

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  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

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

**C** Name of organization  
ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING  
% STEVEN NEARING  
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
5501 OLD YORK ROAD

City or town, state or province, country, and ZIP or foreign postal code  
PHILADELPHIA, PA 19141

**F** Name and address of principal officer  
BARRY R FREEDMAN  
5501 OLD YORK ROAD  
PHILADELPHIA, PA 19141

**D** Employer identification number  
46-5338502

**E** Telephone number  
(215) 456-6760

**G** Gross receipts \$ 1,215,842,039

**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 ▶ 5949

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

**J** Website: ▶ www.einstein.edu

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
see schedule O

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	48
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	37
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	9,501
<b>6</b> Total number of volunteers (estimate if necessary)	364
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	20,750,648	36,230,956
<b>9</b> Program service revenue (Part VIII, line 2g)	1,127,523,460	1,148,632,168
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,015,945	27,859,272
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,605,737	1,787,119
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,159,895,790	1,214,509,515
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	606,263,365	648,540,346
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	551,993,784	569,764,632
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,158,257,149	1,218,304,978
<b>19</b> Revenue less expenses Subtract line 18 from line 12	1,638,641	-3,795,463

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,329,169,801	1,333,519,579
<b>21</b> Total liabilities (Part X, line 26)	1,021,173,333	961,929,695
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	307,996,468	371,589,884

**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 2018-05-11

BARRY R FREEDMAN PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name ERIC M MCNEIL	Preparer's signature ERIC M MCNEIL	Date	Check <input type="checkbox"/> if self-employed	PTIN P00460263
Firm's name ▶ PricewaterhouseCoopers LLP			Firm's EIN ▶	
Firm's address ▶ 2001 MARKET ST SUITE 1800 PHILADELPHIA, PA 19103			Phone no (267) 330-3000	

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III  **1** Briefly describe the organization's mission

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 819,640,369 including grants of \$ ) (Revenue \$ 864,143,695 )

See Additional Data

**4b** (Code ) (Expenses \$ 155,495,449 including grants of \$ ) (Revenue \$ 140,001,872 )

See Additional Data

**4c** (Code ) (Expenses \$ 80,343,523 including grants of \$ ) (Revenue \$ 110,440,282 )

See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 40,291,064 including grants of \$ ) (Revenue \$ 34,046,319 )**4e Total program service expenses** ▶ 1,095,770,405

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	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> . . . . .	Yes	
<b>24a</b>	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> . . . . .	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .		No
<b>b</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> . . . . .		No
<b>26</b>	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> . . . . .		No
<b>27</b>	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> . . . . .		No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	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> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	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> . . . . .		No
<b>33</b>	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> . . . . .		No
<b>34</b>	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> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	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> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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 [ ]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (48), 1b (37), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (List the States...), 18 (Section 6104 requires...), 19 (Describe in Schedule O...), 20 (State the name, address, and telephone number...).



**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										
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>							11,600,874	6,519,231	2,098,894	

**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 ▶ 904

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> 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	
<b>5</b> 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
CERNER CORPORATION, PO BOX 959156 ST LOUIS, MO 631959156	IT SRVCS	7,713,726
ARAMARK HEALTHCARE SUPPORT SERVICES, 25271 NETWORK PLACE CHICAGO, IL 606731252	CONTRACTED SRVCS	6,163,517
ARAMARK HEALTHCARE TECHNOLOGIES, 12483 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	TECH MAINTENANCE SVC	5,478,907
AMN HEALTHCARE INC, PO BOX 910738 DALLAS, TX 753910738	TEMPORARY SRVCS	5,338,898
FASTAFF LLC, PO BOX 911452 DENVER, CO 802911452	TEMPORARY SRVCS	4,330,407

**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 ▶ 101

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,785,930		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	14,892,922		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	13,137,219		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	6,414,885		
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		1,073,853		
	<b>h Total.</b> Add lines 1a-1f . . . . .		36,230,956		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> ACUTE CARE SERVICES		900099	864,143,695	864,143,695		
	<b>b</b> SPECIALTY CARE SERVICES		900099	140,001,872	140,001,872		
	<b>c</b> REHABILITATION SERVICES		900099	110,440,282	110,440,282		
	<b>d</b> PRIMARY CARE SERVICES		900099	27,535,319	27,535,319		
	<b>e</b> SKILLED NURSING SERVICES		900099	6,511,000	6,511,000		
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .			1,148,632,168				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			21,086,170			21,086,170	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
			2,663,964					
		<b>b</b> Less rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .	2,663,964	0				
	<b>d</b> Net rental income or (loss) . . . . .			2,663,964			2,663,964	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			6,773,102					
		<b>b</b> Less cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .	6,773,102					
	<b>d</b> Net gain or (loss) . . . . .			6,773,102			6,773,102	
	<b>8a</b> Gross income from fundraising events (not including \$ 1,785,930 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	455,679					
		<b>b</b> Less direct expenses . . . . .		1,332,524				
<b>c</b> Net income or (loss) from fundraising events . . . . .				-876,845			-876,845	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0						
	<b>b</b> Less direct expenses . . . . .		0					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0			0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0						
	<b>b</b> Less cost of goods sold . . . . .		0					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0			0	
<b>11a</b> Miscellaneous Revenue		Business Code						
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .				0				
<b>12 Total revenue.</b> See Instructions . . . . .				1,214,509,515	1,148,632,168	0	29,646,388	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,308,394	6,308,394		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	534,893,769	521,217,597	13,676,172	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	34,194,950	34,194,950		
<b>9</b> Other employee benefits.	37,666,792	37,666,792		
<b>10</b> Payroll taxes.	35,476,441	35,007,222	469,219	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	102,970,161		102,970,161	
<b>b</b> Legal.	83,792	83,792		
<b>c</b> Accounting.	0			
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	558,854		558,854	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	93,157,371	90,521,343	2,636,028	
<b>12</b> Advertising and promotion.	332,439	318,439	14,000	
<b>13</b> Office expenses.	20,562,650	20,172,481	390,169	
<b>14</b> Information technology.	20,281,435	20,278,087	3,348	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	22,924,233	22,924,233		
<b>17</b> Travel.	1,839,974	1,765,271	74,703	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	356,586	322,335	34,251	
<b>20</b> Interest.	21,295,753	21,295,753		
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	56,177,025	56,136,784	40,241	
<b>23</b> Insurance.	27,424,088	27,424,088		
<b>24</b> 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):				
<b>a</b> PHILADELPHIA HOSP ASSMNT	30,572,222	30,572,222		
<b>b</b> FEES, LICENSES, DUES, BOOKS	1,992,729	1,855,201	137,528	
<b>c</b> MEMBERSHIP DUES	1,966,572	895,710	1,070,862	
<b>d</b> BOOKS AND PERIODICALS	648,982	635,345	13,637	
<b>e</b> All other expenses	166,619,766	166,174,366	445,400	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,218,304,978	1,095,770,405	122,534,573	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	414,605	<b>1</b>	7,143,232
	<b>2</b> Savings and temporary cash investments . . . . .	110,389,727	<b>2</b>	78,262,439
	<b>3</b> Pledges and grants receivable, net . . . . .	5,799,038	<b>3</b>	4,999,038
	<b>4</b> Accounts receivable, net . . . . .	152,012,265	<b>4</b>	137,817,503
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	22,303,227	<b>8</b>	21,300,087
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,386,893	<b>9</b>	6,756,844
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,310,679,717		
	<b>b</b> Less accumulated depreciation	703,314,804		
	<b>11</b> Investments—publicly traded securities . . . . .	274,759,411	<b>11</b>	295,466,713
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	35,762,276	<b>13</b>	50,419,781
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	166,242,174	<b>15</b>	123,989,029
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,329,169,801	<b>16</b>	1,333,519,579	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	359,558,736	<b>17</b>	303,085,755
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	5,922,840	<b>19</b>	5,333,762
	<b>20</b> Tax-exempt bond liabilities . . . . .	487,158,312	<b>20</b>	477,928,452
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	6,945,385	<b>23</b>	11,638,092
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	161,588,060	<b>25</b>	163,943,634
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,021,173,333	<b>26</b>	961,929,695
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	196,467,668	<b>27</b>	252,328,793
	<b>28</b> Temporarily restricted net assets . . . . .	69,767,452	<b>28</b>	74,883,177
	<b>29</b> Permanently restricted net assets	41,761,348	<b>29</b>	44,377,914
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	307,996,468	<b>33</b>	371,589,884
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	1,329,169,801	<b>34</b>	1,333,519,579

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,214,509,515
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,218,304,978
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-3,795,463
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	307,996,468
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	13,482,175
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	53,906,704
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	371,589,884

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>		No
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>		
<p><b>3a</b> 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?</p>	<b>3a</b>	Yes	
<p><b>b</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</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-5338502

**Name:** ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

Form 990 (2016)

---

### Form 990, Part III, Line 4a:

AEHN GROUP IS LICENSED TO OPERATE 721 ACUTE CARE BEDS TERTIARY CARE IS PROVIDED THROUGH THREE LOCATIONS, ITS MAIN CAMPUS IN NORTH PHILADELPHIA, ITS CAMPUS AT ELKINS PARK AND ITS CAMPUS AT MONTGOMERY COUNTY IN ADDITION, ITS MAIN CAMPUS OPERATES A 24-HOUR LEVEL I TRAUMA CENTER WITH AN OPEN ADMISSIONS POLICY PROVIDING EMERGENCY SERVICES TO THE COMMUNITY

---

**Form 990, Part III, Line 4b:**

AEHN GROUP PROVIDES HEALTH AND HEALING SERVICES TO THE COMMUNITIES IT SERVES AND TRAINS PHYSICIANS TO BE ACCOMPLISHED LEADERS THROUGH SCHOLARLY ACTIVITY, EXCELLENCE IN TEACHING AND PARTICIPATION IN RESEARCH

---

**Form 990, Part III, Line 4c:**

AEHN GROUP IS LICENSED TO OPERATE 197 REHABILITATION BEDS REHABILITATION SERVICES ARE PROVIDED IN A 17-BED SETTING ON ITS MAIN CAMPUS AND 50-BED SETTING AT FOUR OTHER HOSPITALS AND IN A 130-BED SETTING AT THE ELKINS PARK LOCATION

---

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses \$	32,503,064	including grants of \$	(Revenue \$	27,535,319 )
PRIMARY CARE SERVICES				
(Code ) (Expenses \$	7,788,000	including grants of \$	(Revenue \$	6,511,000 )
SKILLED NURSING SERVICES				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN L SIVAK MD ..... CHIEF MEDICAL OFFICER TRUSTEE	40 0 ..... 0 0	X						803,401	0	91,195
RICHARD FINE MD ..... SURGERY CHAIRMAN - TRUSTEE	40 0 ..... 0 0	X						692,270	0	116,428
RUTH LEFTON ..... COO - AEMC - VP PHYSICIANS	20 0 ..... 20 0	X		X				0	494,385	50,629
ALBERTO ESQUENAZI MD ..... PHYSICIAN - TRUSTEE	40 0 ..... 0 0	X						673,616	0	167,229
ARNOLD COHEN MD ..... PHYSICIAN - TRUSTEE	40 0 ..... 0 0	X						249,399	0	94,076
FRANK S JAMES MD ..... PHYSICIAN - TRUSTEE	5 0 ..... 5 0	X						0	0	0
DAVID JASPAN DO ..... PHYSICIAN	5 0 ..... 5 0	X						0	0	0
JANIS RUBIN MD ..... PHYSICIAN - TRUSTEE	5 0 ..... 35 0	X						0	203,537	34,783
SCOTT A MELNICK MD ..... PHYSICIAN - TRUSTEE	5 0 ..... 5 0	X						0	125,463	58,742
BETH DUFFY ..... COO - EMC M	40 0 ..... 0 0	X		X				0	582,012	64,830

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			
BARRY FREEDMAN ..... PRESIDENT AND CEO	20 ..... 20	X		X				0	2,047,290	58,549
ALISON KORMAN FELDMAN ..... SECRETARY - EMCM	5 ..... 5	X		X				0	0	0
ANTHONY R SHERR ..... TRUSTEE	5 ..... 5	X						0	0	0
BARBARA E BLACK ..... TRUSTEE	5 ..... 5	X						0	0	0
CAROLE S BEN-MAIMON MD ..... TREASURER - AEMC	5 ..... 5	X		X				0	0	0
CLIFFORD D SCHLESINGER ESQ ..... TRUSTEE	5 ..... 5	X						0	0	0
ELLEN KRAFTSOW-KOGAN ..... SECRETARY - AEMC	5 ..... 5	X		X				0	0	0
ERIC RAYMOND ..... TRUSTEE	5 ..... 5	X						0	0	0
GEOFFREY M DUFFINE ESQ ..... CHAIRPERSON - EMCM	5 ..... 5	X		X				0	0	0
GREGORY H STEIN ..... TRUSTEE	5 ..... 5	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			
JAY B MINKOFF ..... TRUSTEE	50 .....	X						0	0	0
JILL POWELL ..... TRUSTEE	50 .....	X						0	0	0
JOAN L GOLDSTEIN ..... TRUSTEE	50 .....	X						0	0	0
JOANNE FISHMAN ESQ ..... TRUSTEE	50 .....	X						0	0	0
JOE M MELENDEZ ..... TRUSTEE	50 .....	X						0	0	0
JOHN P KORMAN ..... TRUSTEE	50 .....	X						0	0	0
JUDITH H KRAMER ..... TRUSTEE	50 .....	X						0	0	0
JUDITH K TRICHON ..... SECRETARY - PHYSICIANS	50 .....	X		X				0	0	0
KIMYA S JOHNSON ..... TRUSTEE	50 .....	X						0	0	0
LAWRENCE S REICHLIN ..... TRUSTEE	50 .....	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			
LEWIS I GANTMAN ..... CHAIRPERSON - AEMC	50 .....	X		X				0	0	0
MADALYN ROVINSKY ..... TRUSTEE	50 .....	X						0	0	0
MARINA KATS ESQ ..... TREASURER - PHYSICIANS	50 .....	X		X				0	0	0
MATTHEW S LEVITTIES ..... TRUSTEE	50 .....	X						0	0	0
MICHAEL L FEINMAN ..... TRUSTEE	50 .....	X						0	0	0
MINA P FADER ..... CHAIRPERSON - PHYSICIANS	50 .....	X		X				0	0	0
PAUL H WEISS ESQ ..... TRUSTEE	50 .....	X						0	0	0
RICHARD A WOLFSON ..... TRUSTEE	50 .....	X						0	0	0
RICHARD C SHEERR ..... TRUSTEE	50 .....	X						0	0	0
ROBERT B ISARD ..... TRUSTEE	50 .....	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			
MOLLIE BECKER ..... ASSISTANT SECRETARY	20 0 ..... 20 0			X				0	93,348	30,449
LUANN TRAINER ..... VP PHYS SVCS-PHILA (THRU 9/16)	40 0 ..... 0 0				X			599,662	0	71,534
MAUREEN JORDAN ..... VP HEALTHCARE SRVCS - AEMC	40 0 ..... 0 0				X			296,118	0	23,733
PATRICIA MODAFFERI ..... VP HEALTHCARE SERVICES - EMCM	40 0 ..... 0 0				X			195,153	0	6,726
CRAIG SIEVING ..... VP FACILITIES	40 0 ..... 0 0				X			308,389	0	42,842
CYNTHIA M DEGRANDPRE ..... VP HEALTHCARE SRVCS - EINSTEIN	40 0 ..... 0 0				X			368,426	0	94,699
DENNIS PFLEIGER ..... VP HEALTHCARE SERVICES - EMCM	40 0 ..... 0 0				X			208,101	0	29,637
ANNMARIE PAPA ..... VP NURSING - EMCM	40 0 ..... 0 0				X			245,906	0	30,718
RICHARD CUMING ..... VP NURSING - AEMC	40 0 ..... 0 0				X			291,405	0	16,458
THOMAS J SMITH ..... COO - MOSS	40 0 ..... 0 0				X			235,927	0	16,225

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK ANDERSON MD ..... PHYSICIAN	40 0 ..... 0 0					X		1,725,932	0	70,900
MARK KATOPKA MD ..... PHYSICIAN	40 0 ..... 0 0					X		1,329,288	0	151,417
VICTOR NAVARRO MD ..... PHYSICIAN	40 0 ..... 0 0					X		1,059,204	0	64,465
TERENCE S MATALON MD ..... PHYSICIAN	40 0 ..... 0 0					X		1,009,969	0	150,186
RADI F ZAKI ..... PHYSICIAN	40 0 ..... 0 0					X		996,497	0	61,939
SUSAN A BERNINI ..... FORMER COO - AEMC	0 0 ..... 0 0						X	0	885,294	272,383
DAVID ERTEL ..... FORMER CFO - ASST TREASURER	0 0 ..... 0 0						X	0	417,741	17,924

# TY 2016 Affiliate Listing

**Name:** ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

**EIN:** 46-5338502

## TY 2016 Affiliate Listing

Name	Address	EIN	Name control
Albert Einstein Medical Center	5501 Old York Road Philadelphia, PA 191413018	23-1396794	ALBE
BCCT Over Corp	5501 Old York Road Philadelphia, PA 19141	23-1352200	ALBE
Einstein Community Health Associate	5501 Old York Road Philadelphia, PA 19141	23-2760086	ALBE
Einstein Medical Center Montgomery	559 West Germantown Pike East Norriton, PA 19403	20-4193243	ALBE
Einstein Practice Plan Inc	5501 Old York Road Philadelphia, PA 19141	23-2664784	ALBE

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

Employer identification number

46-5338502

**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 **section 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 3
  - 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		
See Additional Data Table						
<b>Total</b>	3				0	0

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

(Complete only if you checked the box on line 5, 7, 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>	Yes	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>2</b>		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>3a</b>		No
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
<b>4a</b>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
<b>5a</b>		No
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
<b>6</b>		No
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
<b>7</b>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
<b>8</b>		No
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9a</b>		No
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9b</b>		No
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9c</b>		No
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
<b>10a</b>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		No
<b>b</b>	A family member of a person described in (a) above?		No
<b>c</b>	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>		No

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		No

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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
<b>1</b>	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?		No
<b>2</b>	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>		No
<b>3</b>	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>		No

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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)
<b>1</b> Net short-term capital gain	0	
<b>2</b> Recoveries of prior-year distributions	0	
<b>3</b> Other gross income (see instructions)	0	
<b>4</b> Add lines 1 through 3	0	
<b>5</b> Depreciation and depletion	0	
<b>6</b> 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)	0	
<b>7</b> Other expenses (see instructions)	0	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	0	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
<b>a</b> Average monthly value of securities	0	
<b>b</b> Average monthly cash balances	0	
<b>c</b> Fair market value of other non-exempt-use assets	0	
<b>d Total</b> (add lines 1a, 1b, and 1c)	0	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI) 0		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	0	
<b>3</b> Subtract line 2 from line 1d	0	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	0	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	0	
<b>6</b> Multiply line 5 by .035	0	
<b>7</b> Recoveries of prior-year distributions	0	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	0	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	0
<b>2</b> Enter 85% of line 1	<b>2</b>	0
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	0
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	0
<b>5</b> Income tax imposed in prior year	<b>5</b>	0
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	0
<b>7</b> <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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	0
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	0
<b>4</b> Amounts paid to acquire exempt-use assets	0
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	0
<b>6</b> Other distributions (describe in Part VI) See instructions	0
<b>7 Total annual distributions.</b> Add lines 1 through 6	0
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
<b>9</b> Distributable amount for 2016 from Section C, line 6	0
<b>10</b> Line 8 amount divided by Line 9 amount	0 %

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			0
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . . 0			
<b>d</b> From 2014. . . . . 0			
<b>e</b> From 2015. . . . . 0			
<b>f Total</b> of lines 3a through e	0		
<b>g</b> Applied to underdistributions of prior years		0	
<b>h</b> Applied to 2016 distributable amount			0
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
<b>4</b> Distributions for 2016 from Section D, line 7 \$ 0			
<b>a</b> Applied to underdistributions of prior years		0	
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4	0		
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c	0		
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . . 0			
<b>c</b> Excess from 2014. . . . . 0			
<b>d</b> Excess from 2015. . . . . 0			
<b>e</b> Excess from 2016. . . . . 0			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART I	<p>REASON FOR PUBLIC CHARITY STATUS ALBERT EINSTEIN MEDICAL CENTER IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) BCCT OVER CORP IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) EINSTEIN COMMUNITY HEALTH ASSOCIATES IS A TYPE I SUPPORTING ORGANIZATION THAT IS 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) EINSTEIN MEDICAL CENTER MONTGOMERY IS A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III) EINSTEIN PRACTICE PLAN, INC IS A TYPE I SUPPORTING ORGANIZATION THAT IS 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) SCHEDULE A, PART I, LINE 12G EINSTEIN COMMUNITY HEALTH ASSOCIATES SUPPORTS THE FOLLOWING ORGANIZATIONS ALBERT EINSTEIN MEDICAL CENTER BCCT OVER CORP EINSTEIN PRACTICE PLAN, INC SUPPORTS THE FOLLOWING ORGANIZATIONS ALBERT EINSTEIN MEDICAL CENTER BCCT OVER CORP EINSTEIN MEDICAL CENTER MONTGOMERY</p>

Schedule A Form 990 of 990-E 2016

**Additional Data****Software ID:****Software Version:****EIN:** 46-5338502**Name:** ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 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		
(A) ALBERT EINSTEIN MEDICAL CENTER	231396794	3	Yes		0	0
(A) ALBERT EINSTEIN MEDICAL CENTER	231396794	3	Yes		0	0
(A) BCCT OVER CORP	231352200	3	Yes		0	0
(A) BCCT OVER CORP	231352200	3	Yes		0	0
(B) EINSTEIN MEDICAL CENTER MONTGOMERY	204193243	3	Yes		0	0
(B) EINSTEIN MEDICAL CENTER MONTGOMERY	204193243	3	Yes		0	0

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

**Employer identification number**  
46-5338502

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

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

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

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	111,528,000	120,795,000	127,169,000	115,831,000	104,673,000
<b>b</b> Contributions . . . . .	5,120,000	3,591,000	2,691,000	3,653,000	7,178,000
<b>c</b> Net investment earnings, gains, and losses	9,898,000	-7,211,000	-1,188,000	11,281,000	7,977,000
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	7,285,000	5,647,000	7,877,000	3,596,000	3,997,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	119,261,000	111,528,000	120,795,000	127,169,000	115,831,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 37 210 %
  - c** Temporarily restricted endowment ▶ 62 790 %
- 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 |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes |    |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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
<b>1a</b> Land . . . . .		55,638,000		55,638,000
<b>b</b> Buildings		709,070,717	377,026,804	332,043,913
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		518,878,000	326,288,000	192,590,000
<b>e</b> Other . . . . .		27,093,000		27,093,000
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				607,364,913

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1) NON CONTROLLED TRUST ASSETS	34,514,468
(2) RECOVERABLE PROF LIABILITY	38,980,000
(3) DEFERRED FINANCING COSTS	4,401,194
(4) SUPP 457 RETIREMENT PLAN	22,981,869
(5) DUE FROM AFFILIATES	23,111,498
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	123,989,029

**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
PROFESSIONAL LIABILITY	136,307,460
457 PLAN LT LIABILITY	22,981,869
LONGTERM ARO ASBESTOS LIABILIT	4,533,684
DEFERRED CONTRIBUTIONS	120,621
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	163,943,634

**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.

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

**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.

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

**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:** 46-5338502

**Name:** ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 4 ENDOWMENT FUNDS	ENDOWMENTS - TRUE ENDOWMENT FUNDS ESTABLISHED BY DONOR GIFTS AND MAINTAINED TO PROVIDE A PERMANENT SOURCE OF INCOME, GENERALLY STIPULATING THAT THE PRINCIPAL MUST BE INVESTED AND KEPT INTACT PERPETUALLY WHILE THE INCOME GENERATED MAY BE USED BY THE ORGANIZATION PERPETUAL TRUSTS - THESE ARE FUNDS HELD BY OUTSIDE TRUSTEES IN TRUST ACCOUNTS FOR WHICH AEMC IS NAMED AS BENEFICIARY THE DISTRIBUTIONS FROM THESE FUNDS SUPPORT THE OPERATIONS OF THE ORGANIZATION TEMPORARILY RESTRICTED FUNDS - USED FOR PURPOSES SPECIFIED BY DONORS

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2, FIN 48 DISCLOSURE	NO ADJUSTMENTS TO THE FINANCIAL STATEMENTS WERE REQUIRED AS A RESULT OF THE IMPLEMENTATION OF FIN 48

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

Employer identification number

46-5338502

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>HARVEST BALL</b> (event type)	<b>SMALL MIRACLES</b> (event type)	<b>8</b> (total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	1,277,734	261,955	701,920	2,241,609
<b>2</b>	Less Contributions . . . . .	963,347	142,450	680,133	1,785,930
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	314,387	119,505	21,787	455,679
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	20,096	27,028	14,838	61,962
	<b>6</b> Rent/facility costs . . . . .	443,668	56,240	124,466	624,374
	<b>7</b> Food and beverages . . . . .		50,193	17,641	67,834
	<b>8</b> Entertainment . . . . .	60,200		12,100	72,300
	<b>9</b> Other direct expenses . . . . .	381,137	14,236	110,681	506,054
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-876,845

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_

-----

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_

-----

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |            |         |
|----------|-----------------------------|------------|---------|
| <b>a</b> | The organization's facility | <b>13a</b> | _____ % |
| <b>b</b> | An outside facility         | <b>13b</b> | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer  Employee  Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

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

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
2016  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

**1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

**1b** If "Yes," was it a written policy? . . . . .

**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

Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities

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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care

100%  150%  200%  Other 250 %

**b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

200%  250%  300%  350%  400%  Other \_\_\_\_\_ %

**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"?

**5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

**b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

**c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

**6a** Did the organization prepare a community benefit report during the tax year?

**b** If "Yes," did the organization make it available to the public?

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

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	
<b>4</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>5c</b>		
<b>6a</b>		No
<b>6b</b>		

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			201,000		201,000	0.020 %
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			201,000		201,000	0.020 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			14,323,020	10,236,840	4,086,180	0.340 %
<b>f</b> Health professions education (from Worksheet 5)			71,158,393	34,068,207	37,090,186	3.040 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)						
<b>j Total.</b> Other Benefits			85,481,413	44,305,047	41,176,366	3.380 %
<b>k Total.</b> Add lines 7d and 7j			85,682,413	44,305,047	41,377,366	3.400 %

**Part III 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						
<b>10 Total</b>						

**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?	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.		
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.		
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).	173,662,141
6	Enter Medicare allowable costs of care relating to payments on line 5.	197,674,136
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	-24,011,995
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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

**Section C. Collection Practices**

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

2

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)

See Additional Data Table	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

**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)

**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):** \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b>	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	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SCHEDULE H, PART V, SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.einstein.edu/community/community-outreach</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

A

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250% and FPG family income limit for eligibility for discounted care of 400% <b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) <b>c</b> <input type="checkbox"/> Asset level <b>d</b> <input type="checkbox"/> Medical indigency <b>e</b> <input type="checkbox"/> Insurance status <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount <b>g</b> <input checked="" type="checkbox"/> Residency <b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	Yes	
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SCHEDULE H, PART V, SECTION C		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SCHEDULE H, PART V, SECTION C		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SCHED H, PART V, SECTION C		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	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 non-payment? . . . . .	Yes	
<b>18</b>	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 <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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 <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		No
<b>20</b>	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) <b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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 <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)	Yes	
-----------	--	-----	--

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

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

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		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? 31

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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, LINES 3B AND 3C	THE HOSPITAL FACILITIES USE FPG OR CERTAIN PRESUMPTIVE FACTS TO DETERMINE ELIGIBILITY FOR PROVIDING FREE OR DISCOUNTED CARE DISCOUNTED CARE IS EXTENDED TO ALL PATIENTS WHO ARE UNINSURED REGARDLESS OF THEIR INCOME LEVEL UNDER AEHN'S FINANCIAL ASSISTANCE POLICY THE PURPOSE OF THE FINANCIAL ASSISTANCE POLICY IS TO REDUCE HOSPITAL CHARGES TO AN AMOUNT THAT IS COMPARABLE TO WHAT IS RECEIVED FROM GOVERNMENT AND INSURANCE COMPANY PAYERS TO THIS END, AN UNINSURED DISCOUNT FEE SCALE HAS BEEN ESTABLISHED THE RATES IN THIS FEE SCALE HAVE BEEN ESTABLISHED AT AMOUNTS BASED ON THE MEDICARE PAYMENT SCHEDULE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	DID THE ORGANIZATION PREPARE A COMMUNITY BENEFIT REPORT DURING THE TAX YEAR? NO, THE ORGANIZATION DID NOT PREPARE A COMMUNITY BENEFIT REPORT

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST FOR LINE 7F THE MEDICARE AND MEDICAID COST REPORTS ARE THE BASIS FOR THE COSTING METHODOLOGY USED IN REPORTING

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H PART III, LINE 2	THE AMOUNT EXPECTED TO BE COLLECTED APPROXIMATES COST THAT WOULD HAVE BEEN DETERMINED UNDER THE RATIO OF COSTS TO CHARGES METHODOLOGY

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	<p>RATIONALE FOR INCLUDING BAD DEBT IN COMMUNITY BENEFIT AEHN HAS A SYSTEM-WIDE CHARITY CARE POLICY AND UNINSURED DISCOUNT POLICY IT HAS DETAILED ADMINISTRATIVE PROCEDURES ESTABLISHED FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED DISCOUNTS IT UTILIZES VARIOUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE (SCHEDULE H, PART VI, LINE 3 DISCUSSION) DESPITE AEHN'S BEST EFFORTS, PATIENTS WHO NEED SUBSIDIZED CARE MAY NEITHER SEEK CHARITY CARE ASSISTANCE NOR CHOOSE TO ENROLL IN PENNSYLVANIA'S MEDICAL ASSISTANCE PROGRAM THE URGENCY OF SOME TREATMENTS, CERTAIN PROVISIONS IN FEDERAL REGULATIONS, AND MOST IMPORTANTLY, AEHN'S PREEMINENT MISSION TO PROVIDE CARE REGARDLESS OF ABILITY TO PAY, REQUIRES PATIENT CARE FIRST, REIMBURSEMENT SECOND FOR THESE AND OTHER REASONS, AEHN BELIEVES A PORTION OF ITS BAD DEBT EXPENSE AS REPORTED ON PART III, LINE 3 REPRESENTS CHARITY CARE CONSISTENT WITH ITS CHARITABLE HEALTHCARE MISSION, HOWEVER IT IS NOT POSSIBLE AT THIS TIME TO MEASURE THIS HFMA STATEMENT NO 15 RECOGNIZED THAT THE APPROPRIATE CLASSIFICATION OF CHARITY CARE AND BAD DEBT IS OFTEN DIFFICULT CONSISTENT WITH THE PROVISIONS OF HFMA STATEMENT NO 15, AND ALSO WITH INSTRUCTIONS TO SCHEDULE H PART I, BAD DEBT HAS NOT BEEN INCLUDED IN ANY MEASUREMENT OF CHARITY OR COMMUNITY BENEFIT COSTS</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	SEE PAGES 12-13 of the Audited Financial Statements related to footnote disclosure of the description of bad debt expense

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	COSTING METHODOLOGY TO DETERMINE MEDICARE ALLOWABLE COSTS AEHN AND ITS CONSTITUENT ENTITIES THAT FILE COST REPORTS DETERMINE MEDICARE ALLOWABLE COSTS BASED ON THE MEDICARE PROVIDER REIMBURSEMENT MANUAL, SECTION HIM 15 EXTENT TO WHICH A MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF AEHN AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, AEHN PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SUCH CARE IS PROVIDED REGARDLESS OF WHETHER MEDICARE REIMBURSEMENT MEETS OR EXCEEDS THE COSTS INCURRED BY AEHN TO PROVIDE SERVICES SIMILAR TO MEDICAID, PAYMENT RATES FOR MEDICARE ARE SET BY LAW RATHER THAN THROUGH A NEGOTIATION PROCESS AS WITH PRIVATE INSURERS MEDICARE RATES ARE DETERMINED WITHIN THE CONTEXT OF ALL THE BUDGETARY NEEDS OF THE FEDERAL GOVERNMENT MEDICARE PAYMENTS HAVE HISTORICALLY BEEN ESTABLISHED AT RATES BELOW THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS THOUGH HOW FAR BELOW VARIES OVER TIME AND BY SERVICE THESE PAYMENT RATES HAVE GENERALLY BEEN BELOW THE COSTS OF PROVIDING CARE FOR MOST HOSPITALS RESULTING IN UNDERPAYMENTS FOR SERVICES EACH YEAR MEDICARE IS SUPPOSED TO PROVIDE HOSPITALS AN INCREASE IN BOTH INPATIENT AND OUTPATIENT PAYMENTS TO ACCOUNT FOR INFLATION IN THE PRICES FOR GOODS AND SERVICES HOSPITALS MUST PURCHASE IN ORDER TO PROVIDE PATIENT CARE HOWEVER RECENT INPATIENT RATE UPDATES HAVE BEEN SET BELOW THE RATE OF INFLATION AND ACTUALLY HAVE BEEN NEGATIVE AT TIMES THIS CAN RESULT IN SHORTFALLS THAT GROW OVER TIME FOR MANY INSTITUTIONS A COMPOUNDING ISSUE OCCURS WHEN A MEDICARE SHORTFALL GROWS TO SUCH AN EXTENT THAT IT JEOPARDIZES AN INSTITUTION'S ABILITY TO SERVE ITS COMMUNITIES CURRENTLY, AEHN IS ABLE TO PROVIDE THE NECESSARY CLINICAL SERVICES WITHIN THE MARKETPLACE TO MEDICARE BENEFICIARIES AT CURRENT PAYMENT RATES AS PER THE INSTRUCTIONS TO FORM 990, THE HOSPITAL FACILITIES (AEMC, EMCM) WITHIN THE GROUP RETURN DID INCUR AN OVERALL SHORTFALL IN MEDICARE REIMBURSEMENT IN 2016

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	COLLECTION PRACTICES FOR PATIENTS RECEIVING CHARITY CARE OR FINANCIAL ASSISTANCE ONCE A PATIENT HAS BEEN IDENTIFIED AS QUALIFYING FOR 100% FINANCIAL ASSISTANCE NO COLLECTION ACTIONS ARE TAKEN FOR PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE, AEHN OFFERS PAYMENT PLANS AS PART OF ITS COLLECTION POLICY

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT AEHN, ALONG WITH OTHER HOSPITALS AND HEALTH CARE NETWORKS IN THE GREATER DELAWARE VALLEY REGION, ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES THROUGH COLLABORATION WITH PUBLIC AND PRIVATE AGENCIES IN DETERMINING THE COMMUNITY'S HEALTH NEEDS AND HOW BEST TO ADDRESS THEM PLEASE VISIT OUR WEBSITE TO VIEW ADDITIONAL DETAILS WITHIN OUR CHNA REPORT

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE AEHN HOSPITALS AND PHYSICIAN PRACTICES INFORM AND EDUCATE PATIENTS AND ITS COMMUNITY IN GENERAL ABOUT ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER AEHN'S OWN CHARITY CARE PROGRAM PATIENTS ARE INFORMED OF THE AVAILABILITY OF CHARITY CARE AND ARE ASSISTED IN OBTAINING OTHER FINANCIAL ASSISTANCE IN VARIOUS WAYS 1 ) AEHN HOSPITALS AND PHYSICIAN PRACTICES HAVE SIGNAGE INDICATING THE AVAILABILITY OF FINANCIAL ASSISTANCE/CHARITY CARE IN PATIENT ACCESS AREAS 2 ) INFORMATIONAL BROCHURES ARE AVAILABLE IN PATIENT ACCESS LOCATIONS THAT EXPLAIN PAYMENT PLANS AND FINANCIAL ASSISTANCE PROGRAMS ON - SITE FINANCIAL REPRESENTATIVES ARE AVAILABLE ON SITE TO DISCUSS FINANCIAL ASSISTANCE PROGRAMS 3 ) AEHN HOSPITALS APPLY FOR MEDICAID COVERAGE ON BEHALF OF PATIENTS WHERE APPROPRIATE PATIENTS ARE ASSISTED IN APPLYING FOR FINANCIAL ASSISTANCE IF THE MEDICAL ASSISTANCE APPLICATION IS DENIED AND THE PATIENT'S INCOME IS BELOW 250% OF FEDERAL POVERTY GUIDELINES ("FPG") 4 ) UNINSURED PATIENTS ARE CONTACTED FOR PAYMENT ARRANGEMENTS WHEN THEY ARE SCHEDULED FOR SERVICES FINANCIAL ASSISTANCE IS OFFERED WHEN NO OTHER FORMS OF PAYMENT ARE AVAILABLE 5 ) WHEN PATIENTS CALL A CUSTOMER SERVICE REPRESENTATIVE, THEY ARE PROVIDED MORE INFORMATION ABOUT CHARITY CARE OR OTHER FORMS OF AVAILABLE FINANCIAL ASSISTANCE SPECIFIC TO THEM

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION ALBERT EINSTEIN MEDICAL CENTER PHILADELPHIA AND ELKINS PARK - THE P RIMARY SERVICE AREA INCLUDES THE FOLLOWING ZIP CODES IN THE CITY OF PHILADELPHIA AND MONTG OMERY COUNTY, PENNSYLVANIA EINSTEIN MEDICAL CENTER PHILADELPHIA PRIMARY GEOGRAPHIC SERVIC E AREAS 19120, 19138, 19141, 19144, 19111, 19114, 19115, 19116, 19124, 19135, 19136, 19137 , 19149, 19152, 19154, 19118, 19119, 19128, 19129, 19150, 19012, 19027, 19038, 19046, 1909 5, 19126 EINSTEIN MEDICAL CENTER PHILADELPHIA PRIMARY COMMUNITY DEMOGRAPHICS POPULATION SI ZE THE TOTAL POPULATION OF EINSTEIN MEDICAL CENTER PHILADELPHIA'S SERVICE AREA INCREASED TO APPROXIMATELY 825,174 RESIDENTS IN 2016 THE SERVICE AREA'S POPULATION IS PROJECTED TO CONTINUE INCREASING IN 2020 (TO 836,882 RESIDENTS DEMOGRAPHIC CHARACTERISTICS AGE - IN T HE SERVICE AREA, 23% OF RESIDENTS ARE BETWEEN THE AGES OF 0-17, 37% ARE 18-44 (38%), 25% A RE 45-64 (26%), AND 15% ARE 65 OR OLDER WHEN COMPARING TO 2000, THE SERVICE AREA SAW AN I NCREASE IN RESIDENTS AGE 45-64 THERE ARE SOME VARIATIONS IN THE PERCENTAGES OF RESIDENTS IN EACH AGE CATEGORY WHEN COMPARING THE SERVICE AREA, MONTGOMERY AND PHILADELPHIA COUNTIES , AND PENNSYLVANIA AS A WHOLE THE SERVICE AREA, MONTGOMERY COUNTY, AND PENNSYLVANIA AS A WHOLE ARE EXPECTED TO EXPERIENCE CONTINUED TRENDING TOWARDS AN AGING POPULATION THROUGH 20 18, LITTLE CHANGE IN RESIDENT AGE DISTRIBUTION IS ANTICIPATED FOR PHILADELPHIA COUNTY GEN DER - APPROXIMATELY 47% OF THE SERVICE AREA'S POPULATION IS MALE AND 53% IS FEMALE, THESE PERCENTAGES ARE PROJECTED TO REMAIN STATIC THROUGH 2018 AND ARE LARGELY COMPARABLE TO THE GENDER BREAKDOWN OF PHILADELPHIA AND MONTGOMERY COUNTIES, AS WELL AS PENNSYLVANIA AS A WHO LE RACE/ETHNICITY - IN THE SERVICE AREA 44% ARE WHITE, 35% ARE BLACK, 13% ARE LATINO, 7% ARE ASIAN, AND 3% IDENTIFY AS AN "OTHER" RACE/ETHNICITY THIS PATTERN IS SLIGHTLY DIFFEREN T THAN THE PATTERN IN PHILADELPHIA AS A WHOLE, WHERE 41% OF THE POPULATION IS BLACK, 36% W HITE, 14% LATINO, AND 7% ASIAN THE PERCENTAGE OF WHITE RESIDENTS IN THE SERVICE AREA IS P REDICTED TO DECLINE BY 3% BY 2020 THIS IS THE ONLY RACIAL AND ETHNIC GROUP IN THE SERVICE AREA THAT IS PREDICTED TO DECLINE IN THE NEXT FIVE YEARS THE PERCENTAGE OF LATINO RESIDE NTS IN THE SERVICE AREA POPULATION IS PREDICTED TO INCREASE SLIGHTLY BY 2% BY 2020 THIS M IRRORS THE GROWTH PATTERN PREDICTED FOR THIS ETHNIC GROUP IN PHILADELPHIA AS A WHOLE LANG UAGE SPOKEN AT HOME - THE MAJORITY OF RESIDENTS IN THE SERVICE AREA SPEAK ENGLISH AT HOME (78%), 9% SPEAK SPANISH, 5% SPEAK AN ASIAN LANGUAGE, AND 8% SPEAK AN "OTHER" LANGUAGE ASI AN LANGUAGE PATTERNS IN THE SERVICE AREA ARE SIMILAR TO THOSE IN PHILADELPHIA AS A WHOLE THE SERVICE AREA HAS A SIMILAR PERCENTAGE OF ADULTS WHO SPEAK SPANISH AT HOME (9%) AS HAS PHILADELPHIA AS A WHOLE (10%) A SIMILAR PERCENTAGE OF RESIDENTS IN THE SERVICE AREA SPEAK AN "OTHER" LANGUAGE AT HOME (8%) AS IN PHILADELPHIA OVERALL (7%) SOCIOECONOMIC INDICATOR S EDUCATION - IN THE SERVICE AREA, 16% OF RESIDENTS HAVE LESS THAN A HIGH SCHOOL DEGREE, SIX-IN-TEN ARE HIGH SCHOOL GRADUATES (60%), AND NEARLY ONE-QUARTER HAVE A COLLEGE DEGREE O R MORE (24%) THE EDUCATIONAL ATTAINMENT OF RESIDENTS IN THE SERVICE AREA HAS REMAINED FAI RLY STABLE OVER TIME THE SERVICE AREA (60%) HAS A SLIGHTLY HIGHER PERCENTAGE OF ADULTS WH OSE FORMAL EDUCATION ENDED WITH A HIGH SCHOOL DIPLOMA THAN PHILADELPHIA AS A WHOLE (57%), AND THE SAME PERCENTAGE OF RESIDENTS WITH A COLLEGE DEGREE OR HIGHER (24%) THE SERVICE AR EA (16%) HAS A SLIGHTLY LOWER PERCENTAGE OF ADULTS WHO DID NOT FINISH HIGH SCHOOL THAN PHI LADELPHIA OVERALL (20%) EMPLOYMENT - THE OVERWHELMING MAJORITY OF RESIDENTS IN THE SERVIC E AREA AGE 16 AND OVER (85%) ARE EMPLOYED, 15% ARE UNEMPLOYED UNEMPLOYMENT IS SLIGHTLY LO WER IN SERVICE AREA (15%) THAN IN PHILADELPHIA COUNTY AS A WHOLE (16%) POVERTY STATUS - M ORE THAN ONE-THIRD OF FAMILIES IN THE SERVICE AREA (37%) ARE LIVING IN HOUSEHOLDS WITH INC OMES AT OR BELOW 150% OF THE FEDERAL POVERTY LEVEL ONE IN FIVE FAMILIES WITH CHILDREN (22 %) AND 15% OF FAMILIES WITHOUT CHILDREN IN THE SERVICE AREA ARE LIVING IN POVERTY POVERTY RATES ARE LOWER IN THE SERVICE AREA THAN THEY ARE IN PHILADELPHIA AS A WHOLE, WHERE THE M AJORITY OF FAMILIES (54%) LIVE IN POVERTY (32% OF FAMILIES WITH CHILDREN AND 22% OF FAMILI ES WITHOUT CHILDREN) MEDIAN HOUSEHOLD INCOME - THE MEDIAN ANNUAL HOUSEHOLD INCOME IN THE SERVICE AREA IS \$46,166 THIS REPRESENTS A MINIMAL INCREASE FROM 2013 WHEN IT WAS \$44,203 IT IS PREDICTED TO GROW CLOSE TO \$48,768 BY 2020 THE MEDIAN HOUSEHOLD INCOME IN THE SERV ICE AREA IS HIGHER THAN THE MEDIAN HOUSEHOLD INCOME IN PHILADELPHIA, WHERE IT IS \$36,553 HOME OWNERSHIP - THE MAJORITY OF SERVICE AREA RESIDENTS (62%) OWN THEIR HOMES, AND 38% OF RESIDENTS RENT THIS IS HIGHER THAN HOME OWNERSHIP RATES IN PHILADELPHIA, WHERE 50% OF RES IDENTS RENT AND 50% OWN THEIR HOMES COMMUNITY INFORMATION EINSTEIN MEDICAL CENTER MONTGO MERY - THE PRIMARY SERVICE AREA INCLUDES THE FOLLO</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>WING ZIP CODES IN THE CITY OF PHILADELPHIA AND MONTGOMERY COUNTY, PENNSYLVANIA EINSTEIN MEDICAL CENTER MONTGOMERY PRIMARY GEOGRAPHIC SERVICE AREAS 19401, 19403, 19405, 19406, 1942 6, 19428, 19462 EINSTEIN MEDICAL CENTER PHILADELPHIA PRIMARY COMMUNITY DEMOGRAPHICS POPULATION SIZE THE POPULATION OF THE EMCM SERVICE AREA IS 327,924 IT WAS 324,331 IN 2013 AND IS PREDICTED TO INCREASE TO 336,250 IN 2020 THIS REPRESENTS A 4% INCREASE IN THE NEXT FIVE YEARS, WHICH IS SIMILAR TO MONTGOMERY COUNTY OVERALL (3%) DEMOGRAPHIC CHARACTERISTICS AGE - IN THE EMCM SERVICE AREA, 18-44 YEAR OLDS MAKE UP 35% OF THE POPULATION (113,418), BUT THE SIZE OF THIS AGE GROUP IS PREDICTED TO DECLINE BY 2% BY 2020 THE 18-44 YEAR OLD AGE GROUP IN MONTGOMERY COUNTY MAKES UP A SIMILAR PERCENTAGE OF THE POPULATION (33%) AND IS EXPECTED TO DECREASE BY 1% BY 2020 TWENTY-EIGHT PERCENT OF THE EMCM SERVICE AREA RESIDENTS ARE BETWEEN THE AGES OF 45-65 (91,585) THIS PERCENTAGE HAS NOT CHANGED SINCE 2013 AND IS EXPECTED TO HOLD STEADY INTO 2020 TWENTY-TWO PERCENT OF THE EMCM SERVICE AREA RESIDENTS (71,139) ARE CHILDREN BETWEEN THE AGES OF 0-17 THIS PERCENTAGE HAS NOT CHANGED SINCE 2013 AND IS PREDICTED TO HOLD STEADY INTO 2020 THIS MIRRORS BOTH THE POPULATION PERCENTAGE AND GROWTH RATE FOR THIS AGE GROUP IN MONTGOMERY COUNTY OVERALL THE 65+ POPULATION (51,782) MAKES UP 16% OF THE OVERALL POPULATION IN 2015, AND IS THE ONLY AGE GROUP IN THE EMCM SERVICE AREA WHICH IS PREDICTED TO INCREASE (2%) BY 2020 GENDER - APPROXIMATELY 49% OF THE SERVICE AREA'S POPULATION IS MALE AND 51% IS FEMALE, THESE PERCENTAGES ARE PROJECTED TO REMAIN STATIC THROUGH 2020 AND ARE LARGELY COMPARABLE TO THE GENDER BREAKDOWN OF PHILADELPHIA AND MONTGOMERY COUNTIES, AS WELL AS PENNSYLVANIA AS A WHOLE RACE/ETHNICITY - NEARLY THREE-QUARTERS OF EMCM RESIDENTS ARE WHITE (73%) NINE PERCENT OF THE POPULATION IS BLACK, 9% IS ASIAN AND 7% IS LATINO THIS PATTERN IS ONLY SLIGHTLY DIFFERENT THAN THE PATTERN IN MONTGOMERY COUNTY AS A WHOLE, WHERE 77% OF THE POPULATION IS WHITE, 9% BLACK, 7% ASIAN AND 5% LATINO THE PERCENTAGE OF WHITE RESIDENTS IN THE EMCM SERVICE AREA IS PREDICTED TO DECLINE BY 2% BY 2020 THIS IS THE ONLY RACIAL AND ETHNIC GROUP IN THE EMCM SERVICE AREA THAT IS PREDICTED TO DECLINE IN NUMBERS IN THE NEXT FIVE YEARS IT IS EQUIVALENT TO THE POPULATION DECLINE PREDICTED IN MONTGOMERY COUNTY OVERALL THE PERCENTAGE OF ASIAN RESIDENTS IN THE EMCM SERVICE AREA IS PREDICTED TO INCREASE BY 1% BY 2020 LANGUAGE SPOKEN AT HOME - THE LARGE MAJORITY OF RESIDENTS WITHIN THE EMCM SERVICE AREA (85%) SPEAK ENGLISH AT HOME SIX PERCENT SPEAK AN "OTHER" LANGUAGE, 5% SPEAK AN ASIAN LANGUAGE AND 4% SPEAK SPANISH LANGUAGES SPOKEN IN THE EMCM SERVICE AREA HAVE A SIMILAR PATTERN TO THOSE SPOKEN IN MONTGOMERY COUNTY AS A WHOLE IN MONTGOMERY COUNTY OVERALL, 6% SPEAK AN "OTHER" LANGUAGE AT HOME, 4% SPEAK AN ASIAN LANGUAGE AND 3% SPEAK SPANISH SOCIOECONOMIC INDICATORS EDUCATION - EMCM RESIDENTS ARE AS LIKELY (47%) TO HAVE ENDED THEIR EDUCATION WITH A HIGH SCHOOL DIPLOMA AS THEY ARE TO HAVE A COLLEGE DEGREE OR MORE (46%) ONLY 8% OF RESIDENTS DID NOT GRADUATE FROM HIGH SCHOOL THE EDUCATIONAL ATTAINMENT OF RESIDENTS IN THE EMCM SERVICE AREA HAS REMAINED FAIRLY STABLE OVER TIME, WITH THE ONLY INCREASE (1%) BETWEEN 2013 AND 2015 IN THOSE ATTAINING A COLLEGE DEGREE OR MORE MONTGOMERY COUNTY AS A WHOLE HAS A SIMILAR EDUCATIONAL PATTERN TO THE SERVICE AREA EMPLOYMENT - THE LARGE MAJORITY OF RESIDENTS IN THE EMCM SERVICE AREA ARE EMPLOYED (93%), 7% ARE UNEMPLOYED EMPLOYMENT HAS REMAINED RELATIVELY STABLE SINCE 2013 AND IT IS PREDICTED TO STAY THE SAME THROUGH 2020 THE EMPLOYMENT PATTERN OF THE SERVICE AREA MIRRORS THE PATTERN IN MONTGOMERY COUNTY OVERALL POVERTY STATUS - SIX PERCENT OF FAMILIES WITH CHILDREN AND 4% OF FAMILIES WITHOUT CHILDREN IN THE EMCM SERVICE AREA ARE LIVING IN POVERTY ONE IN TEN FAMILIES IN THE SERVICE AREA, WITH AND WITHOUT CHILDREN, IS LIVING IN HOUSEHOLDS WITH INCOMES BELOW</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH A EHN PROVIDES QUALITY CARE AND COMMUNITY BUILDING ACTIVITIES BY PARTNERING WITH OTHER AREA HEALTH CARE PROVIDERS, NOT-FOR-PROFIT SOCIAL SERVICE AGENCIES, COMMUNITY ORGANIZATIONS AND FAITH-BASED INSTITUTIONS TO SERVE AEHN'S COMMUNITIES' DIVERSE HEALTH CARE NEEDS COMMUNITY BUILDING ACTIVITIES ARE PROVIDED WITHOUT REIMBURSEMENT, SERVE AT-RISK POPULATIONS AND PROVIDE HEALTH EDUCATION TO KEY COMMUNITY GROUPS SOME EXAMPLES OF AEHN'S COMMUNITY BUILDING ACTIVITIES ARE 1 ) CLARKSON PARK - AEHN MAINTAINS CLARKSON PARK, A CITY SQUARE BLOCK THAT WAS BLIGHTED AND THE SITE OF PETTY CRIMINAL ACTIVITIES UNTIL AEHN LEAD REHABILITATION EFFORTS TO CLEAN UP THE AREA 2 ) SHEVCHENKO PARK - AEHN STAFF SERVES ON THE FRIENDS OF SHEVCHENKO PARK, WHICH HAS PROVIDED A GREEN AREA IN FRONT OF A SENIOR APARTMENT COMPLEX 3 ) DISCOVER HEALTHCARE, EDUCATION TOURS AND SHADOWING DAYS - MENTORING YOUTH IS THE KEY COMPONENT OF THIS PROGRAM WHICH INTRODUCES HIGH SCHOOL JUNIORS AND SENIORS TO VARIOUS CAREER OPPORTUNITIES WITHIN HEALTHCARE 4 ) EINSTEIN CENTER FOR SPECIAL OPERATIONS TRAINING (CSOT) - MANAGES THE EINSTEIN PHYSICIAN RESPONSE TEAM WHICH COMBINES A DOCTOR'S MEDICAL KNOWLEDGE WITH A PARAMEDIC'S UNDERSTANDING OF EMERGENCY SITUATIONS THAT CAN BRIDGE THE GAP BETWEEN THE FIELD AND THE EMERGENCY ROOM CSOT STAFF ALSO TRAIN FIRE, EMS, LAW ENFORCEMENT AND EMERGENCY MANAGEMENT AGENCIES IN THE FIVE COUNTY PHILADELPHIA REGIONS 5 ) EINSTEIN THINKFIRST CHAPTER - OFFERS EVIDENCE-BASED BRAIN AND SPINAL CORD INJURY PREVENTION EDUCATIONAL PRESENTATIONS AND PROGRAMS TO SCHOOLS AND COMMUNITY GROUPS 6 ) EINSTEIN'S "GOING GREEN" INITIATIVES - INCLUDE ELIMINATING THE USE OF FLEXIBLE PLASTIC MADE WITH DEHP, INITIATING A PHARMACY WASTE PROGRAM THAT SAFELY DISPOSES ANTIBIOTICS WITHOUT AFFECTING WATERWAYS, PROMOTING A CORPORATE-WIDE RECYCLING PROGRAM THAT PRODUCED OVER 1,000 TONS OF RECYCLED MATERIALS, INTRODUCING MICROFIBER MOPS WHICH USE LESS WATER, LESS DISINFECTANT AND REDUCE THE INCIDENCE OF TRANSMITTING INFECTIONS, REDUCING THE AMOUNT OF CHEMICALS RETURNING TO GROUNDWATER, PURCHASING 40% OF ELECTRICITY FROM A WIND FARM AND CREATING A 2,000 SQUARE FOOT "GREEN ROOF" TO CONSERVE WATER, REDUCE STORM WATER RUNOFF, AND PROVIDE A HABITAT FOR BIRDS, BUTTERFLIES AND OTHER INSECTS 7 ) BABY STEPS - EINSTEIN'S COMMUNITY COLLABORATIVE EFFORTS INCLUDE PROGRAMS LIKE BABY STEPS, A HIGH-RISK INFANTS PROGRAM THAT HELPS FAMILIES SUCCESSFULLY TRANSITION FROM THE NICU TO A PEDIATRIC PRACTICE BY HELPING CAREGIVERS MEET THEIR BABY'S MEDICAL NEEDS DURING THE FIRST MONTHS AFTER NICU DISCHARGE, THESE BABIES REQUIRE MEDICATIONS AND CLOSE MEDICAL MONITORING TO PREVENT BLINDNESS, FAILURE TO THRIVE, POOR DEVELOPMENTAL OUTCOMES AND DEATH BABY STEPS SUPPORTS CAREGIVERS, WHO ARE OFTEN OVERWHELMED BY THE INTENSIVE NEEDS OF THESE BABIES, AND ASSISTS THEM IN NAVIGATING THE COMPLEXITIES OF THE MEDICAL SYSTEM AND OTHER BUREAUCRACIES THAT AFFECT ACCESS TO THEIR CHILD'S CARE BABY STEPS TO HEALTH COMMUNITY ADVISORY BOARD ("CAB") CREATES OPPORTUNITIES FOR INFORMATION EXCHANGE TO IDENTIFY MORE RESOURCES AND SUPPORT SYSTEMS FOR PARENTS, HELP THE BABY STEPS TEAM OVERCOME OBSTACLES, AND IDENTIFY WAYS TO PROMOTE PROGRAM SUSTAINABILITY THE BABY STEPS CAB INCLUDES REPRESENTATIVES FROM THE ALBERT EINSTEIN MEDICAL CENTER, PHILADELPHIA DEPARTMENT OF HEALTH, THE PA DEPT OF HEALTH, THE PHILADELPHIA DEPARTMENT OF HUMAN SERVICES, CHILDLINK (EARLY INTERVENTION), THE PHILADELPHIA WIC PROGRAM AND THE AMERICAN ACADEMY OF PEDIATRICS PENNSYLVANIA CHAPTER 8 ) STRATEGIC ALLIANCE FOR THE ELDERLY ("SAFE") - AN ALLIANCE WAS CONVENED BY REPRESENTATIVES OF AEHN WITH THE GOAL OF FORMING A PARTNERSHIP AMONG AGENCIES THAT SERVE THE AGING POPULATION IN NORTHWEST PHILADELPHIA THE MISSION OF SAFE IS TO STRENGTHEN OUR COMMUNITY'S CAPACITY TO MEET THE NEEDS OF OLDER ADULTS BY SHARING KNOWLEDGE, POOLING RESOURCES, AND PURSUING COLLABORATIVE OPPORTUNITIES TO IMPROVE SERVICE DELIVERY OUT OF THIS COLLABORATION GREW THE CONCEPT OF DEFINING THE AREA AS A NATURAL OCCURRING RETIREMENT COMMUNITY ("NORC") AND CREATING AND SUPPORTING AN ORGANIZED SUPPORTIVE SERVICE PROGRAM OTHER PARTNERS INCLUDE CHESTNUT HILL HOSPITAL, GERIATRIC RESOURCE CENTER, VISITING NURSE ASSOCIATION OF GREATER PHILADELPHIA, PHILADELPHIA CORPORATION FOR AGING, STAPELEY RETIREMENT COMMUNITY IN GERMANTOWN, NEIGHBORHOOD INTERFAITH MOVEMENT ("NIM"), JAI SOHN CENTER FOR KOREAN SERVICES AND CENTER IN THE PARK SENIOR CENTER 9 ) PARTICIPATION IN COMMUNITY AND FAITH BASED COALITIONS - EINSTEIN OFFERS EVENT PLANNING STRATEGIES, PROMOTION AND ADVERTISING OPPORTUNITIES AND HEALTH SCREENINGS, LITERATURE AND WORKSHOPS THROUGH COMMUNITY DEVELOPMENT AND FAITH BASED ORGANIZATIONS EINSTEIN STAFF SERVES AS A RESOURCE FOR COMMUNITY AND FAITH-BASED ORGANIZATIONS AS THEY PLAN COMMUNITY HEALTH EVENTS, FAIRS AND CLEAN-UPS STAFF SERVE ON THE LOGAN COMMUNITY DEVELOPMENT CORPORATION BOARD AND PLANNING COMMITTEES OF THE LOGAN NEIGHBORHOOD ADVISOR</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>Y COUNCIL STAFF ARE ALSO MEMBERS OF THE OLNEY EDUCATION PARTNERS, A COALITION OF AREA ELECTED OFFICIALS, BUSINESSES AND COMMUNITY GROUPS SUPPORTING OLNEY WEST HIGH SCHOOL EINSTEIN TEAMS UP WITH ENON TABERNACLE BAPTIST CHURCH FOR A MEN'S HEALTH FAIR WHERE 150 PHYSICIANS AND OTHER CLINICIANS PROVIDE FREE HEALTH SCREENINGS, EDUCATION CENTERS, A TRIAGE CENTER FOR MEN HAVING HEALTH PROBLEMS AND APPOINTMENT SCHEDULING FOLLOW-UP FOR OVER 1,000 MEN OTHER IMPORTANT INFORMATION IN HOW AEHN FURTHERS ITS EXEMPT PURPOSE AEHN'S PRIMARY MISSION IS TO PROVIDE HEALTH CARE SERVICES AEHN PROVIDES CLINICAL EDUCATION AND RESEARCH AEHN'S HOSPITALS PARTICIPATE IN CLINICAL TRIALS, MEDICAL RESEARCH PROGRAMS AND PHARMACEUTICAL TRIALS AEHN PROVIDES A WIDE VARIETY OF COMMUNITY EDUCATION, HEALTH AND WELLNESS PROGRAMS AEHN'S GOVERNING BODY IS COMPOSED OF A DIVERSE GROUP OF INDEPENDENT MEMBERS, REPRESENTING A BROAD SPECTRUM OF THE COMMUNITY IT SERVES MEDICAL STAFF PRIVILEGES ARE EXTENDED TO EMPLOYED HOSPITAL PHYSICIANS, PRACTICE PLAN FACULTY PHYSICIANS, EMPLOYED NEIGHBORHOOD PRIMARY CARE PHYSICIANS AND ALL ELIGIBLE PRIVATE PHYSICIANS WHO PRACTICE AT AEHN'S HOSPITALS AND MEET ITS STANDARDS AEHN USES ITS EXCESS OF REVENUES OVER EXPENSES FOR IMPROVEMENT IN PATIENT CARE, EXPANDING AND REPLACING FACILITIES AND EQUIPMENT, AMORTIZING INDEBTEDNESS AND PROVIDING MEDICAL TRAINING, EDUCATION, AND RESEARCH REPLACING FACILITIES AND EQUIPMENT, AMORTIZING INDEBTEDNESS AND PROVIDING MEDICAL TRAINING, EDUCATION, AND RESEARCH</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM AEMC, EMCM, AND PHYSICIAN PRACTICES WITHIN AEHN HAVE THE DEGREE OF AUTONOMY AND FLEXIBILITY NECESSARY TO MEET THE NEEDS OF THE COMMUNITIES EACH SERVES EACH HOSPITAL FACILITY OR PHYSICIAN PRACTICE PERFORMS MISSION ASSESSMENTS SPECIFICALLY DESIGNATED TO IDENTIFY HEALTHCARE NEEDS WITHIN ITS SERVICE AREA FROM THESE ASSESSMENTS PLANS ARE DESIGNED AS PART OF AEHN'S OVERALL SYSTEM VISION TO PROVIDE FOR THE ONGOING HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT AEHN DOES NOT FILE A COMMUNITY BENEFIT REPORT IN ANY OF THE STATES AT THIS TIME

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-5338502

**Name:** ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

## Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>2</u>											
Name, address, primary website address, and state license number											
1	ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD PHILADELPHIA, PA 19141 WWW EINSTEIN EDU LICENSE # 270601	X	X		X		X	X			A
2	EINSTEIN MEDICAL CENTER MONTGOMERY 559 WEST GERMANTOWN PIKE EAST NORRITON, PA 19403 WWW EINSTEIN EDU LICENSE # 227101	X	X		X		X	X			A

**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 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
<p>SCHEDULE H, PART V, LINE 5</p>	<p>DURING FISCAL YEAR 2016, EINSTEIN HEALTH CARE NETWORK ENGAGED THE SERVICES OF PUBLIC HEALTH MANAGEMENT CORPORATION, (PHMC), A PRIVATE NON-PROFIT PUBLIC HEALTH INSTITUTE, TO PROVIDE A COMMUNITY HEALTH NEEDS ASSESSMENT THE PURPOSE OF THE NEEDS ASSESSMENT WAS TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS SO THAT THE HOSPITAL CAN DEVELOP STRATEGIES AND IMPLEMENTATION PLANS THAT BENEFIT THE PUBLIC AS WELL AS SATISFY THE REQUIREMENTS OF THE AFFORDABLE CARE ACT PHMC COLLABORATED WITH THE PARTICIPATING HOSPITALS TO IDENTIFY INDIVIDUALS LIVING AND/OR WORKING IN THE COMMUNITIES IN THE HOSPITALS' SERVICE AREAS WHO COULD PROVIDE INPUT TO THE NEEDS ASSESSMENT AS COMMUNITY MEMBERS, PUBLIC HEALTH EXPERTS, AND AS LEADERS OR PERSONS WITH KNOWLEDGE OF UNDERSERVED RACIAL MINORITIES, LOW INCOME RESIDENTS, AND/OR THE CHRONICALLY ILL THE PARTICIPATING HOSPITALS AND PHMC WORKED TOGETHER TO OBTAIN MEETING VENUES, CONTACT POTENTIAL PARTICIPANTS, AND ENCOURAGE ATTENDANCE MEETING PARTICIPANTS WERE NOT COMPENSATED INPUT FROM THE COMMUNITY MEETING PARTICIPANTS, INCLUDING COUNTY AND LOCAL HEALTH DEPARTMENT OFFICIALS AND PUBLIC HEALTH EXPERTS, WAS USED TO FURTHER IDENTIFY AND PRIORITIZE UNMET NEEDS, LOCAL PROBLEMS WITH ACCESS TO CARE, AND POPULATIONS WITH SPECIAL HEALTH CARE NEEDS QUALITATIVE INFORMATION FROM THE COMMUNITY MEETING WAS ANALYZED BY IDENTIFYING AND CODING THEMES COMMON TO PARTICIPANTS, AND ALSO THEMES THAT WERE UNIQUE THIS INFORMATION WAS ORGANIZED INTO MAJOR TOPIC AREAS RELATED TO HEALTH STATUS, ACCESS TO CARE, SPECIAL POPULATION NEEDS, UNMET NEEDS, AND HEALTH CARE PRIORITIES IN ADDITION, THE INPUT RECEIVED FROM THE PARTICIPANTS WAS UTILIZED TO ENHANCE CURRENT SERVICES TO THE COMMUNITIES AND IN THE DEVELOPMENT AND EXECUTION OF THE IMPLEMENTATION STRATEGY (PLEASE VISIT OUR WEBSITE TO VIEW OUR CHNA REPORT A LIST OF THE NAMES, TITLES, ORGANIZATIONS, AND AREA OF EXPERTISE OF COMMUNITY MEETING PARTICIPANTS, CAN BE FOUND IN APPENDIX A)</p>
<p>SCHEDULE H, PART V, LINE 6A</p>	<p>THE HOSPITALS' CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES EINSTEIN HEALTHCARE NETWORK SHRINERS HOSPITALS FOR CHILDREN - PHILADELPHIA TEMPLE UNIVERSITY HEALTH SYSTEM SCHEDULE H, PART V, LINE 6B GREATER NORRISTOWN POLICE ATHLETIC LEAGUE GREENTREE COMMUNITY HEALTH FOUNDATION BELOVED ST JOHN CHURCH INDOCHINESE AMERICAN COUNCIL ART SANCTUARY TIOGA UNITED PRESBYTERIAN INSPIRED LIFE MERCY NEIGHBORHOOD MINISTRIES OF PHILADELPHIA, INC LOCAL INITIATIVES SUPPORT CORP ASOCIACIN PUERTORRIQUEOS EN MARCHA YMCA COLUMBIA NORTH PUBLIC CITIZENS FOR CHILDREN AND YOUTH HELP U S A ZION BAPTIST CHURCH, MEXICAN MEDICAL CLINIC CATHOLIC SOCIAL SERVICES/CASA DEL CARMEN IMPACT SERVICES CORP NEW KENSINGTON COMMUNITY DEVELOPMENT CORPORATION EL CONGRESO DE LOS LATINOS UNIDOS PREVENTION POINT PHILADELPHIA HISPANIC ALLIANCE FOR CAREER ENHANCEMENT NUEVA ESPERANZA, INC COMMUNITY BEHAVIORAL HEALTH CATHOLIC SOCIAL SERVICES CASA DEL CARMEN IMPACT SERVICES CORPORATION NEW KENSINGTON COMMUNITY DEVELOPMENT CORPORATION CONGRESO DE LATINOS UNIDOS, INC COMHAR PREVENTION POINT PHILADELPHIA HACE CDC NUEVA ESPERANZA, INC ESPERANZA HEALTH MAYORS OFFICE OF COMMUNITY SERVICES CITY OF PHILADELPHIA OFFICE OF COMMUNITY BEHAVIORAL HEALTH MONTGOMERY COUNTY HEALTH DEPARTMENT SCHEDULE H, PART V, LINE 7A A COPY OF THE CHNA CAN BE ACCESSED AT WWW EINSTEIN EDU/COMMUNITY/COMMUNITY-OUTREACH SCHEDULE H, PART V, LINE 9 THE IMPLEMENTATION STRATEGY WAS ADOPTED BY 11/15/16 AS PERMITTED UNDER THE REGULATIONS</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 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
SCHEDULE H, PART V, LINE 11	THE COMMUNITY NEEDS IDENTIFIED WITHIN THE MOST RECENTLY CONDUCTED CHNA ARE BEING ADDRESSED THROUGH THE ACTIVITIES IDENTIFIED WITHIN THE IMPLEMENTATION STRATEGY
SCHEDULE H, PART V, LINE 13B	THE HOSPITAL FACILITIES USE FPG OR CERTAIN PRESUMPTIVE FACTS TO DETERMINE ELIGIBILITY FOR PROVIDING FREE OR DISCOUNTED CARE DISCOUNTED CARE IS EXTENDED TO ALL PATIENTS WHO ARE UNINSURED REGARDLESS OF THEIR INCOME LEVEL UNDER AEHN'S FINANCIAL ASSISTANCE POLICY THE PURPOSE OF THE FINANCIAL ASSISTANCE POLICY IS TO REDUCE HOSPITAL CHARGES TO AN AMOUNT THAT IS COMPARABLE TO WHAT IS RECEIVED FROM GOVERNMENT AND INSURANCE COMPANY PAYERS TO THIS END, AN UNINSURED DISCOUNT FEE SCALE HAS BEEN ESTABLISHED THE RATES IN THIS FEE SCALE HAVE BEEN ESTABLISHED AT AMOUNTS BASED ON THE MEDICARE PAYMENT SCHEDULE

**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 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
SCHEDULE H, PART V, LINES 16A, 16B, AND 16C	<p>A COPY OF THE FINANCIAL ASSISTANCE POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY CAN BE FOUND AT <a href="http://www.einstein.edu/patients-visitors/patient-information/insurance-payments/financial-assistance">HTTP //WWW EINSTEIN EDU/PATIENTS-VISITORS/PATIENT-INFORMATION/INSURANCE-PAYMENTS/FINANCIAL-ASSISTANCE</a> SCHEDULE H, PART V, LINE 16J THE HOSPITAL FACILITIES HAVE A PATIENT FINANCIAL COUNSELING PROCESS THAT BEGINS AT THE POINT OF ADMISSION, OR FOR MANY SCHEDULED SERVICES, PRIOR TO ADMISSION FINANCIAL COUNSELORS PRESENT AND DISCUSS THE FACILITIES FINANCIAL ASSISTANCE POLICIES ("CHARITY CARE" UNINSURED DISCOUNTS") AT THE POINT A FINANCIAL COUNSELOR DETERMINES A PATIENT IS UNINSURED AND DOESN'T QUALIFY FOR MEDICAL ASSISTANCE, SSI OR OTHER FINANCIAL AID PROGRAMS, THE COUNSELOR WORKS WITH THE PATIENT TO COMPLETE A CHARITY CARE APPLICATION IF A PATIENT DOESN'T QUALIFY FOR 100% FINANCIAL ASSISTANCE, THE COUNSELOR WILL MAKE AFFORDABLE PAYMENT ARRANGEMENTS BASED UPON THE DISCOUNTED RATES OF THE SELF PAY FEE SCHEDULE SIMILARLY, IN FOLLOW-UP TO THE FACILITIES POSTED "EMTALA", (EMERGENCY TREATMENT AND ACTIVE LABOR ACT) POLICY IN THE E U , FINANCIAL COUNSELORS WILL PRESENT AND DISCUSS THE FACILITIES FINANCIAL ASSISTANCE POLICIES TO PATIENTS ADMITTED FROM THE E U PRIOR TO THEIR INPATIENT DISCHARGE FINANCIAL COUNSELORS WILL ASSIST PATIENTS WITH FINANCIAL ASSISTANCE APPLICATIONS OR IN MAKING AFFORDABLE PAYMENT ARRANGEMENTS BASED UPON DISCOUNTED RATES OF THE SELF PAY FEE SCHEDULE</p>

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1 EINSTEIN MEDICAL CENTER ELKINS PARK 60 EAST TOWNSHIP LINE ROAD ELKINS PARK, PA 19027	HOSPITAL, GENERAL MEDICAL & SURGICAL, TEACHING, RESEARCH AND ER - 24 HOURS
2 MOSSREHAB HOSPITAL 60 EAST TOWNSHIP LINE ROAD ELKINS PARK, PA 19027	TEACHING, RESEARCH AND REHABILITATION
3 EINSTEIN MEDICAL CENTER MONTGOMERY 609 W GERMANTOWN PIKE EAST NORRITON, PA 19403	OUTPATIENT
4 EINSTEIN MEDICAL CENTER ONE 9880 BUSTLETON AVENUE PHILADELPHIA, PA 19115	OUTPATIENT
5 MOSSREHAB - TABOR RD 1200 W TABOR ROAD PHILADELPHIA, PA 19141	TEACHING AND REHABILITATION
6 WILLOWCREST 5501 OLD YORK ROAD PHILADELPHIA, PA 19141	SKILLED NURSING
7 EINSTEIN MEDICAL CENTER MONTGOMERY 700 W GERMANTOWN PIKE EAST NORRITON, PA 19403	OUTPATIENT SERVICES
8 MOSSREHAB ARIA BUCKS COUNTY CAMPUS 380 N OXFORD VALLEY ROAD LANGHORNE, PA 19047	TEACHING AND SKILLED NURSING
9 MOSSREHAB DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN, PA 18901	TEACHING AND REHABILITATION
10 MOSS REHAB ARIA HOSPITAL 4900 FRANKFORD AVE PHILADELPHIA, PA 19124	REHABILITATION AND TEACHING
11 MOSSREHAB - JENKINTOWN 201 OLD YORK ROAD SUTE 100 JENKINTOWN, PA 19046	OUTPATIENT REHABILITATION AND TEACHING
12 EINSTEIN MONTGOMERY HOME HEALTH 1330 POWELL STREET STE 100 NORRISTOWN, PA 19403	HOME HEALTH SERVICIES
13 MOSS REHAB SACRED HEART 421 CHEW AVE ALLENTOWN, PA 18102	OUTPATIENT REHABILITATION AND TEACHING
14 EINSTEIN MONTGOMERY COLLEGEVILLE 100 MARKET STREET PROVIDENCE TOWN C COLLEGEVILLE, PA 19462	OUTPATIENT SERVICES
15 MOSS REHAB - CENTER ONE 9880 BUSTLETON AVE STE 328 PHILADELPHIA, PA 19115	REHABILITATION AND TEACHING

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
16 MOSS REHAB - NORRISTOWN 1330 POWELL STREET NORRISTOWN, PA 19401	OUTPATIENT REHABILITATION AND TEACHING
17 EINSTEIN MEDICAL CENTER MONTGOMERY 633 E GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462	OUTPATIENT SERVICES
18 MOSS REHAB - COLLEGEVILLE 100 MARKET STREET PROVIDENCE TOWN C COLLEGEVILLE, PA 19426	OUTPATIENT REHABILITATION AND TEACHING
19 MOSS REHAB - CENTER CITY 2400 MARKET STREET SUITE 15 PHILADELPHIA, PA 19103	TEACHING AND REHABILITATION
20 EINSTEIN MONTGOMERY HOSPICE 1330 POWELL STREET NORRISTOWN, PA 19401	HOSPICE SERVICES
21 MOSS REHAB EAST NORRITON 609 W GERMANTOWN PIKE EAST NORRITON, PA 19403	REHABILITATION AND TEACHING
22 DRUCKER BRAIN INJURY CTR-REENTRY PRG 135 SOUTH BROAD STREET WOODBURY, NJ 08096	TEACHING AND REHABILITATION
23 MOSS REHAB - CASTOR AVE 7198 CASTOR AVE PHILADELPHIA, PA 19149	TEACHING AND REHABILITATION
24 EINSTEIN MEDICAL CENTER MONTGOMERY 210 MALL BLVD KING OF PRUSSIA, PA 19406	TEACHING AND REHABILITATION
25 EINSTEIN MEDICAL CENTER PHILADELPHIA 8015 FRANKFORD AVE PHILADELPHIA, PA 19136	OUTPATIENT SERVICES
26 MOSS REHAB - GERMANTOWN ONE PENN BLVD STE 158 PHILADELPHIA, PA 19144	TEACHING AND OUTPATIENT REHABILITATION
27 MOSS REHAB PLYMOUTH MEETING 633 E GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462	TEACHING AND REHABILITATION
28 DRUCKER BRAIN INJURY CTR RESIDENCY 35-37 BARBER AVE WOODBURY, NJ 08096	TEACHING AND REHABILITATION
29 MOSS REHAB KING OF PRUSSIA 210 MALL BLVD KING OF PRUSSIA, PA 19406	OUTPATIENT REHABILITATION AND TEACHING
30 MOSS REHAB - DRUCKER BRAIN INJURY 7612 DUNGAN RD PHILADELPHIA, PA 19111	TEACHING AND REHABILITATION

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
31 MOSS REHAB NEW JERSEY CLUB HOUSE 35-37 BARBER AVE WOODBURY, NJ 08096	OUTPATIENT SERVICES

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization ALBERT EINSTEIN HEALTHCARE NETWORK GROUP LETTER RULING	Employer identification number 46-5338502
---	--

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax 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)		
<b>b</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.		No
<b>2</b> 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?	Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
<b>6</b> 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:		
<b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	Yes	
<b>8</b> 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.		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**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
SCHEDULE J, PART I, LINE 1B	LONG TERM DISABILITY BENEFITS ARE PROVIDED TO CERTAIN KEY EMPLOYEES. THESE EMPLOYEE'S WAGES ARE "GROSSED UP" AT THEIR INDIVIDUAL TAX RATES TO PROVIDE THE FULL VALUE OF THE BENEFIT SINCE THIS BENEFIT IS REFLECTED IN THEIR W2S AS TAXABLE WAGES. SCHEDULE J, PART I, LINE 4B SUSAN BERNINI PARTICIPATED IN A 457(F) SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN AND RECEIVED \$110,569 FROM SUCH PLAN.
SCHEDULE J, PART I, LINE 7	THE ORGANIZATION HAS IN PLACE A PAY FOR PERFORMANCE PLAN WHERE CERTAIN EXECUTIVES MAY EARN A PERCENTAGE OF SUCH INDIVIDUAL EXECUTIVE'S BASE SALARY, DEPENDING UPON WHETHER HE OR SHE ACHIEVES INDIVIDUAL GOALS SET IN ADVANCE AND WHETHER THE ORGANIZATION MEETS A FINANCIAL PERFORMANCE THRESHOLD. THE ACTUAL PAYMENT MADE DEPENDS UPON WHETHER ALL OR A PORTION OF THE GOALS HAVE BEEN ACHIEVED IN THE TIME FRAME SPECIFIED. THE DECISION AS TO WHETHER INCENTIVE COMPENSATION IS AWARDED TO THE ELIGIBLE EXECUTIVES IS MADE BY THE COMPENSATION COMMITTEE.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 46-5338502  
**Name:** ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
 LETTER RULING

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN L SIVAK MD CHIEF MEDICAL OFFICER TRUSTEE	(i)	692,598	87,500	23,303	63,122	28,073	894,596	0
	(ii)	0	0	0	0	0	0	0
1 RICHARD FINE MD SURGERY CHAIRMAN - TRUSTEE	(i)	574,403	103,861	14,006	77,518	38,910	808,698	0
	(ii)	0	0	0	0	0	0	0
2 LUANN TRAINER VP PHYS SVCS-PHILA (THRU 9/16)	(i)	333,010	252,500	14,152	38,899	32,635	671,196	4,952
	(ii)	0	0	0	0	0	0	0
3 RUTH LEFTON COO - AEMC - VP PHYSICIANS	(i)	0	0	0	0	0	0	0
	(ii)	389,941	63,523	40,921	31,815	18,814	545,014	0
4 MAUREEN JORDAN VP HEALTHCARE SRVCS - AEMC	(i)	238,913	34,023	23,182	14,717	9,016	319,851	0
	(ii)	0	0	0	0	0	0	0
5 ALBERTO ESQUENAZI MD PHYSICIAN - TRUSTEE	(i)	550,773	108,835	14,008	67,531	99,698	840,845	0
	(ii)	0	0	0	0	0	0	0
6 ARNOLD COHEN MD PHYSICIAN - TRUSTEE	(i)	238,810	10,589	0	39,303	54,773	343,475	0
	(ii)	0	0	0	0	0	0	0
7 MARK ANDERSON MD PHYSICIAN	(i)	1,491,344	201,000	33,588	18,588	52,312	1,796,832	0
	(ii)	0	0	0	0	0	0	0
8 MARK KATOPKA MD PHYSICIAN	(i)	1,302,455	2,335	24,498	48,773	102,644	1,480,705	0
	(ii)	0	0	0	0	0	0	0
9 VICTOR NAVARRO MD PHYSICIAN	(i)	969,979	66,666	22,559	16,238	48,227	1,123,669	0
	(ii)	0	0	0	0	0	0	0
10 PATRICIA MODAFFERI VP HEALTHCARE SERVICES - EMCM	(i)	167,276	24,000	3,877	2,132	4,594	201,879	0
	(ii)	0	0	0	0	0	0	0
11 CRAIG SIEVING VP FACILITIES	(i)	243,714	40,523	24,152	11,049	31,793	351,231	0
	(ii)	0	0	0	0	0	0	0
12 CYNTHIA M DEGRANDPRE VP HEALTHCARE SRVCS - EINSTEIN	(i)	287,965	45,523	34,938	56,178	38,521	463,125	0
	(ii)	0	0	0	0	0	0	0
13 DENNIS PFLEIGER VP HEALTHCARE SERVICES - EMCM	(i)	178,638	25,500	3,963	0	29,637	237,738	0
	(ii)	0	0	0	0	0	0	0
14 ANN MARIE PAPA VP NURSING - EMCM	(i)	212,148	29,500	4,258	0	30,718	276,624	0
	(ii)	0	0	0	0	0	0	0
15 TERENCE S MATALON MD PHYSICIAN	(i)	857,189	132,335	20,445	57,980	92,206	1,160,155	0
	(ii)	0	0	0	0	0	0	0
16 RICHARD CUMING VP NURSING - AEMC	(i)	222,658	26,000	42,747	2,619	13,839	307,863	36,537
	(ii)	0	0	0	0	0	0	0
17 JANIS RUBIN MD PHYSICIAN - TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	200,252	1,000	2,285	14,098	20,685	238,320	0
18 SCOTT A MELNICK MD PHYSICIAN - TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	121,862	1,000	2,601	38,419	20,323	184,205	0
19 GERARD BLANEY VP FINANCE - ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	436,835	185,023	55,746	50,822	34,024	762,450	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>21</b> BETH DUFFYCOO - EMCM	(i)	0	0	0	0	0	0	
	(ii)	457,465	82,023	42,524	41,871	22,959	646,842	
<b>1</b> BARRY FREEDMAN PRESIDENT AND CEO	(i)	0	0	0	0	0	0	
	(ii)	1,177,000	349,298	520,992	27,795	30,754	2,105,839	
<b>2</b> SUSAN A BERNINI FORMER COO - AEMC	(i)	0	0	0	0	0	0	
	(ii)	586,844	182,500	115,950	234,694	37,689	1,157,677	
<b>3</b> PENNY J REZET ESQ CHIEF LEGAL OFFICER- SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	433,738	176,023	44,967	33,422	26,258	714,408	
<b>4</b> DAVID ERTEL FORMER CFO - ASST TREASURER	(i)	0	0	0	0	0	0	
	(ii)	277,066	75,000	65,675	5,920	12,004	435,665	
<b>5</b> ANGELA NICHOLAS MD CMO FORNANCE - TRUSTEE	(i)	0	0	0	0	0	0	
	(ii)	297,810	39,500	519	0	24,539	362,368	
<b>6</b> JACQUILINE BOWERS MD PHYSICIAN	(i)	297,080	10,499	4,632	14,793	26,340	353,344	
	(ii)	0	0	0	0	0	0	
<b>7</b> RADI F ZAKIPHYSICIAN	(i)	964,699	9,208	22,590	15,931	46,008	1,058,436	
	(ii)	0	0	0	0	0	0	
<b>8</b> THOMAS J SMITH COO - MOSS	(i)	214,538	2,811	18,578	13,490	2,735	252,152	
	(ii)	0	0	0	0	0	0	

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990.  
 ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Name of the organization  
 ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
 LETTER RULING

Employer identification number  
 46-5338502

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MONTGOMERY COUNTY INDUSTRIAL DEV AUTHORITY	23-2245125	613612AS9	06-24-2015	478,903,514	REFINANCE 2009A AND 2010 ISSUE		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	6,725,000			
2 Amount of bonds legally defeased . . . . .	0			
3 Total proceeds of issue . . . . .	478,903,514			
4 Gross proceeds in reserve funds . . . . .	0			
5 Capitalized interest from proceeds . . . . .	0			
6 Proceeds in refunding escrows . . . . .	419,966,544			
7 Issuance costs from proceeds . . . . .	4,821,254			
8 Credit enhancement from proceeds . . . . .	0			
9 Working capital expenditures from proceeds . . . . .	0			
10 Capital expenditures from proceeds . . . . .	42,668,985			
11 Other spent proceeds . . . . .	11,446,731			
12 Other unspent proceeds . . . . .	0			
13 Year of substantial completion . . . . .	2016			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		X		
15 Were the bonds issued as part of an advance refunding issue? . . . . .	X			
16 Has the final allocation of proceeds been made? . . . . .	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X							

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	1 230 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %							
<b>6</b> Total of lines 4 and 5 . . . . .	1 230 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .		X						

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART III, LINE 9 - AMENDING PROCEDURES	MANAGEMENT IS IN THE PROCESS OF AMENDING THE WRITTEN PROCEDURES TO INCLUDE A SECTION REGARDING REMEDIATION

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART IV, LINE 7 - CORRECTIVE ACTION	MANAGEMENT WILL ESTABLISH WRITTEN PROCEDURES TO MONITOR THE REQUIREMENTS OF SECTION 148

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.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ALBERT EINSTEIN HEALTHCARE NETWORK GROUP LETTER RULING

Employer identification number

46-5338502

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

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

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV, COLUMN (A)	ALBERT EINSTEIN HEALTHCARE NETWORK GROUP LETTER RULING PAID FOR THE PROVISION OF SERVICES FROM INDEPENDENT CONTRACTORS AND COMPENSATION TO EMPLOYEES, WHO ARE SUBSTANTIAL CONTRIBUTORS LISTED ON SCHEDULE B DUE TO THE CONFIDENTIALITY OF THE DONORS LISTED ON SCHEDULE B, THE NAMES OF THE SUBSTANTIAL CONTRIBUTORS HAVE NOT BEEN DISCLOSED ON SCHEDULE L

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-5338502

**Name:** ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

### Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,826,460	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,567,503	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	216,999	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	260,135	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,275,870	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,583,723	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	196,303	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	668,418	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,039,763	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	508,480	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	347,915	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	5,333,109	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	460,555	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	420,195	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	479,711	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,320,273	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,160,992	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	483,358	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,077,788	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	234,517	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	177,550	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,354,595	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,092,330	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	625,315	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,595,510	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,562,373	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	5,052,607	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	189,354	PERFORMANCE OF SERVICES		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,546,093	PERFORMANCE OF SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	503,964	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	480,097	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	517,661	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	600,865	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	627,348	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	551,812	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	340,126	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	441,549	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	173,832	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	342,688	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	290,222	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	383,671	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	490,645	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	446,662	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	907,065	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	314,622	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	401,036	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	307,674	EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	421,044	EMPLOYEE		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

<b>(a)</b> Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	<b>(d)</b> Description of transaction	<b>(e)</b> Sharing of organization's revenues?	
				<b>Yes</b>	<b>No</b>
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	356,382	EMPLOYEE		No

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

**Employer identification number**  
46-5338502

**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
<b>1</b> Art—Works of art . . . . .	X	4	0	Donor Valuation
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .	X		0	Donor Valuation
<b>5</b> Clothing and household goods . . . . .	X		0	Donor Valuation
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	17	524,853	Selling Price
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .	X	3	549,000	Donor Valuation
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .	X	1	0	Donor Valuation
<b>20</b> Drugs and medical supplies . . . . .	X	4	0	Donor Valuation
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( Miscellaneous ) . . . . .	X	37	0	Donor Valuation
<b>26</b> Other ▶ ( _____ ) . . . . .				
<b>27</b> Other ▶ ( _____ ) . . . . .				
<b>28</b> 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? . . . . . **30a** 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 non-standard contributions? **31** Yes

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . . **32a** No

**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

	Yes	No
<b>30a</b>		No
<b>31</b>	Yes	
<b>32a</b>		No

**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 II, SUPPLEMENTAL INFORMATION	THE NUMBER OF CONTRIBUTIONS ARE REPORTED ON SCHEDULE M THE GROUP DOES NOT RECOGNIZE GIFTS-IN-KIND (SUCH AS CLOTHING, FOOD, WORKS OF ART, ETC ) WITHIN ITS FINANCIAL STATEMENTS, BUT DOES ACKNOWLEDGE THESE GIFTS TO THE DONOR SECURITIES AND REAL PROPERTY ARE RECOGNIZED WITHIN THE FINANCIAL STATEMENTS

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

Employer identification number

46-5338502

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION	<p>THE ORGANIZATION'S MISSION IS THE PROVISION OF COMPASSIONATE, HIGH QUALITY HEALTH CARE IN ORDER TO ELEVATE THE HEALTH STATUS OF THE PATIENTS IT SERVES IN SOUTHEASTERN PENNSYLVANIA, SOUTHERN NEW JERSEY AND DELAWARE THE GROUP SERVES THESE INDIVIDUALS AND OTHERS WITH HEALTH CARE PROGRAMS AND SERVICES RANGING FROM COMMUNITY HEALTH EDUCATION AND PREVENTIVE MEDICINE TO COMPLEX AND SPECIALIZED CARE REQUIRING ADVANCED TECHNOLOGY AND HIGHLY EXPERT STAFF THE GROUP ENTHUSIASTICALLY EMBRACES ITS SPECIAL RESPONSIBILITY TO THE MOST VULNERABLE RESIDENTS IN ITS PRIMARY SERVICE AREA AND TO THE MEMBERS OF THE JEWISH COMMUNITY THE GROUP REFLECTS THE VALUES OF THE JEWISH COMMUNITY BY CARING FOR ANY PERSON REGARDLESS OF RACE, RELIGION, NATIONAL ORIGIN, OR THE ABILITY TO PAY THE GROUP'S EDUCATIONAL COMMITMENT INCLUDES PROVIDING HEALTH EDUCATION TO THE COMMUNITY, AND TRAINING AND EDUCATING MEDICAL STUDENTS, GRADUATE AND PRACTICING PHYSICIANS, AND OTHER HEALTH CARE PROFESSIONALS THE GROUP ALSO SUPPORTS CLINICAL RESEARCH FOR THE PURPOSE OF ENHANCING THE QUALITY OF PATIENT CARE AND ADVANCING THE SCIENCE OF MEDICINE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION</p>	<p>AEHN GROUP IS LICENSED TO OPERATE 721 ACUTE CARE BEDS TERTIARY CARE IS PROVIDED THROUGH THREE LOCATIONS, ITS MAIN CAMPUS IN NORTH PHILADELPHIA, ITS CAMPUS AT ELKINS PARK AND ITS CAMPUS AT MONTGOMERY COUNTY IN ADDITION, ITS MAIN CAMPUS OPERATES A 24-HOUR LEVEL I TRAUMA CENTER WITH AN OPEN ADMISSIONS POLICY PROVIDING EMERGENCY SERVICES TO THE COMMUNITY AEHN GROUP PROVIDES HEALTH AND HEALING SERVICES TO THE COMMUNITIES IT SERVES AND TRAINS PHYSICIANS TO BE ACCOMPLISHED LEADERS THROUGH SCHOLARLY ACTIVITY, EXCELLENCE IN TEACHING AND PARTICIPATION IN RESEARCH AEHN GROUP IS LICENSED TO OPERATE 197 REHABILITATION BEDS REHABILITATION SERVICES ARE PROVIDED IN A 17-BED SETTING ON ITS MAIN CAMPUS AND 50-BED SETTING AT FOUR OTHER HOSPITALS AND IN A 130-BED SETTING AT THE ELKINS PARK LOCATION AEHN GROUP OPERATES AND MAINTAINS HOSPITALS AND CLINICAL FACILITIES FOR THE STUDY, DIAGNOSIS, CARE, TREATMENT, AND REHABILITATION OF PERSONS WITH MENTAL OR EMOTIONAL DISORDERS AEHN GROUP PROVIDES EDUCATION AND COUNSELING OF SUCH PERSONS AND THEIR FAMILIES AND ENGAGES IN EDUCATIONAL AND RESEARCH PROGRAMS TO FACILITATE AND SUPPORT SUCH ACTIVITIES FORM 990, PART VI, SECTION A, LINES 6, 7A and 7B THE ALBERT EINSTEIN HEALTHCARE NETWORK IS A NOT-FOR-PROFIT CORPORATION THAT CONTROLS RELATED ORGANIZATIONS IN A HEALTH CARE DELIVERY SYSTEM SERVING THE GREATER DELAWARE VALLEY THROUGH SOLE MEMBERSHIP IN THOSE RELATED ORGANIZATIONS THE ALBERT EINSTEIN HEALTHCARE NETWORK ("AEHN"), THE PARENT COMPANY, TOGETHER WITH ITS RELATED MEMBER ORGANIZATIONS, COMPRISES THE ALBERT EINSTEIN HEALTHCARE NETWORK ("NETWORK") ALBERT EINSTEIN HEALTHCARE NETWORK GROUP IS A CONTROLLED ORGANIZATION THROUGH SOLE AEHN MEMBERSHIP THE ENTITIES INCLUDED IN THE GROUP FILING ARE AS FOLLOWS ALBERT EINSTEIN MEDICAL CENTER - EIN 23-1396794 BCCT OVER CORP - EIN 23-1352200 EINSTEIN COMMUNITY HEALTH ASSOCIATES - EIN 23-2760086 EINSTEIN MEDICAL CENTER MONTGOMERY - EIN 20-4193243 EINSTEIN PRACTICE PLAN, INC - EIN 23-2664784</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED IN CONNECTION WITH ALBERT EINSTEIN HEALTHCARE NETWORK'S INDEPENDENT ACCOUNTING FIRM, PRICEWATERHOUSECOOPERS LLP, AND IS REVIEWED INTERNALLY BY ALBERT EINSTEIN HEALTHCARE NETWORK'S MANAGEMENT. THE FORM 990 IS THEN PROVIDED TO THE AUDIT COMMITTEE OF THE GOVERNING BODY FOR REVIEW. AFTER REVIEW, BUT PRIOR TO FILING, THE RETURNS ARE ELECTRONICALLY MAILED TO THE GOVERNING BOARD.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	IN ACCORDANCE WITH ORGANIZATION POLICY, EACH MEMBER OF THE BOARD OF TRUSTEES, ALL KEY EMPLOYEES AND OFFICERS ARE REQUIRED ANNUALLY TO COMPLETE A COMPREHENSIVE CONFLICT OF INTEREST DISCLOSURE FOR REVIEW BY THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES AND ARE REQUIRED TO UPDATE SUCH DISCLOSURES IF THERE ARE ANY CHANGES. ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AND RESOLVED IN ACCORDANCE WITH SPECIFIC GUIDELINES AND REPORTED TO THE BOARD OF TRUSTEES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A and 15B	THE BOARD OF TRUSTEES HAS DELEGATED THE RESPONSIBILITY FOR COMPENSATION REVIEW TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES INDEPENDENT MEMBERS OF THE COMPENSATION COMMITTEE REVIEW AND APPROVE THE COMPENSATION FOR THE CEO AND ALL OTHER OFFICERS AND KEY EMPLOYEES OF ALBERT EINSTEIN HEALTHCARE NETWORK THE COMPENSATION COMMITTEE REQUIRES THAT ONE OR MORE INDEPENDENT COMPENSATION EXPERTS REVIEW THE COMPENSATION OF ALL SUCH PERSONS TO DETERMINE THAT SUCH COMPENSATION IS APPROPRIATE AND REASONABLE AND SUCH INDEPENDENT EXPERT USES APPLICABLE COMPARABILITY DATA THE COMMITTEE REVIEWS THE REPORTS OF THE INDEPENDENT EXPERTS IN DETAIL AND DOCUMENTS THE DATA REVIEWED, THE DELIBERATION AND DISCUSSION CONTEMPORANEOUSLY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS 53,831,793 CHANGE IN PENSION LIABILITY (30,297) INVESTMENT IMP AIRMENT (158,738) CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 263,946 QUASI ENDOWMEN T FUND ----- 53,906,704 =====

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION OTHER EXPENSES TOTAL EXPENSES 166619766 PROGRAM SERVICES 166174366 MANAGEMENT AND GENERAL 445400

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

Employer identification number

46-5338502

**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.

(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
<b>(1)</b> GHMC MANAGEMENT INC 101 E OLNEY AVE  PHILADELPHIA, PA 19120 23-2225809	MANAGEMENT	PA	501(C)(3)	12A	AEHN	Yes	
<b>(2)</b> MONTGOMERY HOSPITAL 5501 Old York Road  Philadelphia, PA 19141 23-1352193	HEALTHCARE	PA	501(C)(3)	3	AEHN	Yes	
<b>(3)</b> MONTGOMERY HEALTH FOUNDATION 5501 OLD YORK ROAD  PHILADELPHIA, PA 19141 22-2456265	HOSP SUPPORT	PA	501(C)(3)	12B	AEHN	Yes	
<b>(4)</b> FORNANCE PHYSICIAN SERVICES INC 1330 POWELL ST  NORRISTOWN, PA 19401 23-2275991	HEALTHCARE	PA	501(C)(3)	12A	AEHN	Yes	
<b>(5)</b> MONTGOMERY HOSPITAL WORKERS COMP TRUST 5501 OLD YORK ROAD  PHILADELPHIA, PA 19141 23-2351775	HEALTHCARE	PA	501(C)(3)	12A	AEHN	Yes	
<b>(6)</b> BROADLINE RISK RETENTION GROUP 100 BANK ST  BURLINGTON, VT 05401 27-2583356	INSURANCE	VT	501(C)(3)	12A	AEHN	Yes	
<b>(7)</b> ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD  PHILADELPHIA, PA 19141 23-2290323	MANAGEMENT	PA	501(C)(3)	12C	NA		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.

(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	
<b>(1)</b> EINSTEINUSP SURGERY CTRS LLC 600 W GERMANTOWN PIKE EAST NORRITON, PA 19403 80-0790232	MEDICAL SERVICES	PA	AEHN	RELATED	-3,989	-551,140		No			No	80 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> EINSTEIN HEALTHCARE SYSTEMS INC 101 E OLNEY AVE PHILADELPHIA, PA 19120 23-2314938	HOLDING COMPANY	PA	AEHN	C CORP	0	1,490,754	100 000 %	Yes	
<b>(2)</b> REHAB VENTURES INC 1200 W TABOR ROAD PHILADELPHIA, PA 19141 23-2619394	HOLDING COMPANY	PA	AEHN GROUP	C CORP	110,506	1,557,569	100 000 %	Yes	
<b>(3)</b> CMMC INC 1330 POWELL ST Norristown, PA 19401 23-2256479	RENTAL PROPERTY	PA	AEHN	C CORP	192,188	1,698,080	100 000 %	Yes	

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	Yes
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-5338502

**Name:** ALBERT EINSTEIN HEALTHCARE NETWORK GROUP  
LETTER RULING

## 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
(1)  101 E OLNEY AVE PHILADELPHIA, PA 19120 23-2225809	MANAGEMENT	PA	501(C)(3)	12A	AEHN	Yes	
(1)  5501 Old York Road Philadelphia, PA 19141 23-1352193	HEALTHCARE	PA	501(C)(3)	3	AEHN	Yes	
(2)  5501 OLD YORK ROAD PHILADELPHIA, PA 19141 22-2456265	HOSP SUPPORT	PA	501(C)(3)	12B	AEHN	Yes	
(3)  1330 POWELL ST NORRISTOWN, PA 19401 23-2275991	HEALTHCARE	PA	501(C)(3)	12A	AEHN	Yes	
(4)  5501 OLD YORK ROAD PHILADELPHIA, PA 19141 23-2351775	HEALTHCARE	PA	501(C)(3)	12A	AEHN	Yes	
(5)  100 BANK ST BURLINGTON, VT 05401 27-2583356	INSURANCE	VT	501(C)(3)	12A	AEHN	Yes	
(6)  5501 OLD YORK ROAD PHILADELPHIA, PA 19141 23-2290323	MANAGEMENT	PA	501(C)(3)	12C	NA		No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> ALBERT EINSTEIN HEALTHCARE NETWORK	C	7,392,922	Cash
<b>(1)</b> BROADLINE RISK RETENTION GROUP	C	7,500,000	Cash
<b>(2)</b> FORNANCE PHYSICIAN SERVICES	J	111,092	CASH
<b>(3)</b> ALBERT EINSTEIN HEALTHCARE NETWORK	J	266,395	CASH
<b>(4)</b> MONTGOMERY HOSPITAL	K	360,486	CASH
<b>(5)</b> CMMC INC	K	223,825	CASH
<b>(6)</b> FORNANCE PHYSICIAN SERVICES	L	1,554,790	CASH
<b>(7)</b> FORNANCE PHYSICIAN SERVICES	M	604,272	CASH
<b>(8)</b> ALBERT EINSTEIN HEALTHCARE NETWORK	M	102,970,161	CASH