

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

D Employer identification number
46-5338502

E Telephone number
(215) 456-6760

G Gross receipts \$ 1,347,804,028

F Name and address of principal officer:
GERARD F BLANEY
5501 OLD YORK ROAD
PHILADELPHIA, PA 19141

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.

3 Number of voting members of the governing body (Part VI, line 1a)	3	45
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10,828
6 Total number of volunteers (estimate if necessary)	6	111
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	30,884,454	26,423,249
9 Program service revenue (Part VIII, line 2g)	1,244,132,193	1,257,972,996
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,577,814	61,316,497
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,186,905	1,709,113
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,305,781,366	1,347,421,855
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	721,626,030	748,195,183
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	582,082,227	600,546,931
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,303,708,257	1,348,742,114
19 Revenue less expenses. Subtract line 18 from line 12	2,073,109	-1,320,259
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	1,321,820,693	1,382,353,694
21 Total liabilities (Part X, line 26)	999,170,044	1,132,432,117
22 Net assets or fund balances. Subtract line 21 from line 20	322,650,649	249,921,577

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: GERARD F BLANEY EXECUTIVE VP and CFO
Date: 2021-05-06

Paid Preparer Use Only
Print/Type preparer's name: PricewaterhouseCoopers LLP
Preparer's signature: [Signature]
Date: 2021-05-04
Check if self-employed
PTIN: P00438748
Firm's name: PricewaterhouseCoopers LLP
Firm's EIN: [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 \$ 1,005,342,670 including grants of \$ 0) (Revenue \$ 943,574,381)
See Additional Data

4b (Code:) (Expenses \$ 159,599,546 including grants of \$ 0) (Revenue \$ 142,416,290)
See Additional Data

4c (Code:) (Expenses \$ 85,090,659 including grants of \$ 0) (Revenue \$ 109,784,096)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 75,700,132 including grants of \$ 0) (Revenue \$ 62,198,229)

4e Total program service expenses ▶ 1,325,733,007

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [checked]

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<table border="1"> <tr> <td style="width: 10%;">2a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">10,828</td> </tr> </table>	2a		10,828			
2a		10,828					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No		
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b				
7 Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	<table border="1"> <tr> <td style="width: 10%;">7d</td> <td style="width: 70%;"></td> </tr> </table>	7d					
7d							
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10 Section 501(c)(7) organizations. Enter:							
a Initiation fees and capital contributions included on Part VIII, line 12	<table border="1"> <tr> <td style="width: 10%;">10a</td> <td style="width: 70%;"></td> </tr> </table>	10a					
10a							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="width: 10%;">10b</td> <td style="width: 70%;"></td> </tr> </table>	10b					
10b							
11 Section 501(c)(12) organizations. Enter:							
a Gross income from members or shareholders	<table border="1"> <tr> <td style="width: 10%;">11a</td> <td style="width: 70%;"></td> </tr> </table>	11a					
11a							
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<table border="1"> <tr> <td style="width: 10%;">11b</td> <td style="width: 70%;"></td> </tr> </table>	11b					
11b							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="width: 10%;">12b</td> <td style="width: 70%;"></td> </tr> </table>	12b					
12b							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<table border="1"> <tr> <td style="width: 10%;">13b</td> <td style="width: 70%;"></td> </tr> </table>	13b					
13b							
c Enter the amount of reserves on hand	<table border="1"> <tr> <td style="width: 10%;">13c</td> <td style="width: 70%;"></td> </tr> </table>	13c					
13c							
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	Yes			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (45); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (AL, AK, AZ, AR, CA, CO, CT, DC, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: STEVEN NEARING 5501 OLD YORK ROAD PHILADELPHIA, PA 19141 (215) 456-6760

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with values 11,672,997, 8,070,228, and 2,451,686.

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 1,354

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like CERNER CORPROATION and DUFFY PARTNERS PHILA LAWYERS.

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 111

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	1,027,486		
	d Related organizations	1d	5,511,145		
	e Government grants (contributions)	1e	16,108,200		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,776,418		
	g Noncash contributions included in lines 1a - 1f: \$	1g	113,358		
	h Total. Add lines 1a-1f		26,423,249		

Program Service Revenue			Business Code			
	2a ACUTE CARE SERVICES		900099	943,574,381	943,574,381	
	b SPECIALTY CARE SERVICES		900099	142,416,290	142,416,290	
	c REHABILITATION SERVICES		900099	109,784,096	109,784,096	
	d PRIMARY CARE SERVICES		900099	56,334,656	56,334,656	
	e SKILLED NURSING SERVICES		900099	5,863,573	5,863,573	
	f All other program service revenue					
	g Total. Add lines 2a-2f.			1,257,972,996		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			56,929,528			56,929,528	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c	1,846,826	0			
	d Net rental income or (loss)				1,846,826			1,846,826
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b					
		c Gain or (loss)	7c	359,969	4,027,000			
	d Net gain or (loss)				4,386,969			4,386,969
	8a Gross income from fundraising events (not including \$ 1,027,486 of contributions reported on line 1c). See Part IV, line 18	8a						
				244,460				
		b Less: direct expenses	8b		382,173			
	c Net income or (loss) from fundraising events				-137,713			-137,713
	9a Gross income from gaming activities. See Part IV, line 19	9a			0			
				0				
		b Less: direct expenses	9b		0			
c Net income or (loss) from gaming activities				0			0	
10a Gross sales of inventory, less returns and allowances	10a			0				
			0					
	b Less: cost of goods sold	10b		0				
c Net income or (loss) from sales of inventory				0			0	
11a Miscellaneous Revenue		Business Code						
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				0				
12 Total revenue. See instructions				1,347,421,855	1,257,972,996		63,025,610	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	9,092,144	9,092,144		0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	616,488,775	600,794,358	15,694,417	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,195,972	33,195,972		
9 Other employee benefits	48,506,668	48,014,190	492,478	
10 Payroll taxes	40,911,624	40,210,946	700,678	
11 Fees for services (non-employees):				
a Management	90,626,958	90,626,958		
b Legal	60,878	60,878		
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	417,119		417,119	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	114,215,450	111,006,934	3,208,516	
12 Advertising and promotion	139,041	119,320	19,721	
13 Office expenses	19,716,697	18,972,705	743,992	
14 Information technology	18,653,962	18,527,371	126,591	
15 Royalties	0			
16 Occupancy	21,777,344	21,300,882	476,462	
17 Travel	1,338,171	1,286,266	51,905	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	251,190	233,102	18,088	
20 Interest	20,842,426	20,842,426		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	65,472,460	64,980,310	492,150	
23 Insurance	41,233,705	41,233,705		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHILADELPHIA HOSP ASSMNT	37,489,198	37,489,198		
b FEES, LICENSES, DUES, BOOKS	2,387,811	2,234,445	153,366	
c MEMBERSHIP DUES	1,167,833	755,089	412,744	
d BOOKS AND PERIODICALS	902,804	901,924	880	
e All other expenses	163,853,884	163,853,884		
25 Total functional expenses. Add lines 1 through 24e	1,348,742,114	1,325,733,007	23,009,107	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	28,377,995	1	34,150,606
	2 Savings and temporary cash investments	27,862,588	2	46,070,228
	3 Pledges and grants receivable, net	5,000,000	3	5,000,000
	4 Accounts receivable, net	164,150,730	4	135,243,539
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	20,727,641	8	21,229,580
	9 Prepaid expenses and deferred charges	11,759,490	9	12,231,940
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,451,365,570		
	b Less: accumulated depreciation	10b 896,080,773	577,293,464	10c 555,284,797
	11 Investments—publicly traded securities	294,013,850	11	358,868,214
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	83,788,957	13	107,773,132
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	108,845,978	15	106,501,658
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,321,820,693	16	1,382,353,694	
Liabilities	17 Accounts payable and accrued expenses	339,834,475	17	354,747,179
	18 Grants payable	0	18	0
	19 Deferred revenue	1,820,656	19	1,520,447
	20 Tax-exempt bond liabilities	459,114,393	20	469,451,419
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	6,993,711	23	4,971,629
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	191,406,809	25	301,741,443
	26 Total liabilities. Add lines 17 through 25	999,170,044	26	1,132,432,117
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	193,068,700	27	122,961,172
	28 Net assets with donor restrictions	129,581,949	28	126,960,405
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	322,650,649	32	249,921,577	
33 Total liabilities and net assets/fund balances	1,321,820,693	33	1,382,353,694	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,347,421,855
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,348,742,114
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,320,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	322,650,649
5	Net unrealized gains (losses) on investments	5	-3,208,825
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-68,199,988
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	249,921,577

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 46-5338502

Name: ALBERT EINSTEIN HEALTHCARE NETWORK GROUP
LETTER RULING

Form 990 (2019)

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)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:)	(Expenses \$	68,258,956	including grants of \$	0)	(Revenue \$	56,334,656)
PRIMARY CARE SERVICES						

(Code:)	(Expenses \$	7,441,000	including grants of \$	0)	(Revenue \$	5,863,573)
SKILLED NURSING SERVICES						

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 176 including grants of \$ 0) (Revenue \$ 0)
BEHAVIORAL HEALTH

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 R FREEDMAN PRESIDENT & CEO	20.0	X		X				0	2,375,348	65,031
MARK KOTAPKA PHYSICIAN	40.0					X		1,579,458	0	251,582
SUMEET MAINIGI ELECTROPHYSIOLOGIST	40.0					X		1,229,733	0	103,096
TERENCE S MATALON PHYSICIAN	40.0					X		1,079,077	0	169,250
JAMES RAPHAEL CHAIR - ORTHOPEDIC SURGERY	40.0					X		1,028,005	0	111,732
PATRICK COOPER MD PHYSICIAN	40.0					X		1,011,292	0	33,705
RUTH LEFTON COO - AEMC (THRU 12/20/2019)	30.0	X		X				0	918,988	122,076
BETH DUFFY COO - EMCM - PRESIDENT	39.0	X		X				0	879,631	149,481
GERARD F BLANEY CFO - ASSISTANT TREASURER	20.0	X		X				0	815,260	169,287
STEVEN L SIVAK MD CMO - PRESIDENT	39.0	X		X				884,043	0	78,166

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			
RICHARD H FINE MD SURGERY CHAIRMAN - TRUSTEE	40.0 0.0	X						708,031	0	252,366
PENNY J REZET ESQ CHIEF LEGAL OFFICER-ASS'T SEC.	20.0 20.0			X				0	723,616	147,664
ALBERTO ESQUENAZI MD PHYSICIAN/TRUSTEE	39.0 1.0	X						709,718	0	127,030
KENNETH LEVITAN CHIEF ADMINISTRATIVE OFFICER	20.0 20.0				X			0	702,473	65,848
BRUCE MENKOWITZ MD PHYSICIAN/TRUSTEE	40.0 0.0	X						653,287	0	67,657
DAVID M JASPAN DO PHYSICIAN/TRUSTEE	5.0 5.0	X						601,702	0	69,943
ROHIT GULATI EVP & CHIEF MEDICAL OFFICER	30.0 10.0				X			0	622,187	39,009
CYNTHIA M DEGRANDPRE VP HEALTHCARE SERVICES - AEMC	40.0 0.0				X			377,319	0	199,101
DIXIEANNE JAMES COO - AEMC	30.0 10.0	X		X				0	543,786	20,042
MARY FORD FORMER CIO	20.0 20.0						X	0	488,939	9,768

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			
GINA MARONE CHIEF NURSE EXECUTIVE - AEMC	40.0 0.0				X			433,253	0	24,526
MAUREEN JORDAN VP HEALTHCARE SERVICES - AEMC	40.0 0.0				X			357,847	0	45,538
CRAIG SIEVING VP NETWORK FACILITIES	40.0 0.0				X			330,925	0	63,504
ANGELA NICHOLAS MD CMO FORNANCE - TRUSTEE	5.0 35.0	X						371,959	0	21,438
LOUIS LAMONT VP & COO - PROF FUND MGT	40.0 0.0				X			317,348	0	44,846
THOMAS J SMITH COO - MOSS	40.0 0.0				X			312,804	0	36,797
MICHAEL GEORGE VP HEALTH SVCS - PROF FUND MGT	40.0 0.0				X			283,941	0	64,832
ANNMARIE PAPA VP NURSING - EMCM	40.0 0.0				X			303,862	0	29,471
SUSAN BERNINI FORMER COO - AEMC	0.0 0.0						X	0	293,603	0
DORLYN LAW VP - HEALTHCARE SVCS-PROF FUND	40.0 0.0				X			241,870	0	35,455

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			
PATRICIA MODAFFERI VP HEALTHCARE SERVICES - EMCM	40.0 0.0				X			252,871	0	14,466
ARNOLD W COHEN MD PHYSICIAN/TRUSTEE	40.0 0.0	X						238,944	0	22,337
JACQUILINE BOWERS MD PHYSICIAN/TRUSTEE	40.0 0.0	X						248,213	0	11,440
JANIS RUBIN MD PHYSICIAN/TRUSTEE	5.0 35.0	X						212,926	0	42,368
SCOTT A MELNICK MD PHYSICIAN/TRUSTEE	5.0 5.0	X						85,713	0	0
ALISON KORMAN FELDMAN TRUSTEE	5.0 5.0	X						0	0	0
ANTHONY R SHERR SECRETARY - EMCM	5.0 5.0	X		X				0	0	0
BARBARA E BLACK TRUSTEE	5.0 5.0	X						0	0	0
CAROLE S BEN-MAIMON MD PHYSICIAN/TRUSTEE	5.0 5.0	X						0	0	0
CLIFFORD D SCHLESINGER TRUSTEE	5.0 5.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA HOLLANDER TRUSTEE	5.0 0.0	X						0	0	0
ELLEN KRAFTSOW-KOGAN SECRETARY - AEMC	5.0 5.0	X		X				0	0	0
ERIC RAYMOND TRUSTEE	5.0 5.0	X						0	0	0
GEOFFREY M DUFFINE ESQ CHAIRPERSON - EMCM	5.0 5.0	X		X				0	0	0
GREGORY H STEIN TREASURER - AEMC	5.0 5.0	X		X				0	0	0
JILL POWELL TRUSTEE	5.0 5.0	X						0	0	0
JOAN L GOLDSTEIN TRUSTEE	5.0 5.0	X						0	0	0
JOANNE FISHMAN ESQ TRUSTEE	5.0 5.0	X						0	0	0
JOE M MELENDEZ TRUSTEE	5.0 5.0	X						0	0	0
JOHN P KORMAN TRUSTEE	5.0 5.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDITH K TRICHON SECRETARY - PHYSICIANS	5.0	X		X				0	0	0
LAWRENCE S REICHLIN TRUSTEE	5.0	X						0	0	0
LEWIS I GANTMAN CHAIRPERSON - AEMC	5.0	X		X				0	0	0
MADALYN ROVINSKY TRUSTEE	5.0	X						0	0	0
MARINA KATS ESQ TREASURER - PHYSICIANS	5.0	X		X				0	0	0
MATHEW S LEVITTIES TRUSTEE	5.0	X						0	0	0
MINA P FADER CHAIRPERSON - PHYSICANS	5.0	X		X				0	0	0
PAUL H WEISS ESQ TRUSTEE	5.0	X						0	0	0
RICHARD C SHEERR TRUSTEE	5.0	X						0	0	0
RICHARD A WOLFSON TREASURER - EMCM	5.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT B ISARD TRUSTEE	5.0	X						0	0	0
ROBERT J LIPSTEIN TRUSTEE	5.0	X						0	0	0
SHAWN N ORENSTEIN TRUSTEE	5.0	X						0	0	0
STEVEN BERK ESQ TRUSTEE	5.0	X						0	0	0
SUSAN KLINE KLEHR TRUSTEE	5.0	X						0	0	0
THEODORE H KAPNEK III TRUSTEE	5.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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 **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

(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						
Total	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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0
2	Recoveries of prior-year distributions	2	0
3	Other gross income (see instructions)	3	0
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	0
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	0
7	Other expenses (see instructions)	7	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0

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

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

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI). See instructions	0
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	0
9 Distributable amount for 2019 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.		0	
3 Excess distributions carryover, if any, to 2019:			
a From 2014. 0			
b From 2015. 0			
c From 2016. 0			
d From 2017. 0			
e From 2018. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7:			
\$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		0	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			0
7 Excess distributions carryover to 2020. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015. 0			
b Excess from 2016. 0			
c Excess from 2017. 0			
d Excess from 2018. 0			
e Excess from 2019. 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).

Facts And Circumstances Test

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). FORNANCE PHYSICIAN SERVICES, 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>

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		
ALBERT EINSTEIN MEDICAL CENTER	231396794	3	Yes		0	0
BCCT OVER CORP	231352200	3	Yes		0	0
EINSTEIN MEDICAL CENTER MONTGOMERY	204193243	3	Yes		0	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	129,582,000	123,858,000	119,261,000	111,528,000	120,795,000
b Contributions	4,304,000	8,990,000	5,037,000	5,120,000	3,591,000
c Net investment earnings, gains, and losses	-897,595	4,050,000	5,869,000	9,898,000	-7,211,000
d Grants or scholarships					
e Other expenditures for facilities and programs	6,028,000	7,316,000	6,309,000	7,285,000	5,647,000
f Administrative expenses					
g End of year balance	126,960,405	129,582,000	123,858,000	119,261,000	111,528,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 36.170 %
 - c** Temporarily restricted endowment ▶ 63.830 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,203,000		56,203,000
b Buildings		784,475,570	464,674,773	319,800,797
c Leasehold improvements				
d Equipment		610,687,000	431,406,000	179,281,000
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				555,284,797

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	107,773,132	

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	34,824,127
(2)RECOVERABLE PROF LIABILITY	35,605,000
(3)DEFERRED FINANCING COSTS	3,683,920
(4)SUPP 457 RETIREMENT PLAN	31,919,155
(5)DUE FROM AFFILIATES	-19,428,102
(6)WORKERS COMP RECOVERABLE	4,016,235
(7)RIGHT OF USE ASSET	15,323,593
(8)DEFFERED COMPENSATION ASSET	532,691
(9)SECURITY DEPOSITS	25,039
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	106,501,658

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 See Additional Data Table	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	301,741,443

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 46-5338502

Name: ALBERT EINSTEIN HEALTHCARE NETWORK GROUP
LETTER RULING

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
PROFESSIONAL LIABILITY	134,012,170
457 PLAN LT LIABILITY	31,919,155
LONGTERM ARO ASBESTOS LIABILIT	5,091,144
DEFERRED CONTRIBUTIONS	532,691
WORKERS COMP RECOVERABLE	9,513,030
LEASE LIABILITIES	16,520,096
MC ADVANCE	81,367,843
HEALTH PARTNERS ADVANCE	7,473,460
CBH ADVANCE	1,973,310
MC 2020 PIP & COST REPORT	13,338,544

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

2019

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.

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

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		HARVEST BALL (event type)	SMALL MIRACLES (event type)	6 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	974,426	75,801	221,719	1,271,946
	2 Less: Contributions	745,976	71,201	210,309	1,027,486
	3 Gross income (line 1 minus line 2)	228,450	4,600	11,410	244,460
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	309	33,741	6,637	40,687
	6 Rent/facility costs	232,268	30,000	34,003	296,271
	7 Food and beverages	0	0	0	0
	8 Entertainment	7,750	0	0	7,750
	9 Other direct expenses	12,596	2,730	22,139	37,465
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					-137,713

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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 provide any additional information. See instructions.

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

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

Name of the organization
 ALBERT EINSTEIN HEALTHCARE NETWORK GROUP
 LETTER RULING

Employer identification number
 46-5338502

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		No
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,593,000		2,593,000	0.190 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			2,593,000		2,593,000	0.190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			15,969,531	10,963,552	5,005,979	0.370 %
f Health professions education (from Worksheet 5)			84,870,235	37,135,109	47,735,126	3.540 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			6,565,177	5,116,472	1,448,705	0.110 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			107,404,943	53,215,133	54,189,810	4.020 %
k Total. Add lines 7d and 7j			109,997,943	53,215,133	56,782,810	4.210 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	29,836,000
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	180,721,607
6	Enter Medicare allowable costs of care relating to payments on line 5	6	203,975,324
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-23,253,717
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?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

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

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

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

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

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
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	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	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> .% and FPG family income limit for eligibility for discounted care of <u>400</u> .%		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SCHEDULE H, PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SCHEDULE H, PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SCHED H, PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input 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
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

Section 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, 20a, 20b, 20c, 20d, 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? 34

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, 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 PAGE 17 OF THE AUDITED FINANCIAL STATEMENTS RELATED TO FOOTNOTE DISCLOSURE OF THE DESCRIPTION OF BAD DEBT EXPENSE / UNCOMPENSATED CARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>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 2019.</p>

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	<p>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.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION: ALBERT EINSTEIN MEDICAL CENTER PHILADELPHIA AND ELKINS PARK - THE PRIMARY SERVICE AREA INCLUDES THE FOLLOWING ZIP CODES IN THE CITY OF PHILADELPHIA AND MONTGOMERY COUNTY, PENNSYLVANIA: EINSTEIN MEDICAL CENTER PHILADELPHIA PRIMARY GEOGRAPHIC SERVICE 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, 19095, 19126 EINSTEIN MEDICAL CENTER PHILADELPHIA PRIMARY COMMUNITY DEMOGRAPHICS POPULATION SIZE: 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 THE SERVICE AREA, 23% OF RESIDENTS ARE BETWEEN THE AGES OF 0-17, 37% ARE 18-44 (38%), 25% ARE 45-64 (26%), AND 15% ARE 65 OR OLDER. WHEN COMPARING TO 2000, THE SERVICE AREA SAW AN INCREASE 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 2018; LITTLE CHANGE IN RESIDENT AGE DISTRIBUTION IS ANTICIPATED FOR PHILADELPHIA COUNTY. GENDER - 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 WHOLE. 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 DIFFERENT THAN THE PATTERN IN PHILADELPHIA AS A WHOLE, WHERE 41% OF THE POPULATION IS BLACK, 36% WHITE, 14% LATINO, AND 7% ASIAN. THE PERCENTAGE OF WHITE RESIDENTS IN THE SERVICE AREA IS PREDICTED 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 RESIDENTS IN THE SERVICE AREA POPULATION IS PREDICTED TO INCREASE SLIGHTLY BY 2% BY 2020. THIS MIRRORS THE GROWTH PATTERN PREDICTED FOR THIS ETHNIC GROUP IN PHILADELPHIA AS A WHOLE. LANGUAGE 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. ASIAN 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 INDICATORS: 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 OR MORE (24%). THE EDUCATIONAL ATTAINMENT OF RESIDENTS IN THE SERVICE AREA HAS REMAINED FAIRLY STABLE OVER TIME. THE SERVICE AREA (60%) HAS A SLIGHTLY HIGHER PERCENTAGE OF ADULTS WHOSE 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 AREA (16%) HAS A SLIGHTLY LOWER PERCENTAGE OF ADULTS WHO DID NOT FINISH HIGH SCHOOL THAN PHILADELPHIA OVERALL (20%). EMPLOYMENT - THE OVERWHELMING MAJORITY OF RESIDENTS IN THE SERVICE AREA AGE 16 AND OVER (85%) ARE EMPLOYED; 15% ARE UNEMPLOYED. UNEMPLOYMENT IS SLIGHTLY LOWER IN SERVICE AREA (15%) THAN IN PHILADELPHIA COUNTY AS A WHOLE (16%). POVERTY STATUS - MORE THAN ONE-THIRD OF FAMILIES IN THE SERVICE AREA (37%) ARE LIVING IN HOUSEHOLDS WITH INCOMES 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 MAJORITY OF FAMILIES (54%) LIVE IN POVERTY (32% OF FAMILIES WITH CHILDREN AND 22% OF FAMILIES 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 SERVICE 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 RESIDENTS RENT AND 50% OWN THEIR HOMES. COMMUNITY INFORMATION: EINSTEIN MEDICAL CENTER MONTGOMERY - 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, 19426, 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: AEHN 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 NATURALLY 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? 2											
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 B Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, LINE 5</p>	<p>RECOGNIZING THAT HOSPITALS AND HEALTH SYSTEMS OFTEN MUTUALLY SERVE THE SAME COMMUNITIES, A GROUP OF LOCAL HOSPITALS AND HEALTH SYSTEMS CONVENED TO DEVELOP THIS FIRST-EVER SOUTHEASTERN PA (SEPA) REGIONAL CHNA, WITH SPECIFIC FOCUS ON BUCKS, CHESTER, MONTGOMERY, AND PHILADELPHIA COUNTIES. THIS COLLABORATIVE CHNA OFFERED: INCREASED COLLABORATION AMONG LOCAL HOSPITALS/HEALTH SYSTEMS SERVING THIS REGION; REDUCED DUPLICATION OF ACTIVITIES AND COMMUNITY BURDEN FROM PARTICIPATION IN MULTIPLE COMMUNITY MEETINGS; REDUCED HOSPITAL/HEALTH SYSTEM COSTS IN CHNA REPORT DEVELOPMENT; OPPORTUNITIES FOR SHARED LEARNING; AND ESTABLISHMENT OF A STRONG FOUNDATION FOR COORDINATED EFFORTS TO ADDRESS HIGHEST PRIORITY COMMUNITY NEEDS. HOSPITALS AND HEALTH SYSTEMS AND SUPPORTING PARTNERS COLLABORATIVELY DEVELOPED THE CHNA THAT OUTLINES HEALTH PRIORITIES FOR THE REGION. THE HOSPITALS AND HEALTH SYSTEMS WILL PRODUCE IMPLEMENTATION PLANS THAT MAY INVOLVE FURTHER COLLABORATION TO ADDRESS SHARED PRIORITIES. PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH) LED COLLECTION OF A VARIETY OF QUANTITATIVE INDICATORS OF HEALTH OUTCOMES AND FACTORS INFLUENCING HEALTH FROM A VARIETY OF DATA SOURCES. COMMUNITY MEETINGS WERE COORDINATED BY HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) AND PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS (PACDCD) AND FACILITATED BY QUALITATIVE EXPERTS FROM PARTICIPATING HOSPITALS/HEALTH SYSTEMS. STAKEHOLDER FOCUS GROUPS WERE CONDUCTED BY HCIF. IN PARTNERSHIP WITH THE STEERING COMMITTEE OF REPRESENTATIVES FROM THE PARTNERING HOSPITALS AND HEALTH SYSTEMS, THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH) AND HEALTH CARE IMPROVEMENT FOUNDATION (HCIF) DEVELOPED A COLLABORATIVE, COMMUNITY-ENGAGED APPROACH THAT INVOLVED COLLECTING AND ANALYZING QUANTITATIVE AND QUALITATIVE DATA AND AGGREGATING DATA FROM A VARIETY OF SECONDARY SOURCES TO COMPREHENSIVELY ASSESS THE HEALTH STATUS OF THE REGION. THE ASSESSMENT RESULTED IN A LIST OF PRIORITY HEALTH NEEDS THAT WILL BE USED BY THE PARTICIPATING HOSPITALS AND HEALTH SYSTEMS TO DEVELOP IMPLEMENTATION PLANS OUTLINING HOW THEY WILL ADDRESS THESE NEEDS INDIVIDUALLY AND IN COLLABORATION WITH OTHER PARTNERS.</p>
<p>SCHEDULE H, PART V, LINE 6A</p>	<p>PARTNERING HOSPITALS: ABINGTON HOSPITAL, ABINGTON LANSDALE HOSPITAL, CHESTER COUNTY HOSPITAL, CHILDREN'S HOSPITAL OF PHILADELPHIA, EINSTEIN MEDICAL CENTER MONTGOMERY, EINSTEIN MEDICAL CENTER PHILADELPHIA, EINSTEIN MEDICAL CENTER ELKINS PARK, GRAND VIEW HOSPITAL, HOLY REDEEMER HOSPITAL, JEFFERSON BUCKS HOSPITAL, JEFFERSON FRANKFORD HOSPITAL, JEFFERSON TORRESDALE HOSPITAL, THOMAS JEFFERSON UNIVERSITY HOSPITAL, JEFFERSON HOSPITAL FOR NEUROSCIENCE, JEFFERSON METHODIST HOSPITAL, HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PENNSYLVANIA HOSPITAL, PENN PRESBYTERIAN MEDICAL CENTER. SCHEDULE H, PART V, LINE 6B IN ADDITION TO THE PARTICIPATING HOSPITALS AND HEALTH SYSTEMS, THE FOLLOWING ORGANIZATIONS PROVIDED SUPPORT TO THE CHNA PROCESS: CHESTER COUNTY HEALTH DEPARTMENT (CCHD); HEALTHCARE IMPROVEMENT FOUNDATION (HCIF); MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH; PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS (PACDC); AND PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH (PDPH). 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 11/15/19 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	IDENTIFIED UNMET NEEDS AND EINSTEIN'S STRATEGY TO MEET THESE NEEDS IS DIVIDED INTO THREE DOMAINS: HEALTH ISSUES, ACCESS AND QUALITY OF HEALTHCARE AND HEALTH RESOURCES AND COMMUNITY FACTORS. THE UNMET NEEDS AND STRATEGIES ARE OUTLINED IN SPECIFIC DETAILS FOR THE COMMUNITIES EINSTEIN SERVICES IN THE SPECIFIC IMPLEMENTATION PLANS LOCATED AT THE WEBSITE URL WWW.EINSTEIN.EDU/COMMUNITY/COMMUNITY-OUTREACH .
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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINES 16A, 16B, AND 16C	A COPY OF THE FINANCIAL ASSISTANCE POLICY, THE FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY CAN BE FOUND AT: HTTP://WWW.EINSTEIN.EDU/PATIENTS-VISITORS/PATIENT-INFORMATION/INSURANCE-PAYMENTS/FINANCIAL-ASSISTANCE 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.

