED IN THE CHNAS (6 FOR ACUTE AND 3 FOR BMRH). A FIGURE SHOWING THE RELATIONSHIP BETWEEN THE NEEDS IDENTIFIED IN THE CHNAS AND THE PRIORITY TOPICS PURSUED IN THE IMPLEMENTATION PLANS ARE INCLUDED IN THE POSTED ACUTE AND BMRH IMPLEMENTATION PLANS. THE INITIATIVES ADOPTED TO ADDRESS TOP IDENTIFIED AREAS OF NEED ARE DESCRIBED IN THE ACUTE AND BMRH IMPLEMENTATION PLANS. ACCESS TO AFFORDABLE HEALTH CARE AND PRESCRIPTION MEDICATIONS WAS IDENTIFIED AS AN OVERARCHING NEED IN THE MLH ACUTE HOSPITAL CHNA. MLH HOSPITALS INCLUDING BMRH HAVE A CHARITY CARE POLICY (https://www.mainlinehealth.org/about/policies/charity-care) AVAILABLE TO ASSIST INDIVIDUALS AND FAMILIES WHO NEED HELP PAYING FOR THEIR HOSPITAL CARE. MLH WORKS WITH COMMUNITY PARTNERS TO HELP UNDERSERVED COMMUNITIES ACCESS SERVICES THEY NEED. HOWEVER, MLH DOES NOT FEEL THAT AVAILABILITY OF LOW-COST HEALTH INSURANCE OR THE COST OF PRESCRIPTIONS IS WITHIN THE ORGANIZATION'S PURVIEW TO ADDRESS. IT IS THE INTENT OF THE MLH HOSPITALS TO KEEP THEIR COSTS AS LOW AS POSSIBLE WHILE MAINTAINING HIGH QUALITY CARE. SOCIAL ISOLATION AMONG OLDER ADULTS WAS ALSO IDENTIFIED AS A NEED IN THE ACUTE CHNA IN THE SEPA HOUSEHOLD HEALTH SURVEY. SIGNIFICANCE TESTING FOUND THAT THE TOTAL MLH COMMUNITY REPORTED THAT THEY WERE LIKELY TO TALK WITH FRIENDS AND RELATIVES LESS THAN ONCE PER WEEK; THIS IS SIGNIFICANTLY POORER THAN THE REMAINDER OF THE SEPA COHORT. SOCIAL ISOLATION IS DIFFICULT TO IDENTIFY AND ADDRESS. MLH OPERATES A SENIOR CARE PHONE LINE AND MAY DIRECT CALLERS TO COMMUNITY SENIOR CENTERS TO INCREASE CONTACT FOR INDIVIDUALS INDICATING THEY ARE LONELY, BUT MLH HAS NOT IDENTIFIED ANY DIRECT INITIATIVES TO ADDRESS THIS SOCIAL ISSUE. ACCORDING TO THE BMRH CHNA, COMMUNITY MEMBERS AND LEADERS CITED TRANSPORTATION AS A CHALLENGE IN THE REHAB COMMUNITY. IN THE PRIOR CHNA CYCLE, BMRH PURSUED PUBLIC TRANSPORTATION AS A PRIORITY. DESPITE BEST EFFORTS TO PROVIDE REGULAR BUS SERVICE TO THE BMRH CAMPUS BY COORDINATING WITH SEPTA AND CHESTER COUNTY OFFICIALS, PUBLIC TRANSPORTATION SERVICES ARE LIMITED. MLH HAS A PARTNERSHIP WITH LYFT TO PROVIDE TRANSPORTATION OPTIONS TO PATIENTS IN NEED. MLH HAS NO NEW INITIATIVES TO ADDRESS TRANSPORTATION ISSUES.</p>
PART V, SECTION B, LINES 16A, 16B, 16C	<p>FACILITY REPORTING GROUP A: HTTPS://WWW.MAINLINEHEALTH.ORG/ABOUT/POLICIES/CHARITY-CARE FACILITY REPORTING GROUP B: HTTP://WWW.PHYCAREHOSPITAL.COM/FINANCIAL-ASSISTANCE.HTML</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
PART V, SECTION B, LINE 16G	FACILITY REPORTING GROUP A: THE FINANCIAL ASSISTANCE POLICY AND NOTICE OF CHARITY CARE ARE MADE AVAILABLE TO THE COMMUNITY SERVED BY EACH HOSPITAL FACILITY IN THE FORM OF NOTICES POSTED IN THE EMERGENCY ROOM AND REGISTRATION AREAS, TAKE AWAY BROCHURES AVAILABLE IN THE EMERGENCY ROOM, WAITING ROOMS, REGISTRATION AREAS, ADMISSION AREAS, THE MLH WEBSITE, AND STATEMENTS REGARDING THE FINANCIAL ASSISTANCE POLICIES ON BILLING STATEMENTS.
PART V, SECTION B, LINE 22	FACILITY REPORTING GROUP B: ACCORDING TO THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, PATIENTS WHO ARE UNINSURED OR UNDERINSURED FOR A MEDICALLY NECESSARY SERVICE, OR WHO ARE INELIGIBLE FOR GOVERNMENTAL OR OTHER INSURANCE COVERAGE, AND WHO HAVE FAMILY INCOME LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR 100% CHARITY CARE (FINANCIAL ASSISTANCE). SINCE THE ORGANIZATION PROVIDES FULL FINANCIAL ASSISTANCE TO THOSE WHO QUALIFY, FAP-ELIGIBLE INDIVIDUALS RECEIVE A FULL WRITE-OFF. BECAUSE THE ORGANIZATION ONLY PROVIDES FULL CHARITY CARE, AND DOES NOT BILL PATIENTS ELIGIBLE FOR CHARITY CARE, PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FAP WILL NOT BE CHARGED. THEREFORE, THE ORGANIZATION DOES NOT CALCULATE AMOUNTS GENERALLY BILLED.

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 Main Line Hospitals Inc

Employer identification number

23-1352160

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, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 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)					
(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
Part I, Line 2	The donations were made to community members to assist with their charitable services within the communities we serve.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2018
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Main Line Hospitals Inc	Employer identification number 23-1352160
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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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	
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	
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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	No Yes No
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? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5a 5b	No No
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? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6a 6b	No No
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 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
FORM 990, SCHEDULE J, PART I, LINE 4B	<p>NONQUALIFIED RETIREMENT PLAN: THE CEO AND EVP/CFO/TREASURER ("PARTICIPANTS") PARTICIPATE IN A NONQUALIFIED RETIREMENT PLAN. MAIN LINE HOSPITALS, INC. PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH A FUNDING ARRANGEMENT KNOWN AS A COLLATERAL ASSIGNMENT SPLIT DOLLAR POLICY. THE PLAN PROVIDES THAT THE SYSTEM WILL PAY PREMIUM PAYMENTS ON A LIFE INSURANCE POLICY FOR EACH OF THE PARTICIPANTS. DURING THE PARTICIPANTS' LIFE, TO THE EXTENT SERVICE AND VESTING REQUIREMENTS ARE FULFILLED, THE PARTICIPANT CAN BORROW AGAINST VALUES IN THE POLICY TO SUPPLEMENT RETIREMENT INCOME. IT IS REASONABLE TO BELIEVE THAT THE LOAN IS PAID IN FULL UPON THE DEATH OF THE PARTICIPANT. FORGIVEN INTEREST INCLUDED IN PARTICIPANTS' EARNINGS ARE: CEO \$143,865 EVP/CFO/TREASURER \$55,219 SERP DISCLOSURE: Main Line Health, Inc. ("MLH") and its Affiliates provided supplemental retirement benefits through established Supplemental Executive Retirement Plans ("SERP") to select members of Senior Leadership in FY19. SERP benefits funded by MLH are subject to vesting and employment date requirements and are paid out at the conclusion of a predetermined performance period. A performance period is a timeframe of at least twelve months that may cover varying lengths of time for each individual employee. During the performance period of July 1, 2018 through June 30, 2019, benefits for participants vested in a plan were reported in Schedule J, Part II, Column (B) (III) and benefits for participants not yet vested in a plan were reported in Schedule J, Part II, Column (C).</p>

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 7	THE COMPENSATION OF THE CEO, EVP & CHIEF FINANCIAL OFFICER, HOSPITAL PRESIDENTS, AND OTHER SENIOR EXECUTIVES DID INCLUDE A NON-FIXED COMPONENT PAYMENT OF COMPENSATION BASED UPON PRE-ESTABLISHED QUALITY, PATIENT SAFETY, AND FINANCIAL TARGETS ESTABLISHED AT THE BEGINNING OF THE FISCAL YEAR. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE MAIN LINE HEALTH BOARD IS RESPONSIBLE FOR EVALUATING AND DETERMINING THE APPROPRIATENESS OF THE TARGETS. AFTER REVIEW AND DELIBERATION, THE COMMITTEE DOCUMENTS ITS DECISIONS AND REPORTS TO THE FULL BOARD OF GOVERNORS WHO REVIEW THE COMPENSATION DECISIONS. PAYMENTS ARE MADE TO THE APPROPRIATE INDIVIDUALS BY THE ORGANIZATION WITHIN WHICH THOSE INDIVIDUALS RESIDE FOR PAYROLL REPORTING PURPOSES.

Schedule J (Form 990) 2018

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				
ALBERT CELIDONIO DIRECTOR, PHARMACY	(i)	193,759	20,184	0	0	28,493	242,436	0
	(ii)	0	0	0	0	0	0	0
FRANCES DIEGNAN ADMIN DIR, IMAGING/DIAGNOSTICS	(i)	122,987	17,326	0	0	12,749	153,062	0
	(ii)	0	0	0	0	0	0	0
ELENA CASANOVA-GHOSH NURSE PRACTITIONER - VAD	(i)	202,873	0	431	0	39,526	242,830	0
	(ii)	0	0	0	0	0	0	0
HARDING WILLIAMS DIRECTOR, PHARMACY	(i)	180,757	17,400	0	0	36,393	234,550	0
	(ii)	0	0	0	0	0	0	0
MATTHEW MAGARGAL VP, PATIENT CARE SVCS	(i)	222,421	27,360	0	0	39,761	289,542	0
	(ii)	0	0	0	0	0	0	0
IVAN SCOTT DIRECTOR OF NURSING	(i)	170,035	13,406	0	0	36,488	219,929	0
	(ii)	0	0	0	0	0	0	0
YIBING HU SENIOR PHYSICIST	(i)	204,576	0	409	0	26,428	231,413	0
	(ii)	0	0	0	0	0	0	0
GREGORY PAPA DIRECTOR, HUMAN RESOURCES	(i)	164,852	17,639	0	0	17,696	200,187	0
	(ii)	0	0	0	0	0	0	0
ROSADELE PLUMARI VP, Administration	(i)	208,405	24,435	0	0	20,916	253,756	0
	(ii)	0	0	0	0	0	0	0
AMY BENNER DIRECTOR, PHARMACY	(i)	180,110	19,182	0	0	34,717	234,009	0
	(ii)	0	0	0	0	0	0	0
CHINWE ONYEKERE Associate Administrator	(i)	178,581	17,452	0	0	21,902	217,935	0
	(ii)	0	0	0	0	0	0	0
ERNEST GILLAN MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	186,820	0	0	0	0	186,820	0
FRANCES CUSICK Campus Nurse Executive	(i)	197,110	30,200	0	0	15,565	242,875	0
	(ii)	0	0	0	0	0	0	0
DEREK GUIRAND PHYSICIAN	(i)	226,930	0	0	0	13,804	240,734	0
	(ii)	0	0	0	0	0	0	0
PATRICK HEAGEY Physician Assistant	(i)	178,552	9,586	414	0	33,670	222,222	0
	(ii)	0	0	0	0	0	0	0
TERESA DOUGHERTY DIRECTOR, HUMAN RESOURCES	(i)	167,302	15,691	0	0	30,541	213,534	0
	(ii)	0	0	0	0	0	0	0
KEVIN CANNEY PHARMACIST	(i)	180,619	0	414	0	25,843	206,876	0
	(ii)	0	0	0	0	0	0	0
CRYSTAL CHAU PHARMACIST	(i)	180,027	0	409	0	17,625	198,061	0
	(ii)	0	0	0	0	0	0	0
TONI ACELLO DIRECTOR OF NURSING	(i)	163,152	15,893	0	0	28,477	207,522	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 Main Line Hospitals Inc	Employer identification number 23-1352160
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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.

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

2 Enter the amount of tax incurred by 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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JOHN J LYNCH III	OFFICER	SEE SCH J PART I 4A	X		9,560,735	9,818,557		No	Yes		Yes	
(2) MICHAEL J BUONGIORNO	OFFICER	SEE SCH J PART I 4A	X		3,982,777	4,099,937		No	Yes		Yes	
Total							13,918,494					

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

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.

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Main Line Hospitals Inc

Employer identification number

23-1352160

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINES 6, 7A AND 7B	AS PER THE ARTICLES OF INCORPORATION, THE SOLE MEMBER OF MAIN LINE HOSPITALS, INC. IS MAIN LINE HEALTH, INC., A PA NONPROFIT CORPORATION. AS SOLE MEMBER, MAIN LINE HEALTH, INC. HOLDS CERTAIN POWERS OF ELECTION AND APPROVAL IN CONNECTION WITH THE GOVERNING BODY OF MAIN LINE HOSPITALS, INC. THESE POWERS ARE PRESENTED IN DETAIL IN THE COMPANY'S GOVERNING DOCUMENTS WHICH THE COMPANY MAKES AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED IN CONJUNCTION WITH PRICEWATERHOUSECOOPERS LLP AND REVIEWED INTERNALLY BY MANAGEMENT. IT IS THEN SENT TO THE BOARD OF TRUSTEES FOR THEIR REVIEW. THE FORM 990 IS REVIEWED AT A MEETING OF THE BOARD OF TRUSTEES PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 12C	ANNUAL CONFLICTS OF INTEREST STATEMENTS ARE REQUIRED TO BE COMPLETED BY ALL TRUSTEES, OFFICERS, DIRECTORS, AND OTHER INTERESTED PERSONS. ANY CONFLICT ARISING ARE REFERRED TO THE LEGAL DEPARTMENT FOR RESOLUTION. IF DEEMED NECESSARY OR ADVISABLE, CONFLICTS MAY BE REFERRED TO THE FULL BOARD FOR RESOLUTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 15	THE PROCESS FOR DETERMINING THE COMPENSATION PAID TO THE CEO, TOP MANAGEMENT OFFICIALS AND KEY PERSONNEL OF THE ORGANIZATION IS AS FOLLOWS: THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE MAIN LINE HEALTH BOARD, USING THE SERVICES OF AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM AND BOTH NATIONAL AND REGIONAL HEALTHCARE DELIVERY MARKET COMPARABLE COMPENSATION DATA, IS RESPONSIBLE FOR THE EVALUATION AND DETERMINATION OF SENIOR EXECUTIVE BENEFITS AND COMPENSATION FOR THE CEO, EVP AND CHIEF FINANCIAL OFFICER, HOSPITAL PRESIDENTS, AND SENIOR VICE PRESIDENTS. AFTER REVIEW AND DELIBERATION, THE COMMITTEE DOCUMENTS ITS COMPENSATION DECISIONS AND REPORTS TO THE FULL MAIN LINE HEALTH BOARD OF GOVERNORS. THE COMPENSATION PAID TO KEY PERSONNEL OF MAIN LINE HEALTH SYSTEM AND AFFILIATES IS SIMILARLY DETERMINED USING MARKET SURVEY DATA REPRESENTING COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS AS PROVIDED BY INDEPENDENT CONSULTING FIRMS. COMPENSATION RECOMMENDATIONS AT THIS LEVEL ARE REVIEWED AND RECOMMENDED BY MLH COMPENSATION FUNCTION TO MEMBERS OF SENIOR MANAGEMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINES 16A & 16B	WRITTEN POLICIES ARE IN PLACE WITHIN THE ORGANIZATION AND PARTICIPATION WAS EVALUATED AND APPROVED INTERNALLY, AS REQUIRED, TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, COLUMN B	THE OFFICERS DEVOTE THEIR TIME TO ALL OF THE ORGANIZATIONS WITHIN MAIN LINE HEALTH SYSTEM AND, AS SUCH, THE TOTAL HOURS WORKED BY THE OFFICERS, ACROSS ALL OF THE ORGANIZATIONS, CUMULATIVELY REPRESENT THEIR FULL-TIME EMPLOYMENT STATUS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART X, LINE 20	CERTAIN BOND PROCEEDS HAVE BEEN ALLOCATED TO MAIN LINE HOSPITALS, INC. FROM MAIN LINE HEALTH SYSTEM, A RELATED ORGANIZATION. THE LIABILITIES FOR THE SERIES ARE REPORTED ON FORM 990 SCHEDULE K FOR MAIN LINE HEALTH SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9	OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING: ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL PURCHASES \$ 9,604,918 INCREASE IN THE PENSION PROJECTED BENEFIT OBLIGATION* (53,912,917) TRANSFERS TO AFFILIATES (8,977,310) TEMPORARILY RESTRICTED NET ASSET INVESTMENT ACTIVITY (336,319) INCREASE IN PERMANENTLY RESTRICTED INVESTMENT VALUATION 673,469 ----- - TOTAL (\$52,948,159) *IN ACCORDANCE WITH STATEMENT OF FINANCIAL ACCOUNTING STANDARDS NO. 158, "EMPLOYERS' ACCOUNTING FOR DEFINED BENEFIT PENSION AND OTHER POSTRETIREMENT PLANS."

**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
Main Line Hospitals Inc

Employer identification number

23-1352160

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MAIN LINE HEALTH PHYSICIAN PARTNERS LLC 3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 81-2054626	HEALTHCARE	PA	-1,632,916	119,221	ML HOSPITALS

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.

(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) MAIN LINE CORPORATION 240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-1704075	INACTIVE	PA	NA	C CORPORATION	0	0	0 %		No
(2) MOUNTAIN LAUREL RISK RETENTION GROUP 3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 14-1868175	INSURANCE	VT	NA	C CORPORATION	0	0	0 %		No
(3) RIDDLE HEALTH NETWORK LLC 1068 W BALTIMORE PIKE MEDIA, PA 19063 23-2975542	INACTIVE	PA	NA	C CORPORATION	0	0	0 %		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	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)	Yes	
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
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)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LANKENAU INSTITUTE FOR MEDICAL RESEARCH	A	120,469	COST
(2) LANKENAU INSTITUTE FOR MEDICAL RESEARCH	M	420,000	COST
(3) LANKENAU INSTITUTE FOR MEDICAL RESEARCH	Q	2,066,894	COST
(4) LANKENAU INSTITUTE FOR MEDICAL RESEARCH	R	7,175,000	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1352160
Name: Main Line Hospitals Inc

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
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2814503	HEALTHCARE	PA	501(C)(3)	12, I	NONE		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2331531	HEALTHCARE	PA	501(C)(3)	12, II	MLHS		No
100 LANCASTER AVE WYNNEWOOD, PA 19096 23-2175659	HEALTHCARE	PA	501(C)(3)	4	ML HOSPITALS	Yes	
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2308028	HEALTHCARE	PA	501(C)(3)	10	MLDS		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-1529076	HEALTHCARE	PA	501(C)(3)	3	MLH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 22-2606545	HEALTHCARE	PA	501(C)(3)	12, II	RMH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2900844	PHYSICIAN	PA	501(C)(3)	10	MLH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2215243	HEALTHCARE	PA	501(C)(3)	3	RMH		No
240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-2308668	HEALTHCARE	PA	501(C)(3)	10	MLDS		No
240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-2859148	HEALTHCARE	PA	501(C)(3)	12, I	MLH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2359401	PHYSICIAN MGM	PA	501(C)(3)	12, I	MLH		No
240 RADNOR-CHESTER ROAD RADNOR, PA 19087 22-2440273	REAL ESTATE	PA	501(C)(3)	12, I	MLH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2359402	HEALTHCARE	PA	501(C)(3)	12, II	MLDS		No
130 SOUTH BRYN MAWR AVE BRYN MAWR, PA 19010 23-2179020	FUNDRAISING	PA	501(C)(3)	7	NA		No
100 LANCASTER AVE WYNNEWOOD, PA 19096 23-2176723	FUNDRAISING	PA	501(C)(3)	7	NA		No
255 WEST LANCASTER AVE PAOLI, PA 19301 23-2359407	FUNDRAISING	PA	501(C)(3)	7	NA		No
414 PAOLI PIKE MALVERN, PA 19355 23-2507348	FUNDRAISING	PA	501(C)(3)	7	NA		No
240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-2306936	FUNDRAISING	PA	501(C)(3)	7	MLHHH		No
1068 WEST BALTIMORE PIKE MEDIA, PA 19063 04-3601189	FUNDRAISING	PA	501(C)(3)	7	NA		No
1105 N MARKET ST SUITE 1300 WILMINGTON, DE 19899 20-4191006	INSURANCE	DE	501(C)(3)	12, I	NA		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
100 LANCASTER AVE WYNNEWOOD, PA 19096 20-0106546	HOSP SUPPORT	PA	501(C)(3)	12, III	NA		No
130 South Bryn Mawr Ave Bryn Mawr, PA 19010 82-5397205	HEALTHCARE	PA	501(C)(3)	7	MLDS		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BMHR ASSOCIATES 240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-2311589	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
(1) MAIN LINE HEALTH IMAGING LP 100 LANCASTER AVE WYNNEWOOD, PA 19096 23-2409186	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
(2) PAOLI AMBULATORY SURGERY CENTER 1 INDUSTRIAL BLVD PAOLI, PA 19301 62-1595402	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
(3) RIDDLE DIALYSIS LLC (DAVITA) 100 GRANITE DRIVE MEDIA, PA 19063 20-8438006	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
(4) RIDDLE SURGICAL CENTER LLC 1118 WEST BALTIMORE PIKE MEDIA, PA 19063 26-3899068	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
(5) RMH HEALTH CARE CENTER ASSOCIATES 3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2236644	OFFICE RENTAL	PA	NA	N/A	0	0		No			No	0 %
(6) ACCOUNTABLE CARE ORGANIZATION OF PA LLC 259 N RADNOR CHESTER ROAD RADNOR, PA 19087 27-4553972	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
(7) BRYN MAWR SURGERY CENTER LLC 130 SOUTH BRYN MAWR AVE BRYN MAWR, PA 19010 47-2590785	HEALTHCARE	PA	NA	N/A	2,597,276	9,880,461		No			Yes	51.000 %
(8) 120 VALLEY GREEN LANE LLC 240 RADNOR-CHESTER ROAD SUITE 260 RADNOR, PA 19087 82-3428069	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %