

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
MAGEE REHABILITATION HOSPITAL
% RONALD C KELLER CPA
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1101 MARKET STREET SUITE 2004
City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19107

D Employer identification number
23-1476328
E Telephone number
(215) 587-3000
G Gross receipts \$ 81,164,616

F Name and address of principal officer
JACK CARROLL PHD MHA
1513 RACE STREET
PHILADELPHIA, PA 191021177

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: MAGEEREHAB JEFFERSONHEALTH ORG

K Form of organization
Corporation Trust Association Other

L Year of formation 1958
M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE QUALITY OF LIFE OF PERSONS WITH DISABILITIES BY PROVIDING HIGH QUALITY PHYSICAL AND COGNITIVE REHABILITATION SERVICES

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (19), 4 Number of independent voting members (18), 5 Total number of individuals employed (898), 6 Total number of volunteers (215), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 4 columns: Description, Prior Year, Current Year, Net Assets or Fund Balances. Rows 8-19: 8 Contributions and grants (3,545,278 / 2,578,623), 9 Program service revenue (60,855,695 / 59,977,557), 10 Investment income (4,332,825 / 18,280,492), 11 Other revenue (355,413 / 327,944), 12 Total revenue (69,089,211 / 81,164,616), 13 Grants and similar amounts paid (0 / 5,000), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (46,023,644 / 47,079,414), 16a Professional fundraising fees (0 / 0), 17 Other expenses (20,227,001 / 22,213,562), 18 Total expenses (66,250,645 / 69,297,976), 19 Revenue less expenses (2,838,566 / 11,866,640), 20 Total assets (220,674,317 / 224,662,680), 21 Total liabilities (64,075,301 / 70,358,733), 22 Net assets or fund balances (156,599,016 / 154,303,947).

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-07-10
STEPHEN V DESTEFANO CPA CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: WithumSmithBrown PC
Preparer's signature:
Date:
Check if self-employed:
PTIN: P00642486
Firm's EIN:
Firm's address: TWO LOGAN SQUARE SUITE 2004 PHILADELPHIA, PA 191032726
Phone no: (215) 546-2140

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF MAGEE REHABILITATION HOSPITAL IS TO IMPROVE THE QUALITY OF LIFE OF PERSONS WITH DISABILITIES BY PROVIDING HIGH QUALITY PHYSICAL AND COGNITIVE REHABILITATION SERVICES PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 61,697,394 including grants of \$ 5,000) (Revenue \$ 59,977,557) See Additional Data

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

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

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

4e Total program service expenses 61,697,394

Part IV Checklist of Required Schedules

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	51
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	898		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (RONALD C KELLER CPA 1101 MARKET STREET STE 2004 PHILADELPHIA, PA 19107 (215) 503-8344).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(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										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		3,446,031	2,378,986 1,032,089

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 ▶ **52**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TARGET BUILDING CONSTRUCTION, 1124 CHESTER PIKE CRUM LYNNE, PA 19022	CONSTRUCTION	5,522,752
CHARLES MATSINGER ASSOCIATES, 399 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106	ARCHITECTURE	1,247,237
AMERISOURCE BERGEN, 27550 NETWORK PLACE CHICAGO, IL 60673	PHARMACY	587,971
US FOODSERVICE, PO BOX 33101 NEWARK, NJ 071883101	FOOD/CATERING	434,927
KEYSTONE QUALITY TRANSPORT, 1260 E WOODLAND AVE STE 220 SPRINGFIELD, PA 19064	AMBULANCE	431,153

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 ▶ **45**

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	2,573,555		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,068		
	g Noncash contributions included in lines 1a - 1f \$		518,355		
	h Total. Add lines 1a-1f		2,578,623		

Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE		622110	59,426,467	59,426,467		
	b OTHER HEALTHCARE RELATED REVENUE		622110	551,090	551,090		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
9 Total. Add lines 2a-2f			59,977,557				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,855,874			2,855,874	
	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	(ii) Other					
		b Less cost or other basis and sales expenses			0			
		c Gain or (loss)	15,424,618					
		d Net gain or (loss)			15,424,618			15,424,618
	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	b		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		b		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	b		0				
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue	Business Code							
11a CAFETERIA/VENDING REVENUE	722210		297,782			297,782		
b TELEPHONE REVENUE	900099		30,162			30,162		
c _____								
d All other revenue								
e Total. Add lines 11a-11d			327,944					
12 Total revenue. See Instructions			81,164,616	59,977,557		18,608,436		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000	5,000		
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	2,087,449	1,878,704	208,745	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	37,638,597	33,874,737	3,763,860	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	915,895	824,305	91,590	
9 Other employee benefits	3,763,206	3,386,885	376,321	
10 Payroll taxes	2,674,267	2,406,840	267,427	
11 Fees for services (non-employees)				
a Management	0			
b Legal	17,779	15,290	2,489	
c Accounting	33,409	28,731	4,678	
d Lobbying	23,402	20,126	3,276	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	129,978	111,781	18,197	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,623,032	4,835,806	787,226	
12 Advertising and promotion	317,664	273,191	44,473	
13 Office expenses	1,252,632	1,077,264	175,368	
14 Information technology	335,681	288,686	46,995	
15 Royalties	0			
16 Occupancy	1,387,275	1,193,056	194,219	
17 Travel	41,039	35,294	5,745	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	175,682	151,087	24,595	
20 Interest	525,869	452,247	73,622	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,775,601	3,247,017	528,584	
23 Insurance	1,134,095	975,322	158,773	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	2,074,548	1,784,111	290,437	
b CORPORATE SERVICES	1,731,641	1,489,211	242,430	
c MA MODERNIZATION	1,551,874	1,551,874	0	
d REPAIRS & MAINTENANCE	1,037,191	891,984	145,207	
e All other expenses	1,045,170	898,845	146,325	
25 Total functional expenses. Add lines 1 through 24e	69,297,976	61,697,394	7,600,582	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	60,038	1	292,268
	2 Savings and temporary cash investments	1,881,338	2	7,943,466
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	17,390,700	4	20,003,097
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	236,883	8	371,716
	9 Prepaid expenses and deferred charges	866,801	9	358,496
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 69,553,788		
	b Less accumulated depreciation	10b 5,180,785	50,461,901	10c 64,373,003
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	103,649,811	13	91,399,165
	14 Intangible assets	4,300,000	14	4,300,000
	15 Other assets See Part IV, line 11	41,826,845	15	35,621,469
16 Total assets. Add lines 1 through 15 (must equal line 34)	220,674,317	16	224,662,680	
Liabilities	17 Accounts payable and accrued expenses	10,060,995	17	18,986,096
	18 Grants payable	0	18	0
	19 Deferred revenue	249,944	19	249,944
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	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	53,764,362	25	51,122,693
	26 Total liabilities. Add lines 17 through 25	64,075,301	26	70,358,733
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	129,226,310	27	127,289,072
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	27,372,706	29	27,014,875
	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	156,599,016	33	154,303,947	
34 Total liabilities and net assets/fund balances	220,674,317	34	224,662,680	

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	81,164,616
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,297,976
3	Revenue less expenses Subtract line 2 from line 1	3	11,866,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	156,599,016
5	Net unrealized gains (losses) on investments	5	-13,803,878
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-357,831
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	154,303,947

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		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-1476328

Name: MAGEE REHABILITATION HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING HIGH QUALITY PHYSICAL AND COGNITIVE REHABILITATION SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALFRED J D'ANGELO JR ESQ CHAIRMAN - TRUSTEE	5 0 0 0	X		X				0	0	0
THOMAS S BROWN ESQ TRUSTEE	5 0 0 0	X						0	0	0
JACK A CARROLL PHD TRUSTEE - PRESIDENT/CEO	55 0 0 0	X		X				593,513	0	47,746
CHRISTOPHER FRANKLIN TRUSTEE	5 0 0 0	X						0	0	0
TRENYA N GARNER MPA TRUSTEE	5 0 0 0	X						0	0	0
ROBERT C GERLACH ESQ TRUSTEE	5 0 0 0	X						0	0	0
HERMAN W GOLDNER TRUSTEE	5 0 0 0	X						0	0	0
LISA HAAS ESQ TRUSTEE	5 0 0 0	X						0	0	0
THOMAS P HILL JR TRUSTEE	5 0 0 0	X						0	0	0
JEFFREY HOAG MD TRUSTEE	5 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL HUNT CPA CPFO TRUSTEE	5 0 0 0	X						0	0	0
TIMOTHY J MAHONEY TRUSTEE	5 0 0 0	X						0	0	0
JOSEPH J MCLAUGHLIN TRUSTEE	5 0 0 0	X						0	0	0
IAN P MCLEAN TRUSTEE	5 0 0 0	X						0	0	0
PATRICK M O'HARA TRUSTEE	5 0 0 0	X						0	0	0
PETER SAMSON ESQ TRUSTEE	5 0 0 0	X						0	0	0
RANDALL L SCOTT TRUSTEE	5 0 0 0	X						0	0	0
GERALD S SEGAL ESQ TRUSTEE	5 0 0 0	X						0	0	0
JOHN SPAGNOLA TRUSTEE	5 0 0 0	X						0	0	0
CRISTINA G CAVALIERI ESQ SECRETARY	60 0 0 0			X				0	1,038,701	281,773

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			
PETER L DEANGELIS JR TREASURER	60 0			X				0	1,340,285	439,128
STEPHEN V DESTEFANO CPA CHIEF FINANCIAL OFFICER	55 0			X				272,475	0	22,901
GUY W FRIED MD SVP MEDICAL AFFAIRS/CMO	55 0			X				636,510	0	57,159
RONALD W SIGGS SVP DEVELOPMENT	55 0			X				199,740	0	32,391
ROBERT KAUTZMAN VP CLINICAL SVCS/CNE	55 0					X		205,570	0	19,443
PATRICK ROMMEL DO PHYSIATRIST	55 0						X	389,508	0	28,232
BRIAN T KUCER MD MED DIR - BRAIN INJURY	55 0						X	360,633	0	32,529
BARBARA J BROWNE MD MED DIR - STROKE & GERIATRICS	55 0						X	282,923	0	14,671
JEANNE G DOHERTY MD ASST MEDICAL DIRECTOR	55 0						X	264,052	0	14,411
CHRISTOPHER S FORMAL MD PROG DIR-RESIDENCY/ASST MD DIR	55 0						X	241,107	0	41,705

SCHEDULE A
(Form 990 or
990EZ)

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MAGEE REHABILITATION HOSPITAL

Employer identification number
23-1476328

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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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: 23-1476328

Name: MAGEE REHABILITATION HOSPITAL

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2018

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 MAGEE REHABILITATION HOSPITAL	Employer identification number 23-1476328
---	--

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

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? Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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?	Yes		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		23,402
j Total Add lines 1c through 1i			23,402
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, LINES 1F, 1G & 1I	DURING THE YEAR ENDED JUNE 30, 2019, THE ORGANIZATION PAID AN INDEPENDENT OUTSIDE LOBBYING FIRM A TOTAL OF \$6,300 FOR LOBBYING ON A FEDERAL, STATE AND LOCAL LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS IMPACTING THE HOSPITAL, ITS PATIENTS AND SURROUNDING COMMUNITY IN ADDITION, THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, THE HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA, THE AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION AND THE REHABILITATION AND COMMUNITY PROVIDERS ASSOCIATION WHICH EACH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO \$17,102 DURING THE FISCAL YEAR ENDED JUNE 30, 2019

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MAGEE REHABILITATION HOSPITAL

Employer identification number
23-1476328

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,372,706	26,872,334	25,129,857	27,029,884	28,093,699
b Contributions					
c Net investment earnings, gains, and losses	1,359,773	1,982,513	2,977,202	-262,524	203,950
d Grants or scholarships					
e Other expenditures for facilities and programs	1,555,348	1,316,727	1,074,225	1,479,054	1,101,659
f Administrative expenses	162,256	165,414	160,500	158,449	166,106
g End of year balance	27,014,875	27,372,706	26,872,334	25,129,857	27,029,884

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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		12,860,000		12,860,000
b Buildings		31,568,242	2,507,038	29,061,204
c Leasehold improvements		610,685	187,708	422,977
d Equipment		9,034,586	2,486,039	6,548,547
e Other		15,480,275	0	15,480,275
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				64,373,003

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) UNRESTRICTED INVESTMENTS	24,479,322	F
(2) ASSETS WHOSE USE IS LIMITED	39,784,968	F
(3) PERPETUAL TRUST	27,014,875	F
(4) INVESTMENT IN WHITEHALL INS	120,000	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	91,399,165	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	29,085,695
(2) OTHER RECEIVABLES	2,604,908
(3) OTHER ASSETS	3,930,866
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	35,621,469

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED PENSION LIABILITY	5,105,296
ACCRUED MALPRACTICE	6,020,583
DUE TO AFFILIATES	39,996,814
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	51,122,693

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: 23-1476328

Name: MAGEE REHABILITATION HOSPITAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, QUESTION 4	<p>ENDOWMENT FUNDS ARE TO BE USED CONSISTENT WITH INTENT AND IN FUTURE OF THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES. THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES FOR THE YEARS ENDED JUNE 30, 2019 AND JUNE 30, 2018, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT. THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S AUDITED CONSOLIDATED FINANCIAL STATEMENTS THAT ADDRESSES THE SYSTEM'S ENDOWMENT FUNDS: TJU'S ENDOWMENTS CONSIST OF 1,006 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. NET ASSETS ASSOCIATED WITH EACH OF THESE GROUPS OF FUNDS ARE CLASSIFIED AND REPORTED BASED UPON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. FROM TIME TO TIME, THE FAIR VALUE OF ASSETS ASSOCIATED WITH INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS MAY FALL BELOW THE LEVEL THAT THE DONOR REQUIRES TJU TO RETAIN AS A FUND OF PERPETUAL DURATION. SHORTFALLS OF THIS NATURE, WHICH ARE REPORTED IN UNRESTRICTED NET ASSETS, WERE \$1.3 MILLION AND \$1.4 MILLION AS OF JUNE 30, 2019 AND 2018, RESPECTIVELY. THESE SHORTFALLS RESULTED FROM UNFAVORABLE MARKET FLUCTUATIONS THAT OCCURRED SHORTLY AFTER THE INVESTMENT OF NEW PERMANENTLY RESTRICTED CONTRIBUTIONS AND CONTINUED APPROPRIATION FOR CERTAIN PROGRAMS THAT WAS DEEMED PRUDENT BY TJU. THE COMMONWEALTH OF PENNSYLVANIA HAS NOT ADOPTED THE UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) OR THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA). RATHER, THE PENNSYLVANIA ACT GOVERNS THE INVESTMENT, USE AND MANAGEMENT OF TJU'S ENDOWMENT FUNDS. THE PENNSYLVANIA ACT ALLOWS A NONPROFIT TO ELECT TO APPROPRIATE FOR EXPENDITURE AN INVESTMENT POLICY THAT SEEKS THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE INVESTMENTS. IN ACCORDANCE WITH THE PENNSYLVANIA ACT, THE OBJECTIVES OF TJU'S INVESTMENT POLICY IS TO PROVIDE A LEVEL OF SPENDABLE INCOME WHICH IS SUFFICIENT TO MEET THE CURRENT AND FUTURE BUDGETARY REQUIREMENTS OF TJU AND WHICH IS CONSISTENT WITH THE GOAL OF PROTECTING THE PURCHASING POWER OF THE INVESTMENTS. THE CALCULATION OF THE SPENDABLE INCOME FOR ENDOWMENT FUNDS OF TJU IS BASED ON 75% OF THE PRIOR YEAR SPENDABLE INCOME AND 25% OF THE CALCULATED TWO YEAR AVERAGE OF THE ENDOWMENT MARKET VALUE MULTIPLIED BY 4.75% FOR SCHOLARSHIP FUNDS AND 7% FOR NON-SCHOLARSHIP FUNDS, THE SUM OF WHICH IS ADJUSTED BY AN INFLATION FACTOR.</p>

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

Hospitals

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

OMB No 1545-0047
2018
Open to Public Inspection
Employer identification number
 23-1476328

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	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a 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 _____ 500 %	3b 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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	No
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	
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?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)			12,498,440	9,760,459	2,737,981	3 950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			12,498,440	9,760,459	2,737,981	3 950 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			225,000		225,000	0 320 %
f Health professions education (from Worksheet 5)			1,110,413	302,136	808,277	1 170 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,000		5,000	0 010 %
j Total. Other Benefits			1,340,413	302,136	1,038,277	1 500 %
k Total. Add lines 7d and 7j			13,838,853	10,062,595	3,776,258	5 450 %

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		2,446,946
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		
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	9,761,301
6 Enter Medicare allowable costs of care relating to payments on line 5	6	13,145,137
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-3,383,836
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

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

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

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

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

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

1

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

	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)
MAGEE REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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		No
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>MAGEEREHAB JEFFERSONHEALTH ORG</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>MAGEEREHAB JEFFERSONHEALTH ORG</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
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)

MAGEE REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</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 checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input 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 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 checked="" 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>MAGEEREHAB JEFFERSONHEALTH ORG</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
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 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 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 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 type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input 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**

MAGEE REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input 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? If "No," indicate why	21	No
a	<input checked="" 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)

MAGEE REHABILITATION HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 MAGEE RIVERFRONT 1500 SOUTH COLUMBUS BOULEVARD PHILADELPHIA, PA 19147	OUTPATIENT REHABILITATION CENTER
2 MAGEE AT WATERMARK TWO FRANKLIN TOWN BOULEVARD PHILADELPHIA, PA 19103	OUTPATIENT REHABILITATION CENTER
3 MAGEE AT OXFORD VALLEY 400 NORTH BUCKSTOWN ROAD LANGHORNE, PA 19047	OUTPATIENT REHABILITATION CENTER
4 MAGEE OUTPATIENT PHYSICIAN PRACTICE 1513 RACE STREET PHILADELPHIA, PA 19102	OUTPATIENT REHABILITATION CENTER
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, MAGEE USES OTHER FACTORS IN DETERMINING ELIGIBILITY CRITERIA FOR FREE AND DISCOUNTED CARE OTHER FACTORS TO DETERMINE ELIGIBILITY INCLUDE - ASSET LEVEL, - MEDICAL INDIGENCY, - INSURANCE STATUS, AND - UNDERINSURANCE STATUS ADDITIONAL INFORMATION WITH RESPECT TO MAGEE'S ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE IS OUTLINED BELOW PATIENTS WHO ARE UNINSURED FOR THE RELEVANT SERVICE AND WHO ARE INELIGIBLE FOR GOVERNMENTAL OR OTHER INSURANCE COVERAGE, AND WHO HAVE FAMILY INCOMES IN EXCESS OF 200%, BUT NOT EXCEEDING 500%, OF THE FPL, WILL BE ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE IN THE FORM OF A PARTIAL DISCOUNT OFF CHARGES PATIENTS WHO ARE UNINSURED, INELIGIBLE FOR FREE GOVERNMENTAL COVERAGE IF AVAILABLE, AND HAVE FAMILY INCOMES IN EXCESS OF 200% BUT NOT EXCEEDING 300% OF FPL, SHOULD BE ELIGIBLE TO RECEIVE DISCOUNTED CARE AT NO MORE THAN 30% OF BILLED CHARGES (I E AT LEAST A 70% ALLOWANCE) OR, TO THE EXTENT THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) LIMITS AMOUNTS CHARGED TO SUCH PATIENTS TO LESS THAN 30% OF BILLED CHARGES, THE PPACA LIMIT, PROVIDED THEY COOPERATE AS AFORESAID DISCOUNTS OR ALLOWANCES AGAINST BILLED CHARGES SHOULD ALSO APPLY TO ELIGIBLE PATIENTS BETWEEN 300% AND 500% OF FPL, PROVIDED HOWEVER, TO THE EXTENT THE PPACA LIMIT APPLIES TO SUCH PATIENTS, THE AMOUNTS CHARGED TO SUCH PATIENTS SHALL NOT EXCEED THE PPACA LIMIT ADDITIONAL DISCOUNTS OR ALLOWANCES FOR PREPAYMENT, PROMPT PAYMENT, OR AGREEMENT TO A PAYMENT SCHEDULE MAY BE OFFERED, PROVIDED THEY ARE UNIFORMLY APPLIED A MEMBER MAY DECIDE BY POLICY THAT PATIENTS WHO WOULD OTHERWISE BE ELIGIBLE FOR DISCOUNTED CARE BASED ON INCOME BETWEEN 200% AND 500% OF FPL BUT WHO HAVE SUFFICIENT AVAILABLE ASSETS TO PAY FOR SERVICES AT FULL CHARGES WITHOUT BECOMING MEDICALLY INDIGENT ARE NOT ELIGIBLE FOR DISCOUNTS OR ALLOWANCES</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, QUESTION 7	WORKSHEET 2 WAS USED FOR THE COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>MEDICARE COSTS WERE DERIVED FROM THE MEDICARE COST REPORT FILED BY THE ORGANIZATION. MEDIC ARE UNDERPAYMENTS AND BAD DEBT ARE CONSIDERED TO BE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. THE ORGANIZATION FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL), BAD DEBT AND ASSOCIATED COSTS ARE COMMUNITY BENEFIT AND ARE INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I. AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS. THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3). THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC. ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE," A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE, PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE. NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS. IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS. THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD. THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD. CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS. ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD." UNDER THE STANDARD, A HOSPITAL MUST PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS WHO CANNOT PAY FOR SUCH SERVICES. A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY. THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE. THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS. COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVED" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST" UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY. THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE. THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY. THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY THE DEPARTMENT OF TREASURY REG. 1.501(C)(3)-1(D)(2). THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY. THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT.</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, SECTION B, QUESTION 8</p>	<p>OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS THE AMERICAN HOSPITAL ASSOCIATION ("AHA") FEELS THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA'S POSITION AS OUTLINED IN THE AHA'S LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE FROM THE LATEST DATA PROVIDED BY THE AHA, AS OF 2012, MEDICARE REIMBURSES HOSPITALS ONLY 86 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC"), IN ITS MARCH 2013 REPORT TO CONGRESS, STATES THAT BENEFICIARIES WILL GROW NOTABLY FASTER IN THE NEXT 10 YEARS THAN IN THE PAST DECADE AS THE BABY-BOOM GENERATION AGES INTO THE PROGRAM IN ADDITION, THE POPULATION AGING INTO THE MEDICARE PROGRAM WILL PRESENT A NEW SET OF CHALLENGES SINCE RISING OBESITY LEVELS PUT THIS POPULATION AT A GREATER RISK THAN PREVIOUS GENERATIONS FOR CHRONIC DISEASE - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 42 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED ELIGIBLE "THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO FEEL THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR HOSPITALS' CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE" - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING BILLS ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARIT</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, QUESTION 9B	IN ACCORDANCE WITH MAGEE'S MISSION, THE ORGANIZATION CONSIDERS EACH PATIENT'S ABILITY TO PAY FOR HIS OR HER MEDICAL CARE AND IS COMMITTED TO TREATING PATIENTS WHO HAVE FINANCIAL NEEDS WITH THE SAME DIGNITY AND CONSIDERATION THAT IS EXTENDED TO ALL PATIENTS THE ORGANIZATION ESTABLISHED FINANCIAL ASSISTANCE AND BILLING/COLLECTION PROCEDURES THAT ARE COMPLIANT WITH APPLICABLE FEDERAL, STATE AND LOCAL LAWS AS INCLUDED IN ITS FINANCIAL ASSISTANCE POLICY, THE FOLLOWING COLLECTIONS GUIDELINES APPLY TO ALL UNINSURED PATIENTS, WHETHER OR NOT THE PATIENT HAS ESTABLISHED ELIGIBILITY FOR FREE OR DISCOUNTED CARE ALL INTERNAL EMPLOYEES AND OUTSIDE VENDORS (INCLUDING LAW FIRMS) SHOULD BE INFORMED OF AND BOUND BY MAGEE'S SPECIFIC COLLECTION POLICIES PAYMENT WILL NOT BE PURSUED IN A MANNER THAT WOULD MAKE THE PATIENT INDIGENT IF SUCCESSFUL GENERALLY, ABSENT SIGNIFICANT AVAILABLE ASSETS, ANNUAL PATIENT PAYMENTS TOWARD BILLINGS THAT ARE UNREASONABLE IN RELATION TO ANNUAL NET FAMILY INCOME (INCOME LESS EXPENSES) SHOULD NOT BE SOUGHT LAWSUITS OR OTHER EXTRAORDINARY COLLECTION ACTIONS SUCH AS THE REFERRAL TO THIRD PARTY DEBT COLLECTORS OR REPORTING TO CREDIT AGENCIES, SHOULD NOT BE INSTITUTED UNLESS REASONABLE EFFORTS TO DETERMINE IF A PATIENT QUALIFIES FOR FREE OR DISCOUNTED CARE UNDER MAGEE'S POLICIES HAVE BEEN MADE AND ADEQUATE WRITTEN OPPORTUNITY TO RESOLVE THE UNPAID AMOUNT HAVE BEEN IGNORED OR REJECTED THE CHIEF EXECUTIVE OFFICER (CEO) PRE-APPROVAL OF ALL LAWSUITS SHOULD BE REQUIRED, AND IT IS RECOMMENDED THAT MAGEE COOPERATE TO ESTABLISH UNIFORM CRITERIA WITH RESPECT TO COLLECTION LITIGATION ISSUES THE PLACING OF A LIEN ON OR THE SEIZURE OF PROPERTY, OR THE GARNISHMENT OF WAGES, SHOULD NOT BE PERMITTED FOR PATIENTS WHERE THERE IS NO REASONABLE BELIEF THAT THERE IS EITHER INCOME OR ASSETS AVAILABLE TO FULFILL THE PAYMENT OBLIGATION THE SALE OR FORECLOSURE OF A PRIMARY RESIDENCE WITH A MARKET VALUE OF LESS THAN \$250,000 SHALL NOT BE PURSUED EXCEPT IN SPECIAL CIRCUMSTANCES APPROVED IN WRITING BY THE CEO WHERE APPROPRIATE UNDER APPLICABLE LAW, DEBT COLLECTION MAY BE PURSUED AGAINST FINANCIALLY RESPONSIBLE FAMILY MEMBERS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, QUESTION 2</p>	<p>IN AN EFFORT TO ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITY IS SERVES, THE ORGANIZATION CONVENED A WORKING GROUP THAT INCLUDED ADMINISTRATIVE STAFF AND SPECIALLY SELECTED INTERNS UNDER THE ADVISEMENT OF UPPER MANAGEMENT MEMBERS INCLUDED MEG RIDER (CHNA PROJECT LEAD, MANAGER FOR GUEST RELATIONS, SPIRITUAL CARE AND VOLUNTEERS), MARCI RUEDIGER (CHNA LEADERSHIP TEAM, DIRECTOR OF PERFORMANCE EXCELLENCE AND SCI MEDICAL HOME PROJECT DIRECTOR), RON SIGGS (EXECUTIVE SPONSOR, SENIOR VICE PRESIDENT FOR DEVELOPMENT), RICKIE BRAWER, PHD, MPH, MCHES (CONSULTANT CO DIRECTOR- CENTER FOR URBAN HEALTH, THOMAS JEFFERSON UNIVERSITY HOSPITALS, ASSISTANT PROFESSOR- DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE) AND RACHEL BARAKAT (CHNA LEADERSHIP TEAM, DIRECTOR OF MARKETING) THE WORKING GROUP WAS UNDER ADVISEMENT FROM JACK CARROLL, PRESIDENT AND CEO, STEPHEN DESTEFANO, CHIEF FINANCIAL OFFICER, AND RON SIGGS, SENIOR VICE PRESIDENT OF DEVELOPMENT TO COLLECT THE DATA ON THE TOPIC AREAS IDENTIFIED IN THE PRELIMINARY RESEARCH, THE HOSPITAL CONSTRUCTED A SURVEY THAT ADDRESSED THE FOLLOWING TOPICS DISABILITY, HEALTH AND SOCIAL SERVICES, INCOME AND EMPLOYMENT, HOUSING AND TRANSPORTATION, TECHNOLOGY AND ASSISTIVE DEVICES, COMMUNITY PARTICIPATION, AND INDIVIDUAL INFORMATION THE SURVEY, WHICH CONTAINED 79 QUESTIONS, WAS LAUNCHED ON DECEMBER 4, 2018 AND CLOSED ON FEBRUARY 14, 2019 THE SURVEY WAS DISTRIBUTED AND COLLECTED IN THREE WAYS ONLINE, HARD COPY, & ADMINISTERED ONLINE SURVEY RESULTS WERE COLLECTED VIA SURVEYMONKEY, WHICH PROVIDED DETAILED STATISTICS ON RESPONSES OPEN-ENDED QUESTIONS AND "OTHER" RESPONSES WERE REVIEWED BY WORKING GROUP STAFF AND CATEGORIZED ACCORDINGLY HARD-COPY AND ADMINISTERED SURVEYS WERE REVIEWED AND ENTERED INTO SURVEYMONKEY BY TRAINED MAGEE VOLUNTEERS AND MARKED AS NON-ELECTRONIC ENTRY OPEN-ENDED QUESTIONS AND "OTHER" RESPONSES WERE REVIEWED BY WORKING GROUP STAFF AND CATEGORIZED ACCORDINGLY AT THE CLOSE OF THE SURVEY, RESULTS FOR EACH QUESTION WERE TABULATED AND MEASURED IN PERCENTAGES THE HOSPITAL COMPARED THE RESULTS FROM THE SURVEY WITH STATISTICS FROM THE PUBLIC HEALTH MANAGEMENT CORPORATIONS (PHMC) COMMUNITY HEALTH DATABASE, THE DEPARTMENT OF HEALTH FOR PHILADELPHIA COUNTYS DATABASE, AND ESTIMATED CENSUS DATA FROM THERE, THE HOSPITAL IDENTIFIED THOSE AREAS WHERE STATISTICALLY SIGNIFICANT DIFFERENCES (5%) COULD BE SEEN BETWEEN THE GENERAL POPULATION OF THE GEOGRAPHIC COMMUNITY SERVED AND THE SPECIAL POPULATION SERVED THESE AREAS WHERE SIGNIFICANT DIFFERENCES BETWEEN THE COMMUNITIES WERE IDENTIFIED, AS WELL AS RESPONSES THAT INDICATED AN UNMET NEED IN THE SPECIAL POPULATION, ARE ADDRESSED WITHIN THE CHNA AS COMMUNITY HEALTH NEEDS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 3	THE ORGANIZATION INFORMS AND EDUCATES PATIENTS WHO MAY BE BILLED FOR PATIENT CARE ABOUT ELIGIBILITY FOR FINANCIAL ASSISTANCE BY WIDELY PUBLICIZING THE AVAILABILITY OF FINANCIAL ASSISTANCE IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 501(R)(4) THE AVAILABILITY OF FINANCIAL ASSISTANCE IS WIDELY PUBLICIZED IN THE FOLLOWING WAYS THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS AVAILABLE ON THE ORGANIZATION'S WEBSITE ADDITIONALLY, INFORMATION ON THE FINANCIAL ASSISTANCE POLICY IS ALSO AVAILABLE AT THE HOSPITAL UPON REQUEST AND WITHOUT CHARGE IT IS ALSO DISCUSSED WITH PATIENTS DURING THE ADMISSIONS PROCESS IF THEY ARE UNINSURED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 4	MAGEE REHABILITATION HOSPITAL DEFINES THE COMMUNITY SERVED BY GEOGRAPHY AND SPECIAL POPULATIONS THE HOSPITAL PRIMARILY DEFINES ITS COMMUNITY AS PHILADELPHIA COUNTY, SURROUNDING SOUTHEASTERN PENNSYLVANIA COUNTIES, AS WELL AS SOUTHERN NEW JERSEY AND DELAWARE THE SPECIAL POPULATION SERVED INCLUDES ADULTS WITH DISABILITIES, MANY OF WHOM HAVE INCURRED LIFE-CHANGING INJURIES AND ILLNESS INCLUDING, BUT NOT LIMITED TO, SPINAL CORD INJURY, STROKE, ACQUIRED BRAIN INJURY, AMPUTATION, MAJOR ORTHOPEDIC ISSUES AND OTHERS EACH YEAR, THE HOSPITAL TREATS APPROXIMATELY 900 INPATIENTS AND 2,000 OUTPATIENTS OF THOSE INPATIENTS, APPROXIMATELY 37% ARE TREATED FOR A SPINAL CORD INJURY, 20% FOR BRAIN INJURY, 18% FOR A STROKE, 16% FOR ORTHOPEDIC REASONS, 2% FOR GENERAL REHABILITATION, AND 7% FOR OTHER TYPES OF REHABILITATION

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	<p>MAGEE OFFERS A VARIETY OF INFORMATION PROMOTING THE HEALTH OF THE COMMUNITY THROUGH ITS WEBSITE THE SECTION ENTITLED "HEALTH FEATURES & EDUCATION" CONTAINS SEVERAL BROAD CATEGORIES WITH SPECIFIC TOPICS ADDRESSING SAFETY AND PREVENTION SUCH AS THINK FIRST (INJURY PREVENTION AND ANTI-GUN VIOLENCE TAUGHT IN THE SCHOOLS - SEE DETAILS BELOW), INFORMATION ON CONCUSSIONS, TIPS FOR FALLS PREVENTION, COPING WITH CHRONIC PAIN, SAFE LIFTING AND TOOL OPERATION, HOME ACCESSIBILITY, AND HEALTHY EXERCISE AND EATING THE SECTION ENTITLED "LIVING WITH INJURIES/DISEASE/DISABILITIES" DISCUSSES STROKE WARNING SIGNS, STROKE PREVENTION, STROKE TYPES - RISK FACTORS, AND A VARIETY OF COPING STRATEGIES AND TREATMENT OPTIONS FOR CANCER, EPILEPSY, OSTEOPOROSIS, AND WORKPLACE INJURIES THIS INFORMATION IS AVAILABLE 24/7 TO THE GENERAL COMMUNITY AT LARGE MAGEE ALSO HAS A COMMUNITY RESOURCE CENTER - WHICH SUPPLIES REFERENCE MATERIALS, DVDS, AND COMPUTER/INTERNET ACCESS TO ANYONE REQUIRING INFORMATION ON PHYSICAL AND COGNITIVE DISABILITIES PLUS ANY OF THE DISABILITIES NOTED ABOVE A VARYING ABILITIES FITNESS CENTER IS AVAILABLE AND DESIGNED TO PROVIDE THE DISABLED AND SENIOR AGED AREA COMMUNITY RESIDENTS WITH EXERCISE AND HEALTH CONSCIOUS LIVING COACHING FEES ARE NOMINAL AND ADJUSTED ACCORDING TO THE PARTICIPANTS' ABILITY TO PAY RE FEDERAL POVERTY GUIDELINES MAGEE APPLIES SURPLUS FUNDS TO MAINTAIN STATE OF THE ART REHABILITATION SERVICES INCLUDING THE LATEST IN ROBOTIC THERAPY AND FUNCTIONAL AUGMENTATION EQUIPMENT FINANCIAL RESOURCES ARE ALSO UTILIZED TO ASSIST EMPLOYEES TO RECEIVE CONTINUING MEDICAL EDUCATION, LICENSING, AND SPECIALTY CERTIFICATIONS WITHIN THEIR RESPECTIVE CLINICAL AREAS MAGEE OFFERS NUMEROUS YEAR-ROUND, FREE-OF-CHARGE PROGRAMS AND SERVICES TO INPATIENTS, OUTPATIENTS, PLUS FAMILY AND COMMUNITY SUPPORT GROUPS NON-MAGEE GROUPS FROM THE COMMUNITY SUCH AS ALCOHOLICS ANONYMOUS ARE ALSO WELCOMED TO USE MEETING SPACE FREE-OF-CHARGE ONE OF MAGEE'S MOST IMPACTFUL CONTRIBUTIONS TO THE GREATER PHILADELPHIA COMMUNITY IS THE THINK FIRST PROGRAM THAT IS CO-SUPPORTED BY THE MAGEE FOUNDATION THINK FIRST IS A NATIONALLY COORDINATED ASSEMBLY EDUCATION PROGRAM FOR SCHOOL CHILDREN AIMED AT PREVENTION OF DISABLING HEAD AND SPINAL CORD INJURIES SECONDARY TO RISK TAKING AND/OR UNSAFE LIFE-STYLE CHOICES TO REACH A VULNERABLE POPULATION EARLY IN LIFE WE SCHEDULE DYNAMIC PRESENTATIONS AT SCHOOLS CONSISTING OF TESTIMONIALS FROM YOUNG TRAUMA SURVIVORS MAGEE INVESTS ITS OWN RESOURCES IN SUPPORT OF COMPLEMENTARY THERAPIES THAT ARE NEVER REIMBURSED BY THIRD PARTY INSURANCES THESE ADDITIONS TO OUR CORE THERAPIES TREAT THE WHOLE MIND/BODY AND EXPEDITE RECOVERY OFTEN REDUCING THE LENGTH OF STAY FOR PATIENTS AND/OR PROVIDING THE WILL AND POSITIVE MENTAL ATTITUDE REQUIRED TO REACH MAXIMUM INDEPENDENCE FOR RETURN TO HOME, SCHOOL, AND/OR THE WORKFORCE ART THERAPY REINFORCES THE LEARNING AND THE CARRY-OVER OF UPPER EXTREMITY LIMB AND HAND MOBILITY AND FUNCTION WITH DRAWING, SCULPTURE, AND OTHER ACTIVITIES REQUIRING FINE MOTOR SKILLS LIKEWISE HORTICULTURAL THERAPY FURTHERS FUNCTION GAINS IN MOBILITY AND MOTOR FUNCTION FOR THOSE PATIENTS THAT WILL WANT TO RETURN TO THE COMMUNITY AND THEIR GARDENS OR FOR THE MANY THAT LEARN THIS NEW THERAPEUTIC AND HEALTHY ACTIVITY THE MUSIC THERAPY PROGRAM OFFERS MANY OF THE SAME BENEFITS AS ART AND HORTICULTURAL THERAPY THE ACTIVITIES OF DAILY LIVING THAT MUST BE REFINED BOTH DURING AND AFTER INPATIENT DISCHARGE ARE ALL COORDINATED IN A VERY PURPOSEFUL FASHION BY RECREATIONAL THERAPISTS WHO REINFORCE THE MEANING A QUALITY OF LIFE WITHIN THE PATIENT'S HOME AND COMMUNITY FOR YEARS AFTER THE DISABLING ACCIDENT OR ILLNESS MAGEE PROMOTES COMMUNITY REINTEGRATION WITH ITS LONG HISTORY OF SUPPORT FOR WHEELCHAIR SPORTS WHICH MAINTAINS PHYSICAL FUNCTION AND PROMOTES HEALTHY LIFESTYLES WHILE SIMULTANEOUSLY HEIGHTENING INDEPENDENCE, IMPROVING MENTAL HEALTH, AND EXPANDING THE PARTICIPANTS' OVERALL QUALITY OF LIFE MAGEE ATHLETES HAVE COMPETED IN REGIONAL, NATIONAL, AND INTERNATIONAL SPORTING EVENTS INCLUDING THE PARALYMPICS HELD EVERY FOUR YEARS AT THE SITE OF THE SUMMER OLYMPIC GAMES MAGEE SPONSORS ATHLETES IN WHEELCHAIR BASKETBALL, RUGBY, TENNIS, WEIGHT-LIFTING, RACING AND COORDINATES WITH MANY PHILADELPHIA AREA COMMUNITY GROUPS TO ENGAGE ATHLETES REGARDLESS OF WHETHER THEY WERE EVER PATIENTS AT MAGEE FUNDING BY MAGEE SUPPORTS A PHYSICAL MEDICINE AND REHABILITATION PHYSICIAN RESIDENCY PROGRAM THAT IS AFFILIATED WITH JEFFERSON UNIVERSITY IN CENTER CITY, PHILADELPHIA THROUGH FORMAL AFFILIATION AGREEMENTS, MAGEE TRAINS STUDENTS FROM ACROSS THE COUNTRY IN THE AREAS OF MEDICAL RECORDS MANAGEMENT, INFORMATION TECHNOLOGY, NURSING, PHARMACY, SPEECH AND LANGUAGE PATHOLOGY, AND BOTH PHYSICAL AND OCCUPATIONAL THERAPY STUDENTS FROM PHILADELPHIA'S DREXEL UNIVERSITY COMPLETE CO-OP AND INTERN ROTATIONS IN VARIOUS ADMINISTRATIVE FIELDS OF STUDY MAGEE IS ALSO RECOGNIZED AS A LEADING SPINAL CORD INJURY RESEARCH PROGRAM AS WE ARE O</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, QUESTION 5	ONE OF ONLY FOURTEEN FEDERALLY APPROVED MODEL CENTERS FOR THE RESEARCH AND TREATMENT OF SPINAL CORD INJURIES THE BOARD OF TRUSTEES IS COMPOSED OF CIVIC LEADERS, FORMER PATIENTS AND /OR THEIR FAMILY MEMBERS, AND REPRESENTATIVES OF OTHER HEALTHCARE PROVIDER SYSTEMS AND AGENCIES

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

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

990 Schedule H, Supplemental Information

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 3I	IN ADDITION TO THE INFORMATION INCLUDED WITHIN THE ORGANIZATION'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") REGARDING THE IMPACT OF ACTIONS TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE HOSPITAL'S PRIOR CHNA, THE ORGANIZATION ALSO MEASURES OUTCOMES ON AN ANNUAL BASIS AND PROVIDES THIS INFORMATION ON ITS WEBSITE AT THE FOLLOWING URL HTTPS //MAGEEREHAB JEFFERSONHEALTH ORG/ABOUT-US/OUTCOMES THIS WEBSITE INCLUDES THE FOLLOWING DATA, WHICH FURTHER ILLUSTRATES THE IMPACT OF THESE ACTIONS TAKEN TO ADDRESS SIGNIFICANT HEALTH NEEDS - PATIENT OUTCOME DATA FOR YOUNG ADULTS, - PATIENT OUTCOME DATA, - OUTPATIENT THERAPY NETWORK OUTCOME DATA, - SPINAL CORD INJURY OUTCOME DATA, - BRAIN INJURY OUTCOME DATA, - STROKE OUTCOME DATA, - ORTHOPEDICS OUTCOME DATA, AND - MEDICAL REHAB OUTCOME DATA

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, QUESTION 5</p>	<p>WHILE CONDUCTING ITS MOST RECENT CHNA MAGEE TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRE SENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY MAGEE CONVENED A WORKING GROUP THAT INCLUDED ADMINISTRATIVE STAFF AND SPECIALLY SELECTED INTERNS UNDER THE ADVISEMENT OF UPPER MANAGEMENT MEMBERS INCLUDED MEG RIDER (CHNA PROJECT LEAD, MANAGER FO R GUEST RELATIONS, SPIRITUAL CARE AND VOLUNTEERS), MARCI RUEDIGER (CHNA LEADERSHIP TEAM, D IRECTOR OF PERFORMANCE EXCELLENCE AND SCI MEDICAL HOME PROJECT DIRECTOR), RON SIGGS (EXECU TIVE SPONSOR, SENIOR VICE PRESIDENT FOR DEVELOPMENT), RICKIE BRAWER, PHD, MPH, MCHES (CONS ULTANT CO DIRECTOR- CENTER FOR URBAN HEALTH, THOMAS JEFFERSON UNIVERSITY HOSPITALS, ASSIST ANT PROFESSOR- DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE) AND RACHEL BARAKAT (CHNA LEADE RSHIP TEAM, DIRECTOR OF MARKETING) THE WORKING GROUP WAS UNDER ADVISEMENT FROM JACK CARRO LL, PRESIDENT AND CEO, STEPHEN DESTEFANO, CHIEF FINANCIAL OFFICER, AND RON SIGGS, SENIOR V ICE PRESIDENT OF DEVELOPMENT SURVEY ----- TO COLLECT THE DATA ON THE TOPIC AREAS IDENTIF IED IN THE PRELIMINARY RESEARCH, THE HOSPITAL CONSTRUCTED A SURVEY THAT ADDRESSED THE FOLL OWING TOPICS DISABILITY, HEALTH AND SOCIAL SERVICES, INCOME AND EMPLOYMENT, HOUSING AND T RANSPORTATION, TECHNOLOGY AND ASSISTIVE DEVICES, COMMUNITY PARTICIPATION, AND INDIVIDUAL I NFORMATION TO ENSURE THE SURVEY'S READABILITY FOR PEOPLE WITH VARYING DEGREES OF ABILITY, THE HOSPITAL RESEARCHED THE AMERICANS WITH DISABILITIES ACT (ADA) GUIDELINES FOR ACCESSIB LE PRINTED MATERIALS AND THE SURVEY WAS FORMATTED IN ACCORDANCE TO THESE REQUIREMENTS, INC LUDING THE USE OF A 14 POINT, EASY-TO-READ, NON-ITALIC, SANS SERIF FONT THE SURVEY, WHICH CONTAINED 79 QUESTIONS, WAS LAUNCHED ON DECEMBER 4, 2018 AND CLOSED ON FEBRUARY 14, 2019 THE SURVEY WAS DISTRIBUTED AND COLLECTED IN THREE WAYS 1) ONLINE THE SURVEY WAS DEVELOP ED IN THE ONLINE TOOL, SURVEYMONKEY, AND SHARED IN WAVES VIA EMAIL TO INDIVIDUALS AND ORGA NIZATIONS SERVING PEOPLE LIVING WITH DISABILITIES THE FIRST WAVE OF ELECTRONIC SURVEYS WA S EMAILED IN LATE NOVEMBER AND EARLY NOVEMBER TO ALL MAGEES PEERS, VOLUNTEERS, WHEELCHAIR SPORTS TEAMS AND SUPPORT GROUPS MAGEE STAFF WERE ALSO SENT THE LINK TO THE SURVEY AND ASK ED TO SHARE WITH PEOPLE LIVING WITH A DISABILITY AND/OR ORGANIZATIONS SERVING INDIVIDUALS WITH DISABILITIES ON DECEMBER 18, 2018 THE SECOND WAVE OF ELECTRONIC SURVEYS WAS EMAILED ON JANUARY 14, 2019 TO THE MAYOR'S COMMISSION ON PEOPLE WITH DISABILITIES AND MEMBER ORGA NIZATIONS SERVING INDIVIDUALS WITH DISABILITIES IN ADDITION, THE ONLINE SURVEY WAS ALSO SH ARED ON MAGEE'S WEBSITE, TWITTER AND FACEBOOK PAGES REGULARLY 2) HARD-COPY PAPER VERSION S OF THE SURVEY WERE AVAILABLE AT MAGEE'S MAIN HOSPITAL, AS WELL AS MAGEE OUTPATIENT CENTE RS VERSIONS OF THIS SURVEY WERE SHARED WITH ORGANIZATIONS THAT REQUESTED HARD-COPIES 3) ADMINISTERED IN THE EVENT THAT THE PERSON WAS UNABLE TO TAKE THE SURVEY WITHOUT ASSISTANC E, MAGEE VOLUNTEERS ADMINISTER</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 5	<p>ED SURVEYS IN PRIVATE SPACES AT THE HOSPITAL AND ITS OUTPATIENT CENTERS ONLINE SURVEY RESULTS WERE COLLECTED VIA SURVEYMONKEY, WHICH PROVIDED DETAILED STATISTICS ON RESPONSES OPEN-ENDED QUESTIONS AND "OTHER" RESPONSES WERE REVIEWED BY WORKING GROUP STAFF AND CATEGORIZED APPROPRIATELY HARD-COPY AND ADMINISTERED SURVEYS WERE REVIEWED AND ENTERED INTO SURVEY MONKEY BY TRAINED MAGEE VOLUNTEERS AND MARKED AS NON-ELECTRONIC ENTRY AT THE CLOSE OF THE SURVEY, RESULTS FOR EACH QUESTION WERE TABULATED AND MEASURED IN PERCENTAGES THE HOSPITAL COMPARED THE RESULTS FROM THE SURVEY WITH STATISTICS FROM THE PUBLIC HEALTH MANAGEMENT CORPORATIONS (PHMC) COMMUNITY HEALTH DATABASE, THE DEPARTMENT OF HEALTH FOR PHILADELPHIA COUNTY'S DATABASE, AND 2017 ESTIMATED CENSUS DATA FROM THERE, THE HOSPITAL IDENTIFIED THOSE AREAS WHERE STATISTICALLY SIGNIFICANT DIFFERENCES (5%) COULD BE SEEN BETWEEN THE GENERAL POPULATION OF THE GEOGRAPHIC COMMUNITY SERVED AND THE SPECIAL POPULATION SERVED THESE AREAS WHERE SIGNIFICANT DIFFERENCES BETWEEN THE COMMUNITIES WERE IDENTIFIED, AS WELL AS RESPONSES THAT INDICATED AN UNMET NEED IN THE SPECIAL POPULATION, ARE ADDRESSED IN THE CHNA AS COMMUNITY HEALTH NEEDS</p>

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTIONS 7A	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 7A, IS THE HOME PAGE FOR MAGEE THE CHNA CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED WITHIN MAGEE'S WEBSITE HTTPS //MAGEEREHAB JEFFERSONHEALTH ORG/ABOUT-US/OUTCOMES/COMMUNITY-NEEDS-A SSESSMENT-REPORT/

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 10A	THE ORGANIZATION'S IMPLEMENTATION STRATEGY IS INCLUDED WITHIN ITS CHNA THE IMPLEMENTATION STRATEGY INCLUDES INFORMATION WITH RESPECT TO EACH IDENTIFIED COMMUNITY HEALTH NEED AS WELL AS THE OBJECTIVES AND STRATEGIES RELATED TO EACH IDENTIFIED NEED THIS DOCUMENT IS MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 10, IS THE HOME PAGE FOR MAGEE THE ORGANIZATION'S CHNA (INCLUDING ITS IMPLEMENTATION STRATEGY) CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED WITHIN MAGEE'S WEBSITE HTTPS //MAGEEREHAB JEFFERSONHEALTH ORG/ABOUT-US/OUTCOMES/COMMUNITY-NEEDS-ASSESSMENT-REPORT/ ADDITIONALLY, THE ORGANIZATION SHARES THIS DOCUMENT VIA PDF ELECTRONICALLY

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 11	AS A RESULT OF ITS MOST RECENTLY CONDUCTED CHNA, MAGEE WAS ABLE TO IDENTIFY SEVERAL HEALTH NEEDS SPECIFIC TO THE COMMUNITIES SERVED THESE IDENTIFIED HEALTH NEEDS INCLUDED ACCESSIBLE AND AFFORDABLE HOUSING, RELIABLE AND TIMELY TRANSPORTATION (ESPECIALLY FOR PHYSICIAN APPOINTMENTS, BUT ALSO FOR DAILY NEEDS AND DESIRES), EMPLOYMENT OPPORTUNITIES, OPPORTUNITIES FOR EXERCISE, ACCESS TO HEALTH SCREENING AND PREVENTIVE HEALTH SERVICES, AND THE NEED FOR ADDITIONAL CAREGIVER SUPPORT FOR DAILY ACTIVITIES RECOMMENDATIONS RESULTING FROM THE ORGANIZATIONS CHNA RESULTED IN THE FOLLOWING - PROVIDE ASSISTANCE IN IDENTIFYING AND ACCESSING THE WAITING LISTS FOR ACCESSIBLE HOUSING - PROVIDE INFORMATION REGARDING AVAILABLE TRANSPORTATION SERVICES AND FACILITATE THE PROCESS FOR ACCESSING THESE SERVICES CONTINUE TO ADVOCATE FOR ADDITIONAL SERVICES - REFER INTERESTED PATIENTS TO EMPLOYMENT SERVICES CONTINUE TO ADVOCATE FOR AN OVERHAUL OF THE DISABILITY SYSTEM, SO THAT PEOPLE WITH DISABILITIES ARE ABLE TO WORK WITHOUT LOSING THE ATTENDANT CARE SERVICES THAT THEY NEED - CONTINUE TO GROW WELLNESS PROGRAMS AND INCREASE COMMUNITY EDUCATION, SO THAT PERSONS WITH DISABILITIES ARE AWARE OF WHAT IS AVAILABLE TO THEM RAISE AWARENESS OF OTHER WELLNESS VENUES IN THE COMMUNITY THAT ARE ACCESSIBLE TO PERSONS WITH DISABILITIES - CONTINUE TO ADVOCATE AND EDUCATE ABOUT THE NEED FOR MORE ACCESSIBLE HEALTHCARE OFFICES AND ACCESS TO PREVENTIVE CARE AND HEALTH SCREENING FOR PERSONS WITH DISABILITIES FOR ADDITIONAL INFORMATION PLEASE REFER TO THE ORGANIZATIONS IMPLEMENTATION STRATEGY INCLUDED WITHIN ITS CHNA ON ITS WEBSITE

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, QUESTION 16	THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE DUE TO CHARACTER LIMITATIONS, THE WEBSITE LISTED IN PART V, SECTION B, QUESTION 16, IS THE HOME PAGE FOR MAGEE THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS MADE WIDELY AVAILABLE ON THE ORGANIZATION'S WEBSITE THE FINANCIAL ASSISTANCE POLICY CAN BE ACCESSED AT THE FOLLOWING PAGE INCLUDED IN MAGEE'S WEBSITE HTTPS //MAGEEREHAB JEFFERSONHEALTH ORG/ABOUT-US/OUR-STANDARDS/INSURANCE-FI NANCIAL- ASSISTANCE/ PLEASE NOTE, EFFECTIVE JULY 1, 2019, THIS ORGANIZATION ADOPTED THE JEFFERSON HEALTH ENTERPRISE FINANCIAL ASSISTANCE POLICY ("FAP") THE FAP, FAP APPLICATION AND PLAIN LANGUAGE SUMMARY ARE ALL MADE WIDELY AVAILABLE ON THE WEBSITE INCLUDED ABOVE THE CHANGES WITH RESPECT TO THE ENTERPRISE FINANCIAL ASSISTANCE POLICY WILL BE REPORTED WITHIN THE ORGANIZATIONS 2019 (FY20) FEDERAL FORM 990

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MAGEE REHABILITATION HOSPITAL

Employer identification number
23-1476328

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification 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)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification 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)				
<p>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</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
CORE FORM, PART VII & SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2018 FORMS W-2

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 4B	<p>THE AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES CURRENT YEAR VESTING IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN HER 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES CRISTINA G CAVALIERI, \$82,915 THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PETER L DEANGELIS, JR , \$111,486 THE DEFERRED COMPENSATION AMOUNT REFLECTED IN SCHEDULE J, PART II, COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN AN EMPLOYER RECRUITMENT AND RETENTION PROGRAM FOR KEY INDIVIDUALS WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES CRISTINA G CAVALIERI, ESQ , \$229,612, AND PETER L DEANGELIS, JR , \$275,575</p>

Return Reference	Explanation
SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2018 WHICH WERE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2018 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES EMPLOYEE BONUSES ARE BASED UPON THE ATTAINMENT OF QUALITY GOALS, STRATEGIC OPERATIONAL INITIATIVES AND FINANCIAL PERFORMANCE PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) AS THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS REPORTED IN SCHEDULE J, PART II, COLUMN C AS RETIREMENT AND OTHER DEFERRED COMPENSATION ON PRIOR YEAR'S FORMS 990 ADDITIONALLY, THE AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED IN HER 2018 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES CRISTINA G CAVALIERI, ESQ , \$2,389



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 MAGEE REHABILITATION HOSPITAL	Employer identification number 23-1476328
---	--

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
Total						▶ \$						

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
(1) KAREN FRIED	FAMILY MEMBER OF OFFICER	112,563	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
MAGEE REHABILITATION HOSPITAL

Employer identification number
23-1476328

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	56,442	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL EQUIPMENT)	X	1	384,577	FMV
26 Other ▶ (TELEVISION)	X	1	77,336	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE NUMBER REPORTED IN SCHEDULE M, PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS THE ITEMS INCLUDED WITHIN SCHEDULE M WERE CONTRIBUTED BY MAGEE REHABILITATION HOSPITAL FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

MAGEE REHABILITATION HOSPITAL

Employer identification number

23-1476328

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>MAGEE REHABILITATION HOSPITAL ("MAGEE") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT HOSPITAL ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, MAGEE PROVIDES HIGH QUALITY PHYSICAL AND COGNITIVE REHABILITATION SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY. MOREOVER, THE ORGANIZATION OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545: OUR MISSION ----- --- THE ORGANIZATION'S MISSION IS TO IMPROVE THE QUALITY OF LIFE OF PERSONS WITH DISABILITIES BY PROVIDING HIGH QUALITY PHYSICAL AND COGNITIVE REHABILITATION SERVICES. MAGEE'S MISSION COMBINES CLINICAL SERVICE DEDICATED TO RESTORING THE INDIVIDUAL'S HIGHEST LEVEL OF INDEPENDENT FUNCTIONING, COMMUNITY INVOLVEMENT THROUGH ADVOCACY, OUTREACH, AND SUPPORT TO IMPROVE THE QUALITY OF LIVES OF INDIVIDUALS WITH DISABILITIES; EDUCATION EFFORTS DRIVEN TO EDUCATE HEALTHCARE PROVIDERS AND THE COMMUNITY IN ALL THE ASPECTS OF REHABILITATION CARE AND RESEARCH IN CHALLENGING ESTABLISHED NORMS AND FORGING NEW GROUND IN REHABILITATIVE SERVICES. OUR VISION ----- 1) TO BE THE PREEMINENT, INDEPENDENT PROVIDER OF PHYSICAL AND COGNITIVE REHABILITATION SERVICES WITHIN THE GLOBAL MARKET; 2) TO BE THE NATIONAL LEADER FOR REHABILITATION EXCELLENCE AND INNOVATION IN THE DELIVERY OF CARE AND PATIENT SAFETY, CONTINUALLY IMPROVING QUALITY AND THE PATIENT CARE EXPERIENCE; 3) TO PROVIDE EXEMPLARY CLINICAL CARE THAT SETS A WORLD COMMUNITY STANDARD FOR EXCELLENCE AS MEASURED BY OUTCOMES; 4) TO BE THE EMPLOYER OF CHOICE, PROVIDING A HIGHLY REWARDING ENVIRONMENT FOR OUR EMPLOYEES, THUS ATTRACTING AND RETAINING THE MOST COMPETENT, PRODUCTIVE WORK FORCE. OUR VALUES ----- AT THE ROOT OF ALL OF MAGEE'S ACCOMPLISHMENTS, ARE THE VALUES, AND MORE SPECIFICALLY THE TRAITS AND BEHAVIORS, OF THE MAGEE ASSOCIATES. AS FUNDAMENTAL AS THIS IS, A COMMITTED FOCUS ON THESE TRAITS AND BEHAVIORS IS A PREREQUISITE FOR CONSTANTLY IMPROVING THE QUALITY THAT IS LINKED TO OUR CLINICAL AND CUSTOMER SERVICE PERFORMANCE. OUR VALUES MUST BECOME INGRAINED WITHIN US ALL SUCH THAT, FROM DAY ONE AT MAGEE, OUR ASSOCIATES WILL DELIVER VALUE THROUGH REACH. RESPECT - PROFESSIONALLY INTERACTS WITH OTHERS BY BEING OPEN-MINDED, CULTURALLY AWARE, COURTEOUS AND UNDERSTANDING AND APPRECIATIVE OF OTHERS EXCELLENCE - PROVIDES AN EXCEPTIONAL EXPERIENCE TO EVERY CUSTOMER (PATIENT OR COLLEAGUE) BY BEING ADAPTABLE, INNOVATIVE, ACCOUNTABLE, CONTINUALLY IMPROVING SELF, TEAM AND OTHERS ATTITUDE - ATTITUDE IS A COMPASSIONATE, POSITIVE, ENCOURAGING, A PROBLEM-SOLVER, COMMITTED AND DETERMINED. COLLABORATION - PROMOTES OPPORTUNITIES TO WORK TOGETHER BY ENGAGING ALL MEMBERS OF OUR ORGANIZATION AND PARTNERS THROUGH EFFECTIVE TEAM COMMUNICATION, WILLINGNESS TO LISTEN AND RECOGNIZING THE IMPORTANCE OF EACH INDIVIDUAL'S CONTRIBUTIONS. HOSPITALITY FRIENDLY, HELPFUL, WELCOMING AND COMFORTING.</p>

990 Schedule O, Optional Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>BACKGROUND ----- THE FIRST CHAPTER ANNA JUSTINA MAGEE WAS A FIFTH GENERATION DESCENDANT OF JOHANN CHRISTIAN AND CHRISTINA KNEASS WHO ARRIVED IN PHILADELPHIA FROM ROTTERDAM IN SEPTEMBER 1753 MISS MAGEE WAS BORN ON JANUARY 21, 1843, THE FOURTH DAUGHTER AND ONE OF SEVEN CHILDREN OF JAMES AND CAROLINE MAGEE JAMES MAGEE AND HIS BUSINESS PARTNER GEORGE TA BER MANUFACTURED SADDLERY HARDWARE AT 4TH AND MARKET STREETS, AND FOUND A VERY POPULAR OUT LET FOR THEIR GOODS IN NEW ORLEANS AS THEIR SOUTHERN TRADE FLOURISHED, THEY INVESTED IN LANDS IN THE SOUTHERN STATES SOON, THEY FORMED ANOTHER FIRM BEARING THE MAGEE NAME IN NEW ORLEANS WHILE CONTINUING TO DO BUSINESS IN PHILADELPHIA THE SECOND CHAPTER JAMES MAGEE RETIRED FROM THE BUSINESS IN 1847 TO PURSUE OTHER INTERESTS KNOWN AS THE FATHER OF THE PENNSYLVANIA RAILROAD, HE WAS ONE OF ITS INCORPORATORS AND FIRST DIRECTORS BESIDES OTHER RAILROAD INTERESTS, HE FOUNDED AND SERVED AS THE FIRST PRESIDENT OF WESTMORELAND COAL COMPANY HE WAS ON ITS BOARD OF DIRECTORS UNTIL HIS DEATH IN 1878 DURING THE SAME PERIOD, HE WAS A VESTRYMAN OF ST STEPHEN'S EPISCOPAL CHURCH AT 19 SOUTH 10TH STREET IN PHILADELPHIA, WHERE ANNA MAGEE ALSO WORSHIPED AND, IN TRIBUTE TO HER FATHER, LATER BECAME ONE OF ITS MAJOR BENEFACTORS THE THIRD CHAPTER AS AN ADULT MISS MAGEE WAS ACTIVE IN MANY RELIGIOUS AND CIVIC ORGANIZATIONS, INCLUDING THE ACORN CLUB, THE PHILADELPHIA SOCIETY OF COLONIAL DAMES OF AMERICA, THE PHILADELPHIA CHAPTER OF THE DAUGHTERS OF THE AMERICAN REVOLUTION, THE ASSOCIATE COMMITTEE OF WOMEN TO THE BOARD OF TRUSTEES OF THE PENNSYLVANIA SCHOOL OF INDUSTRIAL ART, AND THE HISTORICAL AND GENEALOGICAL SOCIETIES OF PENNSYLVANIA DESPITE THESE ACTIVITIES, ANNA MAGEE LIVED VERY PRIVATELY AT 1720 WALNUT STREET UNTIL SHE DIED IN 1923 AT THE AGE OF 80 IN HER WILL, IN MEMORY OF HER PARENTS, SHE ENDOWED THE MAGEE PROFESSORSHIP OF MEDICINE AT THE JEFFERSON MEDICAL COLLEGE AND, WITH A GIFT OF \$1,285,000, SHE ESTABLISHED WHAT IS NOW MAGEE REHABILITATION HOSPITAL ANNA MAGEE BELIEVED THAT THE CITY'S HOSPITAL WARD S WERE OVERCROWDED BECAUSE NEEDY PATIENTS, ALTHOUGH THEY COULD NOT RESUME THEIR NORMAL OCCUPATIONS OR DUTIES, REMAINED THERE TOO LONG AFTER PASSING THE INITIAL STAGE OF ACUTE ILLNESS OR INJURY SHE ALSO DID NOT WANT PATIENTS FAMILIES TO BE BURDENED WITH THEIR SUPPORT SHE ENVISIONED A HOSPITAL FOR CONVALESCENTS ONE, SHE STATED THAT SHOULD ENSURE "THE HIGHEST DEGREE OF REASONABLE COMFORT AND HEALTHFULNESS," IN A "STATELY AND DIGNIFIED" BUILDING IN WHICH "NO MONEY SHOULD BE MISUSED FOR ARCHITECTURAL ORNAMENT" THE FOURTH CHAPTER IN 1954, THE ORPHAN'S COURT OF PHILADELPHIA PERMITTED THE USE OF THE MAGEE TRUST FUND TO ESTABLISH A REHABILITATION CENTER, RULING THAT REHABILITATION WAS NOW SEEN AS A DYNAMIC FORM OF CONVALESCENT CARE AND THAT SUCH SERVICE WAS CONSISTENT WITH THE WISHES OF ANNA MAGEE THE SEARCH FOR A FOUNDING DIRECTOR OF THE HOSPITAL LED TO H FRAZER PARRY, M D, WHO HAD STUDIED WITH DR S RUSK AND KRUSEN HE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ASSUMED THE POST IN SEPTEMBER 1955, SETTING UP OFFICE SPACE AT 1500 WALNUT STREET WHERE HE WORKED WITH A TEAM TO FIND AN APPROPRIATE BUILDING FOR THE HOSPITAL. A FORMER FACTORY AT 1513 RACE STREET WAS IDEAL BECAUSE OF ITS CENTRAL LOCATION, OPEN FLOOR SPACE, AND RELATIVELY FEW WALLS THAT WOULD HAVE TO BE TAKEN DOWN. THE BUILDING WAS PURCHASED FROM AMERICAN METER COMPANY, AND CONSTRUCTION AND RENOVATIONS BEGAN IN DECEMBER 1956. THE TOTAL COST OF THE PROJECT, WHICH WAS DESIGNED FOR 39 PATIENTS, AMOUNTED TO ABOUT \$2.5 MILLION. OPENING CEREMONIES FOR MAGEE MEMORIAL HOSPITAL FOR CONVALESCENTS WERE HELD ON MARCH 9, 1958, AND WITH A STAFF OF 30 IN PLACE, THE HOSPITAL, THE FIRST OF ITS KIND IN PHILADELPHIA, BEGAN ADMITTING PATIENTS THE VERY NEXT DAY. IN THE FIRST TWO YEARS, APPROXIMATELY 57 PERCENT OF THE CARE WAS FREE. TODAY LEADING THE WAY IN INNOVATIVE TECHNIQUES AND REHABILITATION THERAPY FROM THE VERY BEGINNING, MAGEE REHABILITATION IS NOW ACCLAIMED AS ONE OF THE BEST REHABILITATION HOSPITALS IN THE NATION, DUE TO THE VISION OF ANNA MAGEE AND HER LEGACY TO THE COMMUNITY IN THE PHILADELPHIA REGION. WITH OVER 50 YEARS EXPERIENCE IN REHABILITATION CARE, MAGEE STANDS ALONE IN OFFERING OUTSTANDING CARE FOR THE PATIENTS WE ARE PRIVILEGED TO SERVE.</p>

990 Schedule O, Other Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>FACTS & FIGURES ----- U S NEWS & WORLD REPORT HAS RECOGNIZED MAGEE AS ONE OF TH E BEST REHABILITATION HOSPITALS IN THE REGION AND NATION MAGEE, ALONG WITH THOMAS JEFFERS ON UNIVERSITY HOSPITAL, IS ONE OF 14 FEDERALLY DESIGNATED REGIONAL SPINAL CORD INJURY CENT ERS OUR BRAIN INJURY REHAB PROGRAM WAS THE VERY FIRST TO BE ACCREDITED BY THE COMMISSION ON THE ACCREDITATION OF REHABILITATION FACILITIES (CARF) PHILADELPHIA MAGAZINE RECOGNIZES "TOP DOCS" IN THE REGION DR GUY FRIED, MAGEE'S MEDICAL DIRECTOR HAS BEEN NAMED FOR PHYSI CAL MEDICINE AND REHABILITATION, ALONG WITH DR BARBARA BROWN (STROKE), DR CHRISTOPHER FORM AL (SPINAL CORD INJURY) AND DR BRIAN KUCER COMMUNITY PROGRAMS AND RESOURCES =====</p> <p>===== WHEELCHAIR SPORTS ----- MAGEE'S WHEELCHAIR SPORTS PROGRAM S HEIGHTEN INDEPENDENCE AND IMPROVE QUALITY-OF-LIFE GETTING INVOLVED WITH MAGEE'S SPORTS PROGRAMS HELPS PEOPLE WITH DISABILITIES REACH FOR PERSONAL HEALTH AND WELLNESS GOALS THE THINK FIRST INJURY PREVENTION PROGRAM VISITS AREA SCHOOLS, YOUTH GROUPS AND COMMUNITY CENT ERS TO TEACH CHILDREN AND YOUNG ADULTS PREVENTION BY "THINKING FIRST" IN ORDER TO AVOID PE RMANENT BRAIN AND SPINAL CORD INJURIES WHEELCHAIR BASKETBALL IS AN EXCITING SPORT OF SKIL L AND TEAMWORK, WHETHER YOU'RE AN ATHLETE WITH AN AMPUTEE, A SPINAL CORD INJURY, MULTIPLE SCLEROSIS, OR ANOTHER LOWER EXTREMITY DISABILITY, BASKETBALL IS A GREAT WAY TO GET EXERCIS E, HAVE FUN, AND BE CHALLENGED THE RULES OF WHEELCHAIR BASKETBALL ARE SLIGHTLY MODIFIED T O MAKE THE GAME MORE ACCESSIBLE FROM A SEATED POSITION TO PLAY THE SPORT ATHLETES MUST BE ABLE TO PUSH A MANUAL WHEELCHAIR INDEPENDENTLY MAGEE SPONSORS MEMBERS OF THE WHEELCHAIR RACING COMMUNITY IN LOCAL RACES INCLUDING THE PHILADELPHIA MARATHON, ROTHMAN 8K AND BROAD STREET RUN PARTICIPANTS CAN USE A RACING CHAIR OR HAND CYCLE, DEPENDING ON THE RACE A SP ORT UNLIKE ANY OTHER, MAGEE EAGLES QUAD RUGBY IS AS COMPETITIVE AS IT IS INTENSE! PLAYERS COLLIDE, LITERALLY, AS THE TEAMS OF FOUR SCRAMBLE TO PUSH A VOLLEYBALL DOWN A BASKETBALL C OURT THROUGH THEIR OPPONENTS ZONE AND ACROSS THE GOAL LINE COMPETITION IS LIMITED TO ATHL ETES WITH IMPAIRMENTS TO BOTH LOWER AND UPPER LIMBS AND EACH PERSON IS GIVEN A POINT VALUE BASED ON THEIR LEVEL OF FUNCTIONING TEAMS MAY ONLY FIELD A CERTAIN POINT TOTAL AT ANY GI VEN TIME DURING THE GAME'S FOUR PERIODS PLAY IS FAST- PACED AND ROUGH AS THE PLAYERS SKILL FULLY NAVIGATE MODIFIED WHEELCHAIRS AROUND THE COURT AND INTO ONE ANOTHER WHEELCHAIR TENN IS IS A BRILLIANT ADAPTATION TO AN INCREDIBLE GAME ALMOST NOTHING IS CHANGED FROM THE RUL ES OF ABLE-BODIED TENNIS ATHLETES USE THE SAME COURTS, RACQUETS, AND BALLS TO COMPETE, TH E ONLY MODIFICATION IS A RULE ALLOWING A SECOND BOUNCE BEFORE A PERSON IN A WHEELCHAIR MUS T RETURN THE BALL SINCE WHEELCHAIR TENNIS IS SO CLOSE TO ABLE-BODIED TENNIS, ATHLETES CAN PRACTICE AND COMPETE WITH FRIENDS AND FAMILY WHO MAY OR MAY NOT USE WHEELCHAIRS THINK FI RST PROGRAM -----</p>

990 Schedule O, Other Information

Return Reference	Explanation
<p>CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>- THINK FIRST IS PRESENTED BY TRAINED FACILITATORS TO SCHOOLS AND COMMUNITY CENTERS AT NO CHARGE THE PROGRAM BEGINS WITH A HIGH-ENERGY VIDEO IN WHICH SEVERAL YOUNG PEOPLE DESCRIBE THEIR EXPERIENCES AS DISABLED TRAUMA SURVIVORS A BRIEF ANATOMY DISCUSSION IS THEN GIVEN, SHOWING WHAT PARTS OF THE BODY CAN BE AFFECTED BY THESE INJURIES THE PROGRAM ALSO INCLUDES SPEAKERS WHO HAVE HAD TRAUMATIC INJURIES AND CAN SPEAK ABOUT THEIR OWN EXPERIENCES WITH THE INJURY AND REHABILITATION PROCESSES THE PROGRAM IS DESIGNED TO BE INTERACTIVE, ALLOWING STUDENTS TO PARTICIPATE BY VOLUNTEERING TO HELP DEMONSTRATE THE LESSONS, OR BY ASKING QUESTIONS THINK FIRST STRESSES PREVENTION BY "THINKING FIRST" IN ORDER TO AVOID PERMANENT BRAIN AND SPINAL CORD INJURIES THE MAIN MESSAGE OF THE THINK FIRST PROGRAM IS THAT YOUNG PEOPLE CAN HAVE A FUN, EXCITING LIFE WHILE TAKING PRECAUTIONS TO AVOID INJURY SUPPORT GROUPS ===== WHEN THE UNIMAGINABLE HAPPENS TO SOMEONE, IT'S NEARLY IMPOSSIBLE TO IMAGINE A FUTURE PEER MENTORS AND SUPPORT GROUPS PROVIDE PATIENTS AND CAREGIVERS WITH A PICTURE OF WHAT IS POSSIBLE, AND SHARE TIPS AND RESOURCES THAT HAVE HELPED THEM ALONG THE WAY PEER MENTORS ARE INDIVIDUALS WHO ARE LIVING WITH A LIFE-CHANGING DISABILITY PATIENTS HAVE THE OPPORTUNITY TO TALK WITH A MENTOR WHO HAS A SIMILAR DISABILITY WHO IS LIVING A GOOD LIFE A SUPPORT GROUP IS A PLACE TO LEARN ABOUT THE RESOURCES AVAILABLE TO YOU MEMBERS HELP EACH OTHER BY SHARING IDEAS AND PRACTICAL SOLUTIONS TO PROBLEMS THAT YOU FACE DAILY REHABILITATION PROFESSIONALS FROM MAGEE REHABILITATION BRING TO THE GROUP EXPERTISE IN SUPPORTING AN INDIVIDUAL OR CARE GIVER IN ACCESSING AVAILABLE COMMUNITY RESOURCES PEER MENTOR PROGRAMS ----- THE PEER MENTOR PROGRAM AT MAGEE CONSISTS OF SPECIALLY - TRAINED VOLUNTEERS WHO HAVE SURVIVED A SPINAL CORD INJURY, BRAIN INJURY, STROKE OR AMPUTATION AND HAVE LEARNED TO ADJUST TO THEIR DISABILITY PEER MENTORS ARE MATCHED WITH PATIENTS BASED ON LEVEL OR TYPE OF INJURY, SOCIAL SITUATIONS, AGE, GENDER, MARITAL STATUS, RECREATIONAL INTERESTS, AND VOCATIONAL EXPERIENCE THERE ARE ALSO SPECIALTY AREAS FOR PEERS WITH EXPERIENCE IN OSTOMIES AND WOUNDS MAGEE ALSO OFFERS AN ADDICTION MENTOR PROGRAM WHICH IS DESIGNED TO OFFER THOSE WHO STRUGGLE WITH ADDICTION ISSUES THE OPPORTUNITY TO TALK WITH AN EXPERIENCED ADDICTIONS MENTOR MENTORING RELATIONSHIPS ARE ENCOURAGED TO CONTINUE BEYOND MAGEE MENTORS CAN HELP WITH A VARIETY OF ISSUES AFTER DISCHARGE, SUCH AS - CONNECTING FAMILIES AND PATIENTS TO RESOURCES WITHIN THE COMMUNITY (ACCESSIBLE DOCTORS/DENTISTS, RECREATIONAL ACTIVITIES APPROPRIATE TO THE DISABILITY, TRAVEL AND TRANSPORTATION GUIDANCE) - PROVIDING EMOTIONAL SUPPORT DURING THE TRANSITION FROM REHABILITATION TO THE COMMUNITY, OFTEN A DIFFICULT TIME FOR BOTH PATIENTS AND FAMILIES PEER SUPPORT GROUPS ----- THERE ARE SEVERAL PEER SUPPORT GROUPS THAT ARE FACILITATED BY VOLUNTEERS OR CARE GIVERS WHO ARE LIVING SUCCESSFULLY WITH A</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DISABILITY THESE DIVERSE GROUPS OF PEERS OFFER PERSONAL EXPERIENCE IN ADDITION TO PROVIDING SUPPORT, REASSURANCE AND HELPFUL, PRACTICAL TIPS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART V, QUESTIONS 3A & 3B	AS OF MAY 15, 2020, THE DUE DATE OF THE ORGANIZATION'S 2018 FEDERAL FORM 990, THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS INCOME ("UBI") PLEASE NOTE, QUESTIONS 3A AND 3B WITHIN CORE FORM, PART V OF THIS FORM 990 ARE MARKED "YES" BECAUSE AS OF NOVEMBER 15, 2019, THE ORGANIZATION ANTICIPATED HAVING UBI IN EXCESS OF \$1,000 THEREFORE, THE ORGANIZATION PROPERLY FILED A FORM 8868, APPLICATION FOR EXTENSION OF TIME TO FILE, FOR ITS FORM 990-T ON DECEMBER 20, 2019 CONGRESS PASSED TWO BILLS WHICH INCLUDED THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE ("IRC") 512(A)(7) AS A RESULT OF THIS TAX REPEAL, QUALIFIED TRANSPORTATION BENEFITS WOULD NO LONGER BE TREATED AS UBI AND REPORTED WITHIN THE FORM 990-T SINCE THE ORGANIZATION PREVIOUSLY FILED AN EXTENSION FOR ITS FORM 990-T, BUT DOES NOT ENGAGE IN ANY ADDITIONAL UBI ACTIVITIES, IT HAS FILED A FINAL FORM 990-T WHICH REFLECTS NO UBI FOR THE YEAR ENDED JUNE 30, 2019

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE SOLE CORPORATE MEMBER OF MAGEE REHABILITATION HOSPITAL ("MAGEE") TJU HAS THE ULTIMATE AUTHORITY AND RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THIS ORGANIZATION'S FEDERAL 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY, ITS BOARD OF TRUSTEES, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW THEREAFTER, THE CPA FIRM GAVE A FORM 990 SUMMARY PRESENTATION TO THE TJU AUDIT, RISK AND COMPLIANCE COMMITTEE AND THEREAFTER A COMPLETE COPY OF THE FORM 990 WAS MADE AVAILABLE TO THIS ORGANIZATION'S BOARD OF TRUSTEES PRIOR TO FILING</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 12	IN INTERESTS, ACTIVITIES OR RELATIONSHIPS WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS R EQUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE, AND CERTAIN M EMBERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MANAGEMENT PLAN AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLA N, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHE N APPROPRIATE IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTI VITIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE IN TERNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S F EDERAL FORM 990

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>CORE FORM, PART X, LINE 25</p>	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN JEFFERSON/JEFFERSON HEALTH, A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE THE SYSTEM HAS A NUMBER OF OUTSTANDING LONG-TERM OBLIGATED GROUP DEBT LIABILITIES, INCLUDING THE FOLLOWING BOND ISSUANCES - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2006B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2009A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2012B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015A, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015B, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015C-G, - PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY SERIES 2015H, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017A, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017B, - PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEVELOPMENT SERIES 2017C, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018A, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018B, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018C, - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2018D, AND - MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY SERIES 2019A THE BONDS OUTLINED ABOVE AND VARIOUS OTHER LONG-TERM BORROWINGS ARE ALLOCATED BY THOMAS JEFFERSON UNIVERSITY, THE TAX-EXEMPT PARENT OF THE SYSTEM AND SOLE MEMBER OF VARIOUS TAX-EXEMPT AFFILIATES WITHIN THE SYSTEM, TO THE FOLLOWING SYSTEM MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES THE BALANCE SHEET OF THESE RESPECTIVE MEMBER HOSPITALS AND CERTAIN OTHER AFFILIATES REFLECTS A TJU OBLIGATED GROUP LIABILITY ACCORDINGLY, THIS TJU OBLIGATED GROUP LIABILITY IS REFLECTED ON THE BALANCE SHEET OF THE FOLLOWING SUBSIDIARY ORGANIZATIONS - THOMAS JEFFERSON UNIVERSITY HOSPITALS, EIN 23-2829095 - TJUH SYSTEM, INC , EIN 26-3026795 - JEFFERSON UNIVERSITY PHYSICIANS, EIN 23-2809585 - ABINGTON HEALTH, EIN 27-1243803 - ABINGTON HEALTH FOUNDATION, EIN 23-2188052 - ABINGTON MEMORIAL HOSPITAL, EIN 23-1352152 - LANSDALE HOSPITAL CORPORATION, EIN 26-3359979 - ARIA HEALTH, EIN 23-0596940 - ARIA HEALTH SYSTEM, EIN 23-2239131 - PHILADELPHIA UNIVERSITY, EIN 23-1352294 - KENNEDY UNIVERSITY HOSPITAL, INC , EIN 22-1773439 - KENNEDY HEALTH SYSTEM, INC , EIN 22-2442036 - MAGEE REHABILITATION HOSPITAL, EIN 23-1476328 SCHEDULE K WAS PREPARED ON A CONSOLIDATED BASIS AND IS INCLUDED IN THE FORM 990 OF THOMAS JEFFERSON UNIVERSITY, EIN 23-1352651</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCE INCLUDE - NET CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST - (\$357,831)

990 Schedule O, Supplemental Information

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

**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
MAGEE REHABILITATION HOSPITAL

Employer identification number

23-1476328

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MAGEE REHABILITATION HOSPITAL FOUNDATION	C	2,518,355	COST
(2)MAGEE REHABILITATION HOSPITAL FOUNDATION	E	533,605	COST
(3)THOMAS JEFFERSON UNIVERSITY	D	5,696,628	COST

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART V	THOMAS JEFFERSON UNIVERSITY ROUTINELY PAYS EXPENSES FOR ITS AFFILIATES IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

Software ID:
Software Version:
EIN: 23-1476328
Name: MAGEE REHABILITATION HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352651	EDUCATION	PA	501(C)(3)	509(A)(1)	NA		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3026795	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2829095	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2809585	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-4855345	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	JUP		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3026939	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2858320	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	JPS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2678055	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3537847	HEALTH SVCS	NJ	501(c)(3)	509(A)(2)	MAHC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622009	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622004	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622006	HEALTH SVCS	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2214351	REAL ESTATE	PA	501(c)(2)		JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 27-1243803	HEALTH SVCS	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352152	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3359979	HEALTH SVCS	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2188052	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2239131	HEALTH SVCS	PA	501(C)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-0596940	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2691968	HEALTH SVCS	PA	501(C)(3)	170B1AIII	AHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-0779942	HEALTH SVCS	PA	501(C)(3)	509(A)(2)	AHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-7318683	FUNDRAISING	PA	501(C)(3)	509(A)(3)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352294	EDUCATION	PA	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442036	HEALTH SVCS	NJ	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-1773439	HEALTH SVCS	NJ	501(C)(3)	HOSPITAL	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 80-0550282	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442034	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2443981	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442032	HEALTH SVCS	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-1420853	HEALTH SVCS	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2937749	FUNDRAISING	PA	501(C)(3)	509(A)(1)	MAGEE	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TJU INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2146678	REAL ESTATE	PA	NA	C CORP					No
(1) WALNUT REALTY CO 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2332416	REAL ESTATE	PA	NA	C CORP					No
(2) ATRIUM CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2075587	HEALTH SVCS	PA	NA	C CORP					No
(3) HEALTHMARK INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2259593	HEALTH SVCS	PA	NA	C CORP					No
(4) JEFFERSON ACUTE CARE PHYSICIANS PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2639286	HEALTH SVCS	PA	NA	C CORP					No
(5) JEFFCARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2830152	HEALTH SVCS	PA	NA	C CORP					No
(6) MID-ATLANTIC MATERNAL FETAL INSTITUTE 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2922471	INACTIVE	PA	NA	C CORP					No
(7) MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3536371	INACTIVE	NJ	NA	C CORP					No
(8) JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 37-1856786	INACTIVE	CA	NA	C CORP					No
(9) 925 WALNUT STREET CORP 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1657497	REAL ESTATE	PA	NA	S CORP					No
(10) SYSTEM SERVICE CORPORATION 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2218944	HOLDING CO	DE	NA	C CORP					No
(11) TF DEVELOPMENT LTD 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2197865	REAL ESTATE	PA	NA	C CORP					No
(12) HEALTH CARE INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 20-0214524	HEALTH SVCS	PA	NA	C CORP					No
(13) KENNEDY MANAGEMENT GROUP INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3347294	MANAGEMENT	NJ	NA	C CORP					No
(14) PROFESSIONAL MEDICAL MANAGEMENT INC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2559690	COLLECTION SVCS	NJ	NA	C CORP					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
							Yes	No	Yes	No
(16) KENNEDY ACCESS INCORPORATED 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2661672	INVESTMENTS	NJ	NA	C CORP						No
(1) JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1980055	HEALTH SVCS	NJ	NA	C CORP						No