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 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
1 2 MOSSREHAB HOSPITAL 60 EAST TOWNSHIP LINE ROAD ELKINS PARK, PA 19027	TEACHING, RESEARCH AND REHABILITATION
2 3 EINSTEIN MEDICAL CENTER MONTGOMERY 609 W GERMANTOWN PIKE EAST NORRITON, PA 19403	OUTPATIENT
3 4 EINSTEIN MEDICAL CENTER ONE 9880 BUSTLETON AVENUE PHILADELPHIA, PA 19115	OUTPATIENT
4 5 MOSS REHAB - TABOR RD 1200 W TABOR ROAD PHILADELPHIA, PA 19141	TEACHING AND REHABILITATION
5 6 WILLOWCREST 5501 OLD YORK ROAD PHILADELPHIA, PA 19141	SKILLED NURSING
6 7 MOSS REHAB DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN, PA 18901	TEACHING AND REHABILITATION
7 8 EINSTEIN MEDICAL CENTER MONTGOMERY 700 W GERMANTOWN PIKE EAST NORRITON, PA 19403	OUTPATIENT SERVICES
8 9 MOSS REHAB ARIA BUCKS CNTY CAMPUS 380 NORTH OXFORD VALLEY ROAD LANGHORNE, PA 19047	TEACHING AND SKILLED NURSING
9 10 EINSTEIN MONTGOMERY HOME HEALTH 1330 POWELL STREET STE 100 NORRISTOWN, PA 19403	HOME HEALTH SERVCIES
10 11 MOSS REHAB ARIA HOSPITAL 4900 FRANKFORD AVENUE PHILADELPHIA, PA 19124	REHABILITATION AND TEACHING
11 12 EINSTEIN MONTGOMERY COLLEGEVILLE 100 MARKET STREET PROVIDENCE TOWN C COLLEGEVILLE, PA 19462	OUTPATIENT SERVICES
12 13 MOSS REHAB - JENKINTOWN 201 OLD YORK ROAD SUITE 100 JENKINTOWN, PA 19046	OUTPATIENT REHABILITATION AND TEACHING
13 14 EINSTEIN MEDIAL CENTER MONTGOMERY 633 E GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462	OUTPATIENT SERVICES
14 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 16 MOSS REHAB NORRISTOWN 1330 POWELL STREET NORRISTOWN, PA 19401	OUTPATIENT REHABILITATION AND TEACHING
1 17 EINSTEIN MONTGOMERY HOSPICE 1330 POWELL STREET SUITE 100 NORRISTOWN, PA 19401	HOSPICE SERVICES
2 18 MOSS REHAB OUTPATIENT CENTER 100 MARKET STREET PROVIDENCE TOWN COLLEGEVILLE, PA 19426	OUTPATIENT REHABILITATION AND TEACHING
3 19 MOSS REHAB OP CENTERCENTER CITY 12 S 23RD STREET PHILADELPHIA, PA 19103	TEACHING AND REHABILITATION
4 20 EINSTEIN MEDICAL CENTER MONTGOMERY 210 MALL BLVD KING OF PRUSSIA, PA 19406	TEACHING AND REHABILITATION
5 21 MOSS REHAB CASTOR AVENUE 7198 CASTOR AVENUE PHILADELPHIA, PA 19149	TEACHING AND REHABILITATION
6 22 DRUCKER BRAIN INJURY CTR - REENTRY 135 S BROAD STREET WOODBURY, NJ 08096	TEACHING AND REHABILITATION
7 23 MOSS REHAB KING OF PRUSSIA 210 MALL BLVD KING OF PRUSSIA, PA 19406	OUTPATIENT REHABILITATION AND TEACHING
8 24 MOSS REHAB EAST NORRITON 609 W GERMANTOWN PIKE EAST NORRITON, PA 19403	REHABILITATION AND TEACHING
9 25 EINSTEIN MEDICAL CENTER MONTGOMERY 676 DAKALB PIKE SUITE 100 BLUE BELL, PA 194221223	OUTPATIENT SERVICES
10 26 MOSS REHAB LANSDALE 2010 N BROAD STREET LANSDALE, PA 19446	TEACHING AND REHABILITATION
11 27 MOSS REHAB DRUCKER BRAIN INJURY CTR 35-37 BARBER AVENUE WOODBURY, NJ 08096	TEACHING AND REHABILITATION
12 28 MOSS REHAB OP CENTERGERMANTOWN 5753 WAYNE AVENUE PHILADELPHIA, PA 19144	TEACHING AND OP REHABILITATION
13 29 EINSTEIN MEDICAL CENTER PHILADELPHIA 8015 FRANKFORD AVENUE PHILADELPHIA, PA 19136	OUTPATIENT SERVICES
14 30 MOSS REHAB PLYMOUTH MEETING 633 E GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462	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 31 DRUCKER BRAIN INJURY CTR CLUBHOUSE 7612 DUNGAN ROAD PHILADELPHIA, PA 19111	TEACHING AND REHABILITATION
1 32 MOSS REHAB NEW JERSEY CLUB HOUSE 35-37 BARBER AVENUE WOODBURY, NJ 08096	OUTPATIENT SERVICES
2 33 MOSS REHAB & OP CENTER CENTER CITY 2400 MARKET STREET SUITE 15 PHILADELPHIA, PA 19103	TEACHING AND REHABILITATION
3 34 MOSS REHAB NORRITON 170 WEST GERMANTOWN PIKE SUITE C1 EAST NORRITON, PA 194011389	TEACHING AND REHABILITATION

Schedule J
(Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALBERT EINSTEIN HEALTHCARE NETWORK GROUP
LETTER RULING

Employer identification number
46-5338502

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, 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 A DISTRIBUTION OF \$293,603.
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					
1ALBERTO ESQUENAZI MD PHYSICIAN/TRUSTEE	(i)	591,111	105,000	13,607	100,693	26,337	836,748	0
	(ii)	0	0	0	0	0	0	0
1ANGELA NICHOLAS MD CMO FORNANCE - TRUSTEE	(i)	321,068	41,263	9,628	0	21,438	393,397	0
	(ii)	0	0	0	0	0	0	0
2ANNMARIE PAPA VP NURSING - EMCM	(i)	233,059	43,961	26,842	0	29,471	333,333	0
	(ii)	0	0	0	0	0	0	0
3ARNOLD W COHEN MD PHYSICIAN/TRUSTEE	(i)	238,513	0	431	5,369	16,968	261,281	0
	(ii)	0	0	0	0	0	0	0
4BARRY R FREEDMAN PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	2,190,778	175,570	9,000	39,846	25,185	2,440,379	0
5BETH DUFFY COO - EMCM - PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	426,512	407,520	45,599	140,856	8,625	1,029,112	0
6BRUCE MENKOWITZ MD PHYSICIAN/TRUSTEE	(i)	641,536	0	11,751	27,451	40,206	720,944	0
	(ii)	0	0	0	0	0	0	0
7CRAIG SIEVING VP NETWORK FACILITIES	(i)	266,424	38,362	26,139	31,709	31,795	394,429	0
	(ii)	0	0	0	0	0	0	0
8CYNTHIA M DEGRANDPRE VP HEALTHCARE SERVICES - AEMC	(i)	295,689	44,793	36,837	163,654	35,447	576,420	0
	(ii)	0	0	0	0	0	0	0
9DAVID M JASPAN DO PHYSICIAN/TRUSTEE	(i)	509,911	79,350	12,441	35,666	34,277	671,645	0
	(ii)	0	0	0	0	0	0	0
10DIXIEANNE JAMES COO - AEMC	(i)	0	0	0	0	0	0	0
	(ii)	353,280	156,952	33,554	7,293	12,749	563,828	0
11DORLYN LAW VP - HEALTHCARE SVCS- PROF FUND	(i)	205,264	20,060	16,546	17,009	18,446	277,325	0
	(ii)	0	0	0	0	0	0	0
12GERARD F BLANEY CFO - ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	547,401	199,115	68,744	137,217	32,070	984,547	0
13GINA MARONE CHIEF NURSE EXECUTIVE - AEMC	(i)	340,296	62,096	30,861	19,811	4,715	457,779	0
	(ii)	0	0	0	0	0	0	0
14JACQUILINE BOWERS MD PHYSICIAN/TRUSTEE	(i)	243,349	0	4,864	0	11,440	259,653	0
	(ii)	0	0	0	0	0	0	0
15JAMES RAPHAEL CHAIR - ORTHOPEDIC SURGERY	(i)	879,952	128,003	20,050	84,868	26,864	1,139,737	0
	(ii)	0	0	0	0	0	0	0
16JANIS RUBIN MD PHYSICIAN/TRUSTEE	(i)	208,530	0	4,396	19,671	22,697	255,294	0
	(ii)	0	0	0	0	0	0	0
17KENNETH LEVITAN CHIEF ADMINISTRATIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	482,835	177,546	42,092	37,277	28,571	768,321	0
18LOUIS LAMONT VP & COO - PROF FUND MGT	(i)	263,518	27,182	26,648	24,713	20,133	362,194	0
	(ii)	0	0	0	0	0	0	0
19MARK KOTAPKA PHYSICIAN	(i)	1,557,200	0	22,258	213,111	38,471	1,831,040	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 MARY FORD FORMER CIO	(i)	0	0	0	0	0	0	
	(ii)	425,707	19,500	43,732	3,019	6,749	498,707	
1 MAUREEN JORDAN VP HEALTHCARE SERVICES - AEMC	(i)	286,455	43,629	27,763	39,954	5,584	403,385	
	(ii)	0	0	0	0	0	0	
2 MICHAEL GEORGE VP HEALTH SVCS - PROF FUND MGT	(i)	215,464	51,571	16,906	16,324	48,508	348,773	
	(ii)	0	0	0	0	0	0	
3 PATRICIA MODAFFERI VP HEALTHCARE SERVICES - EMCM	(i)	196,320	33,050	23,501	7,419	7,047	267,337	
	(ii)	0	0	0	0	0	0	
4 PATRICK COOPER MD PHYSICIAN	(i)	990,584	0	20,708	25,844	7,861	1,044,997	
	(ii)	0	0	0	0	0	0	
5 PENNY J REZET ESQ CHIEF LEGAL OFFICER-ASS'T SEC.	(i)	0	0	0	0	0	0	
	(ii)	494,076	179,383	50,157	127,879	19,785	871,280	
6 RICHARD H FINE MD SURGERY CHAIRMAN - TRUSTEE	(i)	608,015	85,500	14,516	217,163	35,203	960,397	
	(ii)	0	0	0	0	0	0	
7 ROHIT GULATI EVP & CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	
	(ii)	486,061	94,192	41,934	22,752	16,257	661,196	
8 RUTH LEFTON COO - AEMC (THRU 12/20/2019)	(i)	0	0	0	0	0	0	
	(ii)	452,500	419,142	47,346	108,584	13,492	1,041,064	
9 STEVEN L SIVAK MD CMO - PRESIDENT	(i)	648,614	212,092	23,337	49,259	28,907	962,209	
	(ii)	0	0	0	0	0	0	
10 SUMEET MAINIGI ELECTROPHYSIOLOGIST	(i)	907,377	300,000	22,356	101,106	1,990	1,332,829	
	(ii)	0	0	0	0	0	0	
11 SUSAN BERNINI FORMER COO - AEMC	(i)	0	0	0	0	0	0	
	(ii)	0	0	293,603	0	0	293,603	
12 TERENCE S MATALON PHYSICIAN	(i)	924,203	134,353	20,521	138,653	30,597	1,248,327	
	(ii)	0	0	0	0	0	0	
13 THOMAS J SMITH COO - MOSS	(i)	245,602	42,262	24,940	33,287	3,510	349,601	
	(ii)	0	0	0	0	0	0	

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
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	28,990,000							
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	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d 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?								
4 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 %							
5 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 ▶								
6 Total of lines 4 and 5	1.230 %							
7 Does the bond issue meet the private security or payment test?		X						
8a 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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider	0							
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider	0							
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 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 PROCUDRES TO INCLUDE A SECTION REGARDING REMEDIATION.

Return Reference	Explanation
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

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization 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 section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

Part II Loans to and/or From Interested Persons.

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
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
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	31,326,314	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	7,318,464	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
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	4,535,374	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,675,093	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
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,378,144	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,805,440	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
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,017,354	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	865,583	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
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	855,612	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	690,180	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
(11) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	607,478	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	543,276	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
(13) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	534,798	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	302,793	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
(15) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	207,327	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	189,806	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
(17) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	136,830	PERFORMANCE OF SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	111,269	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
(19) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	905,949	EMPLOYEE		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	748,128	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
(21) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	620,014	EMPLOYEE		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	600,294	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
(23) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	582,354	EMPLOYEE		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	580,006	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
(25) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	509,725	EMPLOYEE		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	421,380	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
(27) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	418,096	EMPLOYEE		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	372,121	EMPLOYEE		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		0	Donor Valuation
5 Clothing and household goods	X		0	Donor Valuation
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	113,358	Selling Price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	212	0	Donor Valuation
20 Drugs and medical supplies	X	73	0	Donor Valuation
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Miscellaneous</u>)	X	22	0	Donor Valuation
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

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

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

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

b If "Yes," describe in Part II.

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

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

Return Reference	Explanation
SCHEDULE M, PART 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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

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 SCHOOL 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
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<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 III, LINE 4 - COVID-19 RESPONSE IN RESPONSE TO THE COVID-19 PANDEMIC OUTBREAK WITHIN THE PHILADELPHIA AND MONTGOMERY COUNTY COMMUNITIES DURING MARCH OF 2020, IN ACCORDANCE WITH ITS POLICY AND PROCEDURE REGARDING DISASTER RESPONSE, ALBERT EINSTEIN HEALTHCARE NETWORK ESTABLISHED A COVID-19 INCIDENT COMMAND CENTER THAT COMPRISED A MULTI-DISCIPLINARY TEAM OF CLINICAL AND ADMINISTRATIVE LEADERSHIP. THE TASK OF THE COMMAND CENTER WAS TO PROVIDE RAPID MOBILIZATION RELATED TO SURGE PLANNING, PROMPT DECISION MAKING AND A COORDINATION OF PERSONNEL, EQUIPMENT, AND PERSONAL PROTECTIVE EQUIPMENT (PPE). THROUGH THE ACTIONS OF THE COMMAND CENTER, COVID-19 RESOURCES WERE ESTABLISHED (SUCH AS, NEGATIVE PRESSURE ROOMS, CONVERSION OF ANESTHESIA EQUIPMENT TO VENTILATORS, NURSING SPACES WITH POSITIVE AIR FLOW) TO CREATE SAFE AREAS TO TREAT COVID-19 PATIENTS WHILE AT THE SAME TIME PROTECTING THE CARE TEAMS, STAFF AND OTHER PATIENTS. THESE ACTIONS ALLOWED THE NETWORK AND ITS AFFILIATED SUBSIDIARIES TO RESPOND TO THE COMMUNITY NEEDS IN VARIOUS WAYS: - THE NETWORK TREATED OVER 4,100 COVID-19 POSITIVE OR CLINICALLY SUSPECTED PATIENTS WITHIN ITS INPATIENT FACILITIES BETWEEN MARCH 1, 2020 AND JUNE 30, 2020. - OPENED COVID-19 TESTING SITES WITHIN ITS COMMUNITY PRACTICES STARTING - 3/21/2020. - PARTICIPATED IN A CITY-WIDE COLLABORATION ON COVID PATIENT LOAD LEVELING AND EDUCATION. - COLLABORATED WITH ARMY MEDICAL RESERVE. - CONVERTED 80% OF OUTPATIENT IN-PERSON PROFESSIONAL PRACTICE BASED VISITS TO TELEHEALTH VISITS. - PROVIDED EDUCATION FOR COMMUNITY THROUGH VARIOUS OUTREACH CHANNELS. MOSS-REHAB OPENED ONE OF THE FIRST UNITS IN THE UNITED STATES TO SERVE COVID-19 INFECTED PATIENTS AND ASSOCIATED REHAB NEEDS. THE CORE+ UNIT STARTED APRIL 4TH, 2020. THE UNIT SERVES PATIENTS IN THE ACUTE PHASE OF COVID19 INFECTION WITH REHABILITATION NEEDS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>CORE+ IS A SPECIALIZED REHABILITATION CARE ENVIRONMENT DEVELOPED TO TREAT PATIENTS WHO ARE RECOVERING FROM COVID-19 WHILE STILL POTENTIALLY CONTAGIOUS. STAFF IS TRAINED IN THE USE OF SAFETY EQUIPMENT AND IN THE PROVISION OF THIS CARE SAFELY. FORM 990, PART V, LINE 15 ALBERT EINSTEIN MEDICAL CENTER (EIN 23-1396794) IS THE COMMON PAYING AGENT FOR THE ALBERT EINSTEIN HEALTHCARE NETWORK. ACCORDINGLY, IT FILED FORM 4720 TO REPORT THE INTERNAL REVENUE CODE SECTION 4960 TAX ON EXCESS COMPENSATION. 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 FORNANCE PHYSICIAN SERVICES, INC. - EIN: 23-2275991</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS (66,781,540) CHANGE IN PENSION LIABILITY (1,410,336) INVESTMENT IMPAIRMENT (109,485) CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS 101,373 QUASI ENDOWMENT FUND ----- (68,199,988) =====

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:OTHER EXPENSES TOTAL EXPENSES:163853884 PROGRAM SERVICES:163853884 MANAGEMENT AND GENERAL:FUNDRAISING:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
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
(1) GHMC MANAGEMENT INC 101 E OLNEY AVE PHILADELPHIA, PA 19120 23-2225809	MANAGEMENT	PA	501(C)(3)	12A	AEHN	Yes	
(2) MONTGOMERY HOSPITAL 5501 Old York Road Philadelphia, PA 19141 23-1352193	HEALTHCARE	PA	501(C)(3)	3	AEHN	Yes	
(3) MONTGOMERY HEALTH FOUNDATION 5501 OLD YORK ROAD PHILADELPHIA, PA 19141 22-2456265	HOSP SUPPORT	PA	501(C)(3)	12B	AEHN	Yes	
(4) MONTGOMERY HOSPITAL WORKERS COMP TRUST 5501 OLD YORK ROAD PHILADELPHIA, PA 19141 23-2351775	HEALTHCARE	PA	501(C)(3)	12A	AEHN	Yes	
(5) BROADLINE RISK RETENTION GROUP 100 BANK ST BURLINGTON, VT 05401 27-2583356	INSURANCE	VT	501(C)(3)	12A	AEHN	Yes	
(6) 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	
(1) EINSTEINUSP SURGERY CTRS LLC 600 W GERMANTOWN PIKE EAST NORRITON, PA 19403 80-0790232	MEDICAL SERVI	PA	AEHN		705,594	0		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
(1) 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	
(2) REHAB VENTURES INC 1200 W TABOR ROAD PHILADELPHIA, PA 19141 23-2619394	HOLDING COMPANY	PA	AEHN GROUP	C CORP	-487	1,580,069	100.000 %	Yes	
(3) CMMC INC 1330 POWELL ST Norristown, PA 19401 23-2256479	RENTAL PROPERTY	PA	AEHN	C CORP	265,952	2,127,702	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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALBERT EINSTEIN HEALTHCARE NETWORK	C	5,511,145	Cash
(2) ALBERT EINSTEIN HEALTHCARE NETWORK	J	362,695	Cash
(3) MONTGOMERY HOSPITAL	K	473,086	CASH
(4) CMMC INC	K	408,021	CASH
(5) ALBERT EINSTEIN HEALTHCARE NETWORK	M	90,626,958	CASH

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation