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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Main Line Hospitals Inc

% CURT WHITESIDE

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3803 WEST CHESTER PIKE Suite 250

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

NEWTOWN SQUARE, PA 19073

F Name and address of principal officer

Michael J Buongiorno

3803 W CHESTER PIKE STE 250

NEWTOWN SQUARE, PA 19073

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.mainlinehealth.org

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1893

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROVIDE A COMPREHENSIVE RANGE OF HEALTH SERVICES, COMPLEMENTED BY EDUCATIONAL & RESEARCH ACTIVITIES THAT MEET THE NEEDS AND IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2019-05-09

Date

MICHAEL J BUONGIORNO EVP, CFO & TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800

Phone no (267) 330-3000

PHILADELPHIA, PA 19103

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 513,602,285	including grants of \$	0)	(Revenue \$ 830,592,843)
See Additional Data					

4b	(Code)	(Expenses \$ 312,732,230	including grants of \$	53,119)	(Revenue \$ 417,559,812)
See Additional Data					

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

4e	Total program service expenses	826,334,515
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26 Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a 28b 28c	No No No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	419
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,749
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	26	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	24	
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?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	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	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	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?	16a	Yes
b	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?	16b	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ CURT WHITESIDE 3803 W CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 (484) 337-8480

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,355,139	4,504,043	2,154,265

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 ▶ 524

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED ANESTHESIA SERVICE PC, 937 E Haverford Road BRYN MAWR, PA 19010	Physician Services	14,433,274
RADIOLOGY ASSOC OF MAIN LINE PC, PO Box 225 PAOLI, PA 19301	Physician Services	9,747,163
MAIN LINE EMERGENCY MEDICINE ASSOC, 11 SOUTH CHURCH STREET WEST CHESTER, PA 19382	Physician Services	2,250,153
PFS Group, 2600 NORTH LOOP WEST 150 HOUSTON, TX 77092	Professional svcs	2,663,487
ENCORE HEALTH RESOURCES LLC, 4625 FM 2920 RD 104 SPRING, TX 77388	PROFESSIONAL SVCS	7,484,693

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 ▶ 53

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	8,355,218			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,027			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		8,358,245			
Program Service Revenue		Business Code				
	2a INPATIENT REVENUE	621110	809,599,396	809,599,396		
	b OUTPATIENT REVENUE	621400	404,776,911	404,471,115	305,796	
	c SUPPORT SERVICES	900099	23,433,815	23,433,815		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		1,237,810,122			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		30,267,262			30,267,262
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss) ▶		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		9,906,123				
	b Less cost or other basis and sales expenses		140,858			
	c Gain or (loss)	9,906,123 -140,858				
	d Net gain or (loss) ▶		9,765,265			9,765,265
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from fundraising events ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances a	0				
	b Less cost of goods sold b	0				
c Net income or (loss) from sales of inventory ▶		0				
Miscellaneous Revenue Business Code						
11a NET ASSETS RELEASED FROM RESTRICTIONS	900099	6,041,072	6,041,072	0	0	
b ALL OTHER REVENUE	900099	4,607,257	4,607,257	0	0	
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		10,648,329				
12 Total revenue. See Instructions ▶		1,296,849,223	1,248,152,655	305,796	40,032,527	

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.	53,119	53,119		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	9,107,903	0	9,107,903	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.	376,723,489	349,871,368	26,852,121	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,404,507	3,194,790	209,717	0
9 Other employee benefits.	73,884,063	66,227,893	7,656,170	0
10 Payroll taxes.	27,950,540	25,500,476	2,450,064	0
11 Fees for services (non-employees):				
a Management.	96,632,082	59,170,354	37,461,728	0
b Legal.	727,343	0	727,343	0
c Accounting.	0	0	0	0
d Lobbying.	54,042	0	54,042	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	71,685,448	46,634,402	25,051,046	0
12 Advertising and promotion.	2,047,817	55,915	1,991,902	0
13 Office expenses.	223,025,326	220,304,464	2,720,862	0
14 Information technology.	26,812,171	215,660	26,596,511	0
15 Royalties.	0	0	0	0
16 Occupancy.	25,273,196	247,011	25,026,185	0
17 Travel.	-25,341	-99,386	74,045	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	433,066	357,269	75,797	0
20 Interest.	4,373,125	26,604	4,346,521	0
21 Payments to affiliates.	132,956,378	0	132,956,378	0
22 Depreciation, depletion, and amortization.	85,693,175	29,744,029	55,949,146	0
23 Insurance.	4,719,972	2,610,685	2,109,287	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a TEMP HELP & OUTSIDE SVCS	3,410,346	3,355,115	55,231	0
b REPAIRS & MAINTENANCE	22,979,934	16,257,734	6,722,200	0
c DUES, POST, PUB, & DUP SVCS	6,799,425	2,607,013	4,192,412	0
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	1,198,721,126	826,334,515	372,386,611	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		46,969,918	2	84,178,123
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		135,171,653	4	176,500,855
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		10,421,374	5	10,245,064
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		18,511,586	8	20,720,029
	9	Prepaid expenses and deferred charges		10,555,886	9	9,257,581
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 2,148,514,786			
	b	Less: accumulated depreciation	10b 1,067,203,635	945,025,068	10c	1,081,311,151
	11	Investments—publicly traded securities		1,325,413,611	11	1,175,493,393
	12	Investments—other securities. See Part IV, line 11		42,536,936	12	45,249,388
	13	Investments—program-related. See Part IV, line 11		48,569,765	13	62,928,959
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		132,820,981	15	134,219,806
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,715,996,778	16	2,800,104,349	
Liabilities	17	Accounts payable and accrued expenses		139,988,792	17	147,302,322
	18	Grants payable		0	18	0
	19	Deferred revenue		1,556,144	19	6,717,810
	20	Tax-exempt bond liabilities		258,745,408	20	252,565,385
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		375,841,747	25	281,825,822
	26	Total liabilities. Add lines 17 through 25		776,132,091	26	688,411,339
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,870,080,244	27	2,039,778,728
	28	Temporarily restricted net assets		23,419,910	28	24,163,732
	29	Permanently restricted net assets		46,364,533	29	47,750,550
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		1,939,864,687	33	2,111,693,010	
34	Total liabilities and net assets/fund balances		2,715,996,778	34	2,800,104,349	

Part XI Reconciliation of Net AssetsCheck 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	1,296,849,223
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,198,721,126
3	Revenue less expenses Subtract line 2 from line 1	3	98,128,097
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,939,864,687
5	Net unrealized gains (losses) on investments	5	-3,568,620
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	77,268,846
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,111,693,010

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

Inpatient Acute Healthcare Services Main Line Hospitals, Inc is comprised of three full-service community acute care hospitals and a rehabilitation hospital located in the suburbs of Philadelphia Bryn Mawr Hospital, established 1893, operates 287 licensed beds, The Lankenau Hospital, established 1860, operates 370 licensed beds, Paoli Hospital operates 231 licensed beds, and Bryn Mawr Rehabilitation hospital operates 148 licensed beds Main Line Hospitals, Inc offers specialized services including Neonatal Intensive Care, Reproductive Medicine, Arthritis and Orthopedic services, Cardiovascular Care, Sleep Medicine, Cancer Care, a Kidney Transplant Program, Family Centered Maternity Care, Comprehensive Breast Care, and comprehensive rehabilitation services for brain injury, stroke, etc to name a few For the year presented, Main Line Hospitals, Inc provided inpatient services to 49,485 adult patients, 472 Neonatal Care patients, performed 1,008 open heart cases, attended 6,561 births, and performed 11,931 inpatient surgeries

Form 990, Part III, Line 4b:

Outpatient Acute Healthcare Services Main Line Hospitals, Inc offers a full array of outpatient services both within the campus of our four member hospitals (Bryn Mawr Hospital, The Lankenau Hospital, Paoli Hospital, and Bryn Mawr Rehabilitation Hospital), as well as in five separate ambulatory centers located in the communities we serve. Outpatient services offered include Imaging services, Clinical Laboratories, Physical, Occupational and Speech Therapy services, Sleep Disorder centers, Adult Day Services, Cardiology services and a Cardiac Rehabilitation program, Cancer Center, and multiple physicians in the areas of Primary Care, OB/GYN, Pediatric, Internal and Family Medicine and other specialists. For the fiscal period presented, Main Line Hospitals, Inc attended to 821,496 outpatient visits, performed 16,858 outpatient surgeries, and provided emergent care with 143,181 visits to our hospital based 24 hours/day, 7 days/week emergency rooms.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen S Aichele Esq CHAIRMAN & TRUSTEE	1 0 11 0	X		X				0	0	0
Peter H Havens VICE CHAIRMAN & TRUSTEE	1 0 5 0	X		X				0	0	0
JOHN J LYNCH III CEO & Trustee	21 0 19 0	X		X				0	1,781,961	555,968
Renee Amooré Trustee	1 0 3 0	X						0	0	0
Andrea Anania Trustee	1 0 3 0	X						0	0	0
Ronald B Anderson MD Trustee	1 0 3 0	X						0	0	0
David A Berkowitz Trustee	1 0 5 0	X						0	0	0
James M Buck III Trustee	1 0 3 0	X						0	0	0
Cynthia DeFidelto Trustee	1 0 3 0	X						0	0	0
WILLIAM AYERS MD Trustee	1 0 39 0	X						0	417,142	31,101

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			
ELIZABETH J BALDERSTON Trustee	1 0 4 0	X						0	0	0
William R Greer MD Trustee	1 0 4 0	X						0	0	0
N Peter Hamilton Trustee	1 0 3 0	X						0	0	0
Ellen D Harvey Trustee	1 0 4 0	X						0	0	0
Steven D Higgins Trustee	1 0 3 0	X						0	0	0
Wendell F Holland Esq Trustee	1 0 3 0	X						0	0	0
Michelle Hong Esq Trustee	1 0 3 0	X						0	0	0
CHRIS BRUNER Trustee	1 0 3 0	X						0	0	0
Martha I Macartney Esq Trustee	1 0 4 0	X						0	0	0
Steven Nichtberger MD Trustee	1 0 4 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			
Ellen Rinaldi Trustee	1 0 3 0	X						0	0	0
Albert S Rohr MD Trustee	1 0 3 0	X						0	0	0
Jay W Siegfried MD Trustee	1 0 3 0	X						0	0	0
William Stulginsky Trustee	1 0 4 0	X						0	0	0
John van Roden Jr Trustee	1 0 4 0	X						0	0	0
John Walsh Trustee	1 0 3 0	X						0	0	0
Michael J Buongiorno EVP, CFO & TREASURER	23 0 18 0			X				0	1,088,627	119,943
BRIAN T CORBETT ESQ SVP, GEN COUNSEL & SECRETARY	27 0 13 0			X				0	741,406	110,993
Eileen Carr Assistant Secretary	32 0 8 0			X				0	112,417	23,340
Andrea Gilbert PRESIDENT, BMH	38 0 2 0			X				805,314	0	132,875

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Paradis PRESIDENT, PH	39 0 1 0			X				670,037	0	115,254
Phillip Robinson PRESIDENT, LMC	38 0 2 0			X				1,079,695	0	134,730
Donna Phillips PRESIDENT, BMRH	37 0 3 0			X				642,273	0	110,253
ROBERT BENZ VP, MEDICAL AFFAIRS	40 0 0 0				X			327,724	0	29,780
RAYMOND BARALDI VP, MEDICAL AFFAIRS	40 0 0 0				X			297,387	0	27,506
MARGARET IACOBACCI DIRECTOR OF NURSING	40 0 0 0				X			299,593	0	23,734
MARIANNE HARKIN VP, PATIENT CARE SVCS	40 0 0 0				X			298,563	0	19,327
JOHN SCHWARZ VP, ADMINISTRATION	40 0 0 0				X			291,450	0	34,750
BRENDA DEFEO VP, ADMINISTRATION	40 0 0 0				X			288,240	0	24,668
ROBERT FRIED VP, MEDICAL AFFAIRS	40 0 0 0				X			241,713	0	28,319

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			
AJAYA DEVABHAKTUNI CHIEF PHYSICIST	40 0 0 0				X			259,734	0	41,868
DAVID WANG CHIEF PHYSICIST	40 0 0 0				X			252,426	0	37,037
DOUGLAS HUGHES DIR OF NURSING OPS, PAOLI HOSP	40 0 0 0				X			229,357	0	40,109
LYNNE STILLEY VP, ADMINISTRATION	40 0 0 0				X			230,565	0	21,571
AHMED NAWAZ CHIEF PHYSICIST	40 0 0 0				X			230,876	0	31,779
CRAIG GOLDBERG SENIOR PHYSICIST	40 0 0 0				X			219,594	0	34,255
ALBERT CELIDONIO DIRECTOR, PHARMACY	40 0 0 0				X			206,662	0	26,608
FRANCES DIEGNAN ADMIN DIR, IMAGING/DIAGNOSTICS	40 0 0 0				X			204,743	0	20,326
DAVID PHILLIPS EXEC DIR, DEVELOPMENT	40 0 0 0				X			210,128	0	28,980
ELENA CASANOVA-GHOSH NURSE PRACTITIONER - VAD	40 0 0 0				X			206,541	0	28,320

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			
MATTHEW MAGARGAL VP, PATIENT CARE SVCS	40 0 0 0				X			210,274	0	33,158
YIBING HU SENIOR PHYSICIST	40 0 0 0				X			193,745	0	29,177
ROSADELE PLUMARI VP, Administration	40 0 0 0				X			216,227	0	19,313
HARDING WILLIAMS DIRECTOR, PHARMACY	40 0 0 0					X		192,996	0	35,045
IVAN SCOTT DIRECTOR OF NURSING	40 0 0 0					X		181,975	0	34,964
AMY BENNER DIRECTOR, PHARMACY	40 0 0 0					X		192,737	0	32,435
JEANNE GRAY DIRECTOR OF NURSING	40 0 0 0					X		184,714	0	25,598
CHINWE ONYEKERE Associate Administrator	40 0 0 0					X		181,117	0	20,926
BONNIE GRAHAM VP, FINANCE	0 0 40 0						X	0	362,490	39,674
SUSAN VITAL Staff Nurse	40 0 0 0						X	131,095	0	32,550

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			
GREGORY PAPA DIRECTOR, HUMAN RESOURCES	40 0 0 0						X	177,644	0	18,031

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Main Line Hospitals Inc

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

23-1352160

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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>		
	1	
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>		
	2	

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>		
	1	

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?		
	1	
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>		
	2	
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>		
	3	

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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ 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.

	Yes	No
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>		
	2a	
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>		
	2b	
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>		
	3a	
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>		
	3b	

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		54,042
j	Total. Add lines 1c through 1i			54,042
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	AMOUNT REPORTED REPRESENTS LOBBYING PERCENTAGE OF MEMBERSHIP DUES FOR HOSPITAL AND HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA AND AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Main Line Hospitals Inc

Employer identification number
23-1352160

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	64,557,000	60,471,000	63,686,000	65,980,000	60,412,000
b Contributions					
c Net investment earnings, gains, and losses	2,539,000	4,086,000	-3,215,000	-2,294,000	5,568,000
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	67,096,000	64,557,000	60,471,000	63,686,000	65,980,000

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,394,546		44,394,546
b Buildings		1,256,372,361	636,091,790	620,280,571
c Leasehold improvements		8,960,110	4,762,557	4,197,553
d Equipment		647,938,847	426,349,288	221,589,559
e Other		190,848,922		190,848,922
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,081,311,151

Schedule D (Form 990) 2017

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
QUALIFIED PENSION LIABILITY	182,625,395
ESTIMATED SELF-INSURANCE COSTS	82,914,907
DUE TO AFFILIATES-RELATED	16,285,520
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	281,825,822

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Main Line Hospitals Inc

Employer identification number

23-1352160

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

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

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☒ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 300 %

b

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

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

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

5a

Yes

b

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

5b

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?

5c

6a

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

6a

Yes

b

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

6b

Yes

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

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)			7,277,446	0	7,277,446	0 610 %
b Medicaid (from Worksheet 3, column a)			89,266,001	61,668,990	27,597,011	2 300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			96,543,447	61,668,990	34,874,457	2 910 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,756,964	994,450	7,762,514	0 650 %
f Health professions education (from Worksheet 5)			34,478,848	24,669,562	9,809,286	0 820 %
g Subsidized health services (from Worksheet 6)			3,931,428	1,408,691	2,522,737	0 210 %
h Research (from Worksheet 7)			6,857,454	0	6,857,454	0 570 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			59,592	0	59,592	0 010 %
j Total. Other Benefits			54,084,286	27,072,703	27,011,583	2 260 %
k Total. Add lines 7d and 7j			150,627,733	88,741,693	61,886,040	5 170 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

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	4,677,488	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	330,119,801
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	436,459,595
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-106,339,794
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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 BRYN MAWR SURGERY CT	OUTPATIENT SURGICAL CENTER	51 %	0 %	42 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

5

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

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
MAIN LINE HOSPITALS INC (GROUP A)**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

14

Community Health Needs Assessment

	Yes	No
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?	1	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	2	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)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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	5 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	6a 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	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

MAIN LINE HOSPITALS INC (GROUP A)

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 _____ % and FPG family income limit for eligibility for discounted care of 500 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

MAIN LINE HOSPITALS INC (GROUP A)

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
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)		
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 type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input checked="" type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MAIN LINE HOSPITALS INC (GROUP A)

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
PHYCARE (GROUP B)**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

5

Community Health Needs Assessment

	Yes	No
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?	1	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	2 Yes	
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)	3	No
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input 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 type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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 ____		
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	5	
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	6a	
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	6b	
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)	7	
a <input type="checkbox"/> Hospital facility's website (list url) _____		
b <input type="checkbox"/> Other website (list url) _____		
c <input 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	8	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

PHYCARE (GROUP B)

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

PHYCARE (GROUP B)

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

PHYCARE (GROUP B)

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

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

[illegible]

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 2	A PROVISION FOR BAD DEBT EXPENSE IS ACCRUED IN THE FINANCIAL STATEMENTS OF MAIN LINE HOSPITALS, INC BASED UPON THE BALANCES OF UNPAID, SELF-PAY AGED PATIENT ACCOUNTS RECEIVABLE OUTSTANDING AT THE END OF THE YEAR FOR THE FISCAL YEAR PRESENTED, IN ACCORDANCE WITH GUIDANCE FROM THE FINANCIAL ACCOUNTING STANDARD BOARD, MAIN LINE HOSPITALS, INC HAS PRESENTED THE PROVISION OF BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE AS A DEDUCTION FROM PATIENT SERVICE REVENUE ON OUR COMBINED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE FISCAL YEAR PRESENTED, MAIN LINE HOSPITALS, INC 'S ALLOWANCE FOR DOUBTFUL ACCOUNTS INCREASED BY PROVISION FOR BAD DEBTS OF \$27,093,000 (CHARGES) AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS DECREASED DUE TO WRITE-OFFS OF \$28,668,000 (CHARGES)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION A, LINE 4	<p>THE FOLLOWING TEXT HAS BEEN TAKEN FROM THE FOOTNOTE OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MAIN LINE HEALTH SYSTEM AND AFFILIATES DESCRIBING BAD DEBT THIS CAN BE FOUND ON PAGE 11 OF THE ATTACHED MAIN LINE HEALTH SYSTEM AND AFFILIATES CONSOLIDATED AUDITED FINANCIAL STATEMENTS "MLHS records an allowance for doubtful accounts for estimated losses resulting from non-payment from patients MLHS accounts for uncollectible balances from third-party commercial insurers as reductions to net patient service revenue rather than a provision for bad debt Management routinely evaluates patient account collection history, economic conditions, and trends in health care coverage in determining the sufficiency of the allowance for doubtful accounts and provision for bad debts Accounts receivable are written off against the allowance for doubtful accounts when management determines that recovery is unlikely and collection efforts cease The allowance for doubtful accounts increased by provisions for bad debt of \$39,115,000 and \$37,618,000 in 2018 and 2017, respectively The allowance for doubtful accounts decreased due to write-offs, net of recoveries, of \$37,671,000 and \$37,747,000 in 2018 and 2017, respectively "</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8	MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A SOPHISTICATED COST ACCOUNTING SOFTWARE SYSTEM THE MAIN LINE HOSPITALS, INC COST SHORTFALL FOR CARE TO THE ELDERLY AND MEDICARE PATIENTS HAS BEEN ABSORBED BY THE HOSPITALS AS PART OF OUR MISSION TO PROVIDE A COMPREHENSIVE RANGE OF SAFE, HIGH-QUALITY HEALTH SERVICES AND EMERGENCY CARE, COMPLEMENTED BY RELATED EDUCATIONAL AND RESEARCH ACTIVITIES, THAT MEET HEALTH CARE NEEDS AND IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE FOR THE FISCAL YEAR PRESENTED, THE MEDICARE SHORTFALL WAS \$106.3 MILLION AND ACCOUNTED FOR 25.5% OF HOSPITAL NET REVENUES THE HOSPITAL CONTINUES TO PROVIDE QUALITY HEALTHCARE TO THE ELDERLY OF OUR COMMUNITY, REGARDLESS OF THIS SHORTFALL, AND IN DOING SO, RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR THIS PATIENT POPULATION

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN ADDITION TO CONDUCTING TWO CHNAS-ONE FOR MAIN LINE HEALTH GENERAL ACUTE HOSPITALS (BRYN MAWR HOSPITAL (BMH), LANKENAU HOSPITAL (LH), PAOLI HOSPITAL (PH) AND RIDDLE MEMORIAL HOSPITAL (RMH)), AND A SECOND FOR BRYN MAWR REHABILITATION HOSPITAL (BMRH) -EACH HOSPITAL HAS A COMMUNITY HEALTH SERVICES (CHS) DEPARTMENT THAT CONTINUALLY ASSESSES AND ACTIVELY ENGAGES THE COMMUNITY IN HEALTH PROMOTION AND OUTREACH ACTIVITIES MOST OF THE MLH CHS DIRECTORS HOLD BOARD POSITIONS ON A NUMBER OF EXTERNAL COMMUNITY ORGANIZATIONS THIS KEEPS MLH CONTINUALLY INFORMED ABOUT THE HEALTH NEEDS OF THE COMMUNITY HOSPITAL ADMINISTRATORS, MLH PHYSICIAN LEADERS, INPATIENT CASE MANAGERS AND OUTREACH COORDINATORS ALSO COLLABORATE WITH COMMUNITY PHYSICIANS, AMBULANCE SERVICES AND OTHER COMMUNITY SERVICES TO ASSESS AND RESPOND TO SPECIFIC COMMUNITY NEEDS ADDITIONALLY, MLH HOSPITALS HAVE AN ACTIVE ROLE WITH KEY COMMUNITY ORGANIZATIONS SUCH AS UNITED WAY, AMERICAN CANCER SOCIETY, COUNTY SENIOR SERVICES AND COUNTY AND LOCAL HEALTH DEPARTMENTS, ALL CONTRIBUTING TO THE ASSESSMENT OF COMMUNITY HEALTH NEEDS THE MAIN LINE ACUTE HOSPITALS IDENTIFIED ELEVEN NEED PRIORITIES ONE OR MORE OF THE HOSPITALS ARE ALLOCATING RESOURCES TO ADDRESS THOSE NEEDS BMRH IDENTIFIED FIVE NEED PRIORITIES VARIOUS INITIATIVES FOR BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE), CANCER, COMMUNITY EDUCATION AND RESOURCE FOR HEALTHY LIVING, CULTURE/DIVERSITY/DISPARITIES OF CARE, DENTAL HEALTH, HEALTHY WEIGHT(DIABETES), HEART HEALTH (STROKE), INJURY PREVENTION, MENTAL HEALTH OF REHABILITATION PATIENTS, METABOLIC SYNDROME, PRE-NATAL CARE/LOW BIRTH WEIGHT INFANTS, PUBLIC TRANSPORTATION, SENIORS AND SMOKING AND TOBACCO USE ARE CONDUCTED AT THE MAIN LINE HEALTH SYSTEM LEVEL THE MAIN LINE HOSPITALS FOCUSED ON VARIOUS INITIATIVES TO SPECIALLY ADDRESS COMMUNITY HEALTH IMPROVEMENT AT THE VARIOUS HOSPITALS THE CHS DIRECTORS OF THE FOUR MAIN LINE ACUTE HOSPITALS AND BMRH HAVE FORMED A SYSTEM-WIDE "CHS AFFINITY GROUP" THE GROUP, WHICH INCLUDES THE DIRECTORS AND KEY STAFF, MEETS QUARTERLY THE PURPOSE OF THE GROUP IS TO COORDINATE COMMUNITY HEALTH SERVICES PROVIDED TO THE VARIOUS COMMUNITIES AND POPULATIONS SERVED BY THE HOSPITALS BMH FOCUSED ON SEVEN GOALS COVERING SENIOR HEALTH, CANCER, OBESITY AND CARDIOVASCULAR DISEASE BMH STAFF CHAIRED THE MLH OBESITY WORK GROUP WHICH CREATED AND DISTRIBUTED A WEIGHT AND WELLNESS RESOURCE GUIDE FOR MLH PHYSICIANS BMH NOW SPONSORS FALLS PREVENTION CLASSES FOR SENIORS, FALLS ARE A LEADING CAUSE OF ED TRAUMA INVOLVING SENIORS IN LOCAL EMERGENCY ROOMS BMH ALSO HAS FREE HEALTH SCREENINGS AT LOCAL SENIOR CENTERS WHICH HAS RESULTED IN SEVERAL INDIVIDUALS IDENTIFIED WITH A SEVERE CONDITION THAT WAS REFERRED FOR IMMEDIATE MEDICAL ATTENTION THE LH SERVICE AREA INCLUDES WEST PHILADELPHIA WHICH IS AN AREA THAT IS SIGNIFICANTLY DIFFERENT (POORER, LOWER HEALTH STATUS, ETC) FROM MANY OF THE COMMUNITIES SERVED BY MAIN LINE HOSPITALS LH IS THE EXCLUSIVE HOSPITAL PARTNER OF THE FOOD TRUST-A NON-PROFIT ORGANIZATION THAT MANAGES MARKETS IN UNDERSERVED PHILADELPHIA COMMUNITIES TO ENSURE THE AVAILABILITY OF AFFORDABLE, HEALTHY FOODS LH CLINIC PHYSICIANS PROVIDE "PHILLY FOOD BUCKS" TO CLINIC PATIENTS THAT CAN BE REDEEMED FOR FRESH FRUITS AND VEGETABLES AT ANY FOOD TRUST FARMERS MARKET "FOOD BUCKS" ARE TRACKED TO MEASURE HEALTH IMPROVEMENT IN CLINIC PATIENTS LH HOSTS AN ANNUAL "HEALTHCARE DISPARITIES COLLOQUIUM" WHERE RESEARCH ON DISPARITIES AND OPPORTUNITIES IS PRESENTED TO MLH EMPLOYEES AND MEDICAL STAFF THE LH OB CLINIC IS ADDRESSING AN EXPRESSED COMMUNITY NEED, AS DETERMINED BY MLH DISPARITY OF CARE RESEARCH AND THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH, TO PROVIDE FREE LONG ACTING REPRODUCTIVE CONTRACEPTIVES (LARC) TO ELIGIBLE PATIENTS LH ALSO WORKS CLOSELY WITH THE LOCAL JEWISH COMMUNITY TO MEET THE CULTURAL HEALTH NEEDS OF THIS COMMUNITY SUBPOPULATION PH CONTINUED ITS MISSION TO PROVIDE FREE CARE TO PATIENTS OF THE CLINIC (PHOENIXVILLE, PA) AND COMMUNITY VOLUNTEERS IN MEDICINE (WEST CHESTER, PA) PH CONDUCTED A FOCUS GROUP OF LOCAL SENIORS TO CLARIFY UNMET NEEDS IN THE SENIOR POPULATION PH PROVIDES VARIOUS COMMUNITY EDUCATION SESSIONS FOR ADULTS AND CHILDREN TO PROMOTE HEALTHY EATING AND NUTRITION AS A DESIGNATED TRAUMA CENTER FOR CHESTER COUNTY, PA, PH CONDUCTS VARIOUS INJURY PREVENTION CLASSES INCLUDING A CHNA PRIORITY OF PREVENTING FALLS AT HOME AMONG THE ELDERLY THE RMH SERVICE AREA HAS A LARGE POPULATION OF PERSONS OVER AGE 65 RH SPONSORS A VARIETY OF SENIOR PROGRAMS (SENIOR SUPPERS, MATURE SAFE DRIVING) ALONG WITH A PROGRAM TO REDUCE FALLS AT HOME AMONG SENIORS RH HAS A FOCUS ON RISK FACTORS (SMOKING CESSATION AND BLOOD PRESSURE SCREENINGS) THAT LEAD TO CARDIOVASCULAR DISEASE RMH ALSO OFFERS FREE MAMMOGRAMS TO UNINSURED AND UNDERINSURED WOMEN THROUGH A PARTNERSHIP WITH A LOCAL FOUNDATION BMRH HAS FOCUSED ON COMMUNITY EDUCATION FOR THE PREVENTION AND TREATMENT OF STROKES, CONCUSSIONS AND BRAIN TRAUMA BMRH STAFF PROVIDES NU</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p> MERIOUS FREE COMMUNITY HEALTH PROGRAMS AT SENIOR CENTERS AND TO COMMUNITY GROUPS BMRH PRESENTED ITS AWARD WINNING CRUISIN' SMART PROGRAM TO APPROXIMATELY 16,000 HIGH SCHOOL STUDENTS DURING THE YEAR. BMRH NOW PARTNERS THE CRUISIN' SMART PROGRAM WITH THE MOCK CRASH PROGRAM OF THE MAIN LINE (ACUTE) HOSPITALS. STUDENT AND COMMUNITY FEEDBACK ON THESE PROGRAMS IS EXCELLENT. IN SUMMARY, THE MAIN LINE HOSPITALS WERE VERY ACTIVE IN ENGAGING THEIR COMMUNITIES TOWARD LIVING HEALTHY LIFESTYLES AND IN ADDRESSING THE GENERAL HEALTH AND WELLNESS OF THESE COMMUNITIES. THESE ACTIVITIES WERE OFTEN DONE IN PARTNERSHIP WITH OTHER COMMUNITY ORGANIZATIONS. IN TOTAL, THE HOSPITALS PROVIDED OVER 1,700 HEALTHCARE ACTIVITIES THAT WERE RELATED TO GOALS AND ACTION PLANS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLANS, REACHING MORE THAN 50,000 COMMUNITY MEMBERS IN FY18. OVER 5,000 OF THOSE CONTACTS WITH COMMUNITY MEMBERS OCCURRED IN WEST PHILADELPHIA. IN ADDITION, MLH COMPLETED ITS 7TH ANNUAL HEALTH CARE DISPARITIES COLLOQUIUM WITH PRESENTATION OF RESEARCH EXPLORING P OTENTIAL DISPARITIES OF CARE IN THE COMMUNITIES SERVED BY MLH HOSPITALS. THE HEALTH EDUCATION CENTER AT LH HOSTED MORE THAN 5,000 CHILDREN AND ADULTS IN EDUCATION SESSIONS ON THE FUNDAMENTALS OF THE HUMAN BODY AND TAKING CARE OF IT. </p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>MAIN LINE HOSPITALS, INC. IS ONE OF A NUMBER OF HEALTH CARE PROVIDER SUBSIDIARIES OF MAIN LINE HEALTH SYSTEM (MLHS). MLHS' MISSION IS TO PROVIDE A COMPREHENSIVE RANGE OF SAFE, HIGH -QUALITY HEALTH SERVICES, COMPLEMENTED BY RELATED EDUCATIONAL AND RESEARCH ACTIVITIES, WHICH MEET HEALTHCARE NEEDS AND IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES WE SERVE. NO PATIENT WILL BE REFUSED EMERGENCY TREATMENT AT MLH BECAUSE OF HIS/HER FINANCIAL STATUS. MLH IS COMMITTED TO TREATING PATIENTS WITH EMERGENCY MEDICAL CONDITIONS REGARDLESS OF ABILITY TO PAY. ONE OF THE WAYS MLH FULFILLS THIS MISSION IS TO PROVIDE FINANCIAL ASSISTANCE TO THOSE MEMBERS OF THE COMMUNITY WHO ARE IN NEED OF HEALTHCARE SERVICES. THERE ARE SEVERAL DIFFERENT PROGRAMS THAT HAVE BEEN ESTABLISHED FOR THIS PURPOSE. EACH OF THE PROGRAMS HAS A SET OF CRITERIA WHICH MUST BE MET FOR THE PATIENT TO QUALIFY FOR HEALTHCARE FINANCIAL ASSISTANCE. FINANCIAL COUNSELORS AT MLH PROVIDES FINANCIAL COUNSELORS AT EACH HOSPITAL (AND VIA A CALL CENTER) TO HELP PATIENTS FIND WAYS TO MEET THEIR FINANCIAL OBLIGATIONS FOR THE HEALTH CARE SERVICES PROVIDED TO THEM. SPECIFICALLY, FINANCIAL COUNSELORS HELP PATIENTS APPLY FOR GOVERNMENT ASSISTANCE PROGRAMS AS WELL AS MLH CHARITY CARE AND FINANCIAL ASSISTANCE. ANY PATIENT MAY REQUEST TO SPEAK TO A FINANCIAL COUNSELOR WHEN BEING SCHEDULED FOR TREATMENT AT MLH.</p> <p>UNINSURED PATIENTS WHO ARE ADMITTED TO THE HOSPITAL WILL AUTOMATICALLY RECEIVE HELP FROM A FINANCIAL COUNSELOR. THERE ARE SEVERAL OPTIONS AVAILABLE TO PATIENTS WITHOUT INSURANCE. THEY ARE:</p> <p>OPTION 1: GOVERNMENT SPONSORED MEDICAL ASSISTANCE. THERE ARE A NUMBER OF AVAILABLE PROGRAMS FROM THE FEDERAL, STATE AND LOCAL LEVELS SUCH AS MEDICAL ASSISTANCE WHICH CAN HELP PAY THE MEDICAL BILLS OF PEOPLE WHO HAVE LOW INCOME AND CANNOT AFFORD MEDICAL CARE. OFTEN, PATIENTS ARE UNAWARE OF THESE PROGRAMS OR ARE UNABLE TO ACCESS THEM DUE TO THE CUMBERSOME ENROLLMENT PROCESS REQUIRED TO RECEIVE THESE BENEFITS. FINANCIAL COUNSELORS CAN HELP PATIENTS APPLY FOR MEDICAL ASSISTANCE TO DETERMINE ELIGIBILITY. OUR FINANCIAL COUNSELORS WILL ASSIST IN THE APPLICATION PROCESS AND FOLLOW THROUGH WITH THE GOVERNMENTAL AGENCY TO ASSIST THE PATIENT.</p> <p>OPTION 2: CHARITY CARE. MLH OFFERS CHARITY CARE/FINANCIAL ASSISTANCE TO UNINSURED PATIENTS THAT NEED CARE. FOR PATIENTS WITH INCOME LEVELS AT 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES, 100% CHARITY CARE (FREE CARE) IS PROVIDED. FOR PATIENTS WITH INCOME BETWEEN 300% AND 500% OF THE FEDERAL POVERTY GUIDELINES, SIGNIFICANT CHARITY DISCOUNTS ARE OFFERED AND PAYMENTS ARE EQUIVALENT TO MEDICARE REIMBURSEMENT RATES. MLH FINANCIAL COUNSELORS ASSIST PATIENTS WITH THE CHARITY CARE/FINANCIAL ASSISTANCE APPLICATION. Presumptive charity care eligibility. There are instances where a patient may appear eligible for charity care, but supporting documentation is lacking or unavailable. In such event Main Line Health will use other appropriate 3rd party resources to estimate an individual's income. A patient meeting the criteria for presumptive financial assistance will have all charges waived. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:</p> <ol style="list-style-type: none"> 1. Enrolled in a state-funded prescription programs, 2. Being homeless or receiving care from a homeless clinic, 3. Participating in the Pennsylvania Department of Welfare's Women, Infants and Children programs (WIC), 4. Being eligible for food stamps, 5. Receiving subsidized school lunches, 6. Being eligible for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down), 7. Residing in low income/subsidized housing, providing the address supplied by the patient is a valid address, 8. Patient is deceased with no known estate. <p>OPTION 3: UNINSURED PATIENT DISCOUNT. FOR UNINSURED PATIENTS WHOSE INCOME IS IN EXCESS OF 500% OF THE FEDERAL POVERTY GUIDELINES, A SUBSTANTIAL DISCOUNT BASED ON THE FOLLOWING GUIDELINES IS PROVIDED:</p> <ul style="list-style-type: none"> - FOR ALL INPATIENT NON-ELECTIVE SERVICES A DISCOUNT OF 60% OFF TOTAL CHARGES WILL BE APPLIED. - FOR ALL INPATIENT ELECTIVE SERVICES A DISCOUNT OF 40% OFF TOTAL CHARGES WILL BE APPLIED. - FOR ALL EMERGENCY DEPARTMENT SERVICES, THOSE TREATED AND RELEASED, A DISCOUNT OF 40% OFF TOTAL CHARGES WILL BE APPLIED WITH A MAXIMUM CHARGE OF \$1,000 FOR THE EMERGENCY DEPARTMENT VISIT. - FOR ALL OTHER OUTPATIENT SERVICES A DISCOUNT OF 40% OFF TOTAL CHARGES. <p>MLH APPLIES THE UNINSURED PATIENT DISCOUNT ON A CONSISTENT AND NON-DISCRIMINATORY BASIS. THE MLH CHARITY CARE & FINANCIAL ASSISTANCE POLICY IS MADE AVAILABLE TO THE PUBLIC ON THE MLH WEBSITE. EXTENDED PAYMENT ARRANGEMENTS TO PATIENTS IF PATIENTS ARE UNABLE TO PAY THE PATIENT RESPONSIBILITY PORTION OF THEIR BILL AT THE TIME OF SERVICE OR AT THE TIME OF DISCHARGE, PAYMENT OPTIONS FOR EXTENDED, INTEREST FREE PAYMENT PERIODS ARE AVAILABLE. CHARGES FOR SERVICES RENDERED TO PATIENTS THAT MEET MLH'S GUIDELINES FOR CHARITY CARE ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. DISCOUNTS OFFERED FOR:</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>FINANCIAL ASSISTANCE ARE REFLECTED AS REDUCTIONS OF NET PATIENT REVENUE. MLH MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE PROVIDED. THESE RECORDS INCLUDE THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED. SUCH AMOUNTS HAVE BEEN EXCLUDED FROM NET PATIENT SERVICE REVENUE. MANAGEMENT ESTIMATES THAT THE COST ASSOCIATED WITH THESE SERVICES FOR CHARITY CARE PROVIDED BY MAIN LINE HOSPITALS, INC. APPROXIMATED \$7,277,446 FOR THE FISCAL YEAR ENDED JUNE 30, 2018. THESE AMOUNTS DO NOT INCLUDE THE PROVISION FOR BAD DEBTS, AMOUNTING TO \$27,093,152 (GROSS). THIS AMOUNT REFLECTED AT COST IS \$4,677,488. MANAGEMENT ESTIMATES THAT THE COST ASSOCIATED WITH SERVICES FOR CHARITY CARE PROVIDED BY MAIN LINE HEALTH SYSTEM APPROXIMATED \$7,583,441 FOR THE FISCAL YEAR ENDED JUNE 30, 2018. THIS AMOUNT DOES NOT INCLUDE THE PROVISION FOR BAD DEBTS, AMOUNTING TO \$33,438,137 (GROSS). THIS AMOUNT REFLECTED AT COST IS \$5,584,440. COMMUNITY BENEFIT AND SERVICES SERVICES ARE PROVIDED TO INDIVIDUALS THAT QUALIFY FOR MEDICAL ASSISTANCE, WHO PARTICIPATE IN THE PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM. THE COST OF PROVIDING SUCH SERVICES TO ELIGIBLE WELFARE RECIPIENTS WAS \$89,266,001 AND EXCEEDED REIMBURSEMENT BY \$27,597,011 IN THE FISCAL YEAR ENDED JUNE 30, 2018 FOR MAIN LINE HOSPITALS, INC. THE COST OF PROVIDING SUCH SERVICES TO ELIGIBLE WELFARE RECIPIENTS WAS \$101,919,895 AND EXCEEDED REIMBURSEMENT BY \$32,614,080 IN THE FISCAL YEAR ENDED 2018 FOR MAIN LINE HEALTH SYSTEM. IN TOTAL, MAIN LINE HOSPITALS, INC. RECEIVED APPROXIMATELY 30.2 PERCENT OF ITS NET REVENUE FROM GOVERNMENT PROGRAMS IN FY2018. THE LOSS INCURRED IN PROVIDING HEALTHCARE SERVICES TO PATIENTS OF GOVERNMENT PROGRAMS APPROXIMATED \$133,936,805 AS DETAILED ON SCHEDULE H, PART I, LINE 7B(E) \$27,597,011 (MEDICAID) AND PART III, LINE 7 \$106,339,794 (MEDICARE). IN ACCORDANCE WITH THE MLH CHARITY CARE AND FINANCIAL ASSISTANCE POLICY, MLH PROVIDES FINANCIAL ASSISTANCE IN THE FORM OF DISCOUNTS TO UNINSURED PATIENTS WITH INCOME BETWEEN 300% AND 500% OF THE FEDERAL POVERTY GUIDELINES. THE AMOUNT OF FINANCIAL ASSISTANCE PROVIDED BY MAIN LINE HOSPITALS, INC. FOR THE FISCAL YEAR ENDED JUNE 30, 2018 APPROXIMATED \$26,866,501. THIS AMOUNT REFLECTED AT COST IS \$4,634,787. THE AMOUNT OF FINANCIAL ASSISTANCE PROVIDED BY MAIN LINE HEALTH SYSTEM, FOR THE FISCAL YEAR ENDED JUNE 30, 2018, APPROXIMATED \$30,998,704. THIS AMOUNT REFLECTED AT COST IS \$5,226,926. IN ADDITION TO PROVIDING DIRECT PATIENT CHARITY CARE AND IN FURTHERANCE OF ITS EXEMPT PURPOSE TO BENEFIT THE COMMUNITY, MLH SYSTEM MEMBERS SUPPORT EDUCATION AND RESEARCH ACTIVITIES THROUGH ITS MEMBER AFFILIATE, LANKENAU INSTITUTE FOR MEDICAL RESEARCH, AND PROVIDES SPONSORSHIPS AND VARIOUS COMMUNITY SERVICES SUCH AS EDUCATION, SCREENINGS AND SUPPORT GROUPS FOR CANCER PATIENTS AND THEIR FAMILIES, IMMUNIZATION PROGRAMS, REHABILITATION SUPPORT FOR AMPUTEES, STROKE, AND BRAIN INJURY PATIENTS AND THEIR FAMILIES, HEALTH WELLNESS FESTIVALS, CONTINUUM OF INDEPENDENT LIVING AND SENIOR HEALTH PROGRAMS, HEART DISEASE SCREENINGS, MATERNITY CARE AND CHILDBIRTH PROGRAMS, A PARAMEDIC AMBULANCE PROGRAM AND OTHER RELATED COMMUNITY HEALTH PROGRAMS AND LECTURES. MLH IS ALSO INVOLVED WITH SCHOOL PARTNERSHIPS AND HELPS ORGANIZE EDUCATIONAL PROGRAMS FOR CHILDHOOD AND ADOLESCENT HEALTH ISSUES, INCLUDING UNDERAGE DRINKING AND SMOKING. ASSOCIATED AMOUNTS EXPENDED FOR THE ABOVE COMMUNITY SERVICES APPROXIMATED \$20,848,510 FOR MAIN LINE HOSPITALS, INC. AND \$22,104,098 FOR MAIN LINE HEALTH SYSTEM IN THE FISCAL YEAR ENDED JUNE 30, 2018. THIS AMOUNT FOR MAIN LINE HOSPITALS, INC. NET OF DIRECT OFF-SETTING REVENUE IS \$19,854,060. MAIN LINE HEALTH HOSPITALS SUBSIDIZE SEVERAL HEALTH PROGRAMS THROUGHOUT THE SYSTEM, INCLUDING LANKENAU CLINICAL CARE CENTER, PRENATAL PROGRAMS, COMMUNITY BLOOD DRAWS, HOSPITAL HOSPICE SERVICES, TRANSITIONAL CARE, HEALTHY WOMEN PROGRAMS, AQUATICS REHABILITATION, AND HEAD INJURY. THE COST FOR THESE SUBSIDIZED PROGRAMS THROUGHOUT THE SYSTEM AMOUNT</p>

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>GENERAL GEOGRAPHY MAIN LINE HEALTH (MLH) INCLUDING ITS FOUR ACUTE CARE HOSPITALS-BRYN MAWR HOSPITAL (BMH), LANKENAU HOSPITAL (LH), PAOLI HOSPITAL (PH) AND RIDDLE MEMORIAL HOSPITAL (RMH), AND ITS REHABILITATION HOSPITAL, BRYN MAWR REHABILITATION HOSPITAL (BMRH), ARE LOCATED IN AND SERVE POPULATIONS WITHIN CHESTER, DELAWARE, MONTGOMERY COUNTIES AND THE WESTERN AREA OF PHILADELPHIA COUNTY (CITY) A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED FOR THE FOUR MLH ACUTE HOSPITALS THE JOINT CHNA SERVICE AREA WAS DIVIDED INTO THREE GEOGRAPHIC SUBAREAS SUBURBAN, NORTHWEST PHILADELPHIA AND WEST PHILADELPHIA THE THREE SUBAREAS REPRESENT THREE DISTINCT SOCIO-DEMOGRAPHIC POPULATIONS SERVED BY THE ACUTE CARE HOSPITALS A SEPARATE CHNA WAS CONDUCTED FOR BMRH BECAUSE OF THE SPECIFIC HEALTH NEEDS OF ITS PATIENTS AS A PROVIDER OF REHABILITATION SERVICES AND BECAUSE OF ITS EXTENDED SERVICE AREA AS THE LONE REHABILITATION HOSPITAL IN THE WESTERN PHILADELPHIA SUBURBS DEMOGRAPHICS THE TOTAL POPULATION OF THE COMMUNITY SERVICE AREAS FOR THE FOUR ACUTE HOSPITALS TOTALED 1,333,138 IN 2018 AND IS PROJECTED TO INCREASE BY 1 3% THROUGH 2023 THE TOTAL POPULATION FOR THE BMRH COMMUNITY SERVICE AREA WAS 1,229,140 IN 2018 AND IS EXPECTED TO INCREASE 1 5% BY 2023 SOCIO-DEMOGRAPHICS BMH, PH, RMH AND BMRH MAINLY SERVE POPULATIONS IN THE THREE SUBURBAN COUNTIES THAT ARE GENERALLY AFFLUENT WITH SOME POCKETS OF POVERTY OVERALL THERE ARE HIGHER AVERAGE HOUSEHOLD AND MEDIAN INCOMES AND MORE EDUCATION AS COMPARED TO SOUTHEAST PA EACH MAIN LINE HEALTH HOSPITAL HAS A VERY ACTIVE COMMUNITY HEALTH SERVICES (CHS) DEPARTMENT THAT PROVIDES OUTREACH, EDUCATION, AND IN SOME AREAS, CLINIC SUPPORT FOR THE LOWER SOCIOECONOMIC AND VULNERABLE POPULATIONS MANY OF THESE OUTREACH ACTIVITIES ARE LISTED IN THE CHNA IMPLEMENTATION PLANS ATTACHED LH SERVES PARTS OF THE SUBURBAN SUBAREA AS WELL AS THE NORTHWEST PHILADELPHIA AND WEST PHILADELPHIA SUBAREAS THE WEST PHILADELPHIA SUBAREA HAS SIGNIFICANT POVERTY AND HIGHER RATES OF SELF REPORTED FAIR OR POOR HEALTH STATUS THAN THE OTHER TWO SUBAREAS THE ROBERT WOOD JOHNSON FOUNDATION'S 2018 HEALTH RANKINGS OF PENNSYLVANIA COUNTIES LIST CHESTER AND MONTGOMERY COUNTIES AS AMONG THE TOP FOUR HEALTHIEST COUNTIES IN THE STATE AND PHILADELPHIA COUNTY 67TH (LAST), DELAWARE COUNTY RANKS AMONG THE TOP GROUP (12TH) IN HEALTH FACTORS BUT 49TH FOR HEALTH OUTCOMES LH PROVIDES CLINIC CARE THAT ATTRACTS PATIENTS FROM WEST PHILADELPHIA AND HAS MULTIPLE OUTREACH INITIATIVES TO ADDRESS THE NEEDS IN WEST PHILADELPHIA THE CHNA PROVIDES SPECIFIC DATA FOR THE WEST PHILADELPHIA SUBAREA WHILE PH SERVES A RELATIVELY AFFLUENT COMMUNITY, PH PROVIDES FREE CARE OF INDIGENT PATIENTS FROM TWO COMMUNITY HEALTH CENTERS, THE CLINIC (PHOENIXVILLE, PA) AND COMMUNITY VOLUNTEERS IN MEDICINE (WEST CHESTER, PA) FOR ALL OF THE MAIN LINE HEALTH HOSPITALS' CHNA SERVICE AREAS, THE LARGEST CURRENT AGE SEGMENT IS 18 TO 44 YEARS OF AGE WHILE 65 PLUS IS THE SMALLEST AGE SEGMENT HOWEVER, THE 65 PLUS AGE SEGMENT IS EXPECTED TO HAVE THE GREATEST PERCENTAGE GROWTH FROM 2018 TO 2023 IN ALL MLH CHNA SERVICE AREAS CENSUS DATA INDICATE THAT THE SUBURBAN SUBAREA SERVED BY MAIN LINE HEALTH HOSPITALS HAS HOUSEHOLDS WITH HIGHER MEDIAN INCOMES AND HAS MORE ADULTS WITH A COLLEGE EDUCATION THAN SEPA BENCHMARKS CHNA SERVICE AREAS POPULATION, MEDIAN INCOME BAND, %ADULTS WITH COLLEGE DEGREE, SUBURBAN 1,013,113, \$75,000-\$99,999, 57% NORTHWEST PHILADELPHIA 53,461, \$60,000-\$74,999, 52% WEST PHILADELPHIA 266,544, \$45,000-\$49,999, 28% TOTAL ACUTE HOSPITALS 1,333,118, \$60,000-\$74,999, 51% BRYN MAWR REHAB HOSPITAL 1,229,140, \$75,000-\$99,999, 53% RACE/ETHNICITY THE MAJORITY OF THE ACUTE HOSPITALS' SUBURBAN AND NW PHILADELPHIA SUBAREAS AND THE BMRH SERVICE AREA POPULATIONS ARE CAUCASIAN THE WEST PHILADELPHIA SUBAREA POPULATION, SERVED BY LH, IS PREDOMINATELY AFRICAN AMERICAN THE POPULATION SERVED SPECIFICALLY BY PH HAS A GROWING SOUTH ASIAN POPULATION MAIN LINE HEALTH 2018 RACE/ETHNICITY %CAUCASIAN, %AFRICAN AMER, %ASIAN, %HISPANIC, %OTHER SUBURBAN 74 3%, 11 6%, 7 5%, 4 3%, 2 2% NORTHWEST PHILADELPHIA 77 0%, 12 8%, 3 6%, 4 2%, 2 5% WEST PHILADELPHIA 15 3%, 71 0%, 6 5%, 3 9%, 3 2% TOTAL ACUTE HOSPITALS 62 6%, 23 5%, 7 2%, 4 2%, 2 4% BRYN MAWR REHAB HOSPITAL 72 6%, 12 4%, 6 6%, 6 3%, 2 2% THE REPORTED CHNA DATA REMAIN AN ACCURATE REFLECTION OF THE BMRH AND MAIN LINE HOSPITALS' SERVICE AREAS AS NOTED, THERE ARE POCKETS OF LOWER SOCIOECONOMIC AND POORER HEALTH STATUS THAT HAVE BEEN IDENTIFIED IN THE SUBURBAN COMMUNITIES SERVED BY THE MLH HOSPITALS THESE SUB-COMMUNITIES ARE NOT NECESSARILY REFLECTED IN THE OVERALL AREA DATA SETS HOWEVER, VIA COMMUNITY INPUT AND OUTREACH, THESE COMMUNITIES ARE BEING ADDRESSED THROUGH THE HOSPITALS' COMMUNITY SERVICES DEPARTMENTS AND THE CHNA IMPLEMENTATION PLANS THE MAIN LINE HEALTH CHNAs AND CHNA IMPLEMENATION PLANS ARE LOCATED ON THE MLH WEBSITE, URL MAINLINEHEALTH.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>WHEN MAIN LINE HEALTH (MLH) WAS FORMED IN 1985, THE LONG TERM OBJECTIVES INCLUDED THE DESIRE OF THE COMMUNITY-BASED BOARDS TO MORE FULLY SERVE THE INDIVIDUAL COMMUNITIES BY PROVIDING GREATER EFFICIENCIES AND BY INCREASING THE BROADER OUTREACH OF THE HOSPITALS THIS IS BEING ACHIEVED THROUGH THE COMMITMENT OF THE COMMUNITY BOARD AND MEDICAL STAFF THE MLH MEDICAL STAFF TODAY IS COMPRISED OF APPROXIMATELY 2,100 PHYSICIANS FOR THE 4 ACUTE HOSPITALS AND BMRH OF THESE PHYSICIANS, 389 ARE EMPLOYED BY AN AFFILIATED NONPROFIT TAX-EXEMPT CORPORATION OF MAIN LINE HEALTH THE SUCCESS OF THE MAIN LINE HOSPITALS TO A LARGE DEGREE IS DEPENDENT ON SELF-GOVERNED, COMMUNITY-BASED PHYSICIANS IN ADDITION TO PROVIDING OUTSTANDING MEDICAL CARE, THEY SERVE AS AN OPEN CONDUIT TO INFORMATION ABOUT AND FROM THE COMMUNITY MEMBERS OF THE MEDICAL STAFF SERVE ON THE BOARDS OF BOTH MAIN LINE HOSPITALS AND EACH HOSPITAL'S FOUNDATION BOARD THE MEDICAL EXECUTIVE COMMITTEE OF THE MAIN LINE HOSPITALS MEDICAL STAFF IS A FULL PARTICIPANT IN A BOARD, MEDICAL LEADERSHIP, SENIOR STAFF RETREAT THAT TAKES PLACE EVERY 18 MONTHS THIS TWO-DAY, OFF-CAMPUS RETREAT HAS FOCUSED ON TOPICS SUCH AS PATIENT SAFETY AND QUALITY, INVESTMENTS IN NEW TECHNOLOGY AND FACILITIES, COMMUNICATIONS, FINANCIAL IMPLICATIONS OF HEALTHCARE REFORM, ROLES AND RESPONSIBILITIES OF LEADERSHIP MAIN LINE HEALTH HAS AN ACTIVE AND ENGAGED BOARD OF TRUSTEES THAT REPRESENTS THE COMMUNITY MEMBERSHIP IN THE GOVERNING BOARD IS MONITORED CLOSELY TO ENSURE REPRESENTATION IN SOCIO-DEMOGRAPHICS AND ACROSS SUBJECT MATTER EXPERT AREAS THAT WOULD BE EXPECTED AND NEEDED TO PROVIDE THE GUIDANCE AND OVERSIGHT OF AN INTEGRATED HEALTHCARE DELIVERY SYSTEM MEMBERS INCLUDE EXECUTIVES WITH EXPERTISE IN HEALTH CARE QUALITY, FINANCE, HUMAN RESOURCES, LAW, TECHNOLOGY, MARKETING AND MANUFACTURING AS WELL AS HEALTHCARE THE BOARD IS FOCUSED ON ITS RESPONSIBILITY TO PROVIDE EXCELLENT CARE TO THE COMMUNITY WHILE GENERATING FUNDS FOR REINVESTMENT IN TECHNOLOGY, EQUIPMENT AND FACILITIES FOREMOST, THEY ARE ADAMANT THAT QUALITY AND PATIENT SAFETY NOT BE COMPROMISED, PARTICULARLY AS HEALTHCARE PROVIDERS ARE CHALLENGED BY -FINANCIAL RAMIFICATIONS OF THE ECONOMY -THE IMPACT OF DEMOGRAPHICS -THE UNCERTAINTY RELATING TO FUTURE LEVELS OF REIMBURSEMENT -THE GROWING EXPECTATIONS OF AN AGING POPULATION THAT THE BEST HEALTHCARE WILL BE "THERE" FOR THEM THE MAIN LINE HEALTH BOARD IS FOCUSED ON ACHIEVING A REINVESTMENT SURPLUS IN ORDER TO MEET COMMUNITY EXPECTATIONS FOR STATE OF THE ART FACILITIES AND CARE</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MAIN LINE HEALTH SYSTEM (MLHS) IS THE PARENT HEALTH SYSTEM FOR MAIN LINE HEALTH. MLHS AND ITS BOARD PROVIDE OVERSIGHT AND GUIDANCE FOR ITS MEMBERS. WHILE COGNIZANT OF EACH OF ITS MEMBERS' COMMUNITY ACTIVITIES AND CHARITABLE MISSIONS, MLHS PROVIDES NO DIRECT COMMUNITY OUTREACH ACTIVITIES. RATHER, THOSE ARE PROVIDED BY ITS MEMBERS WITH FULL SUPPORT AND ENCOURAGEMENT OF MLHS' BOARD OF DIRECTORS. MAIN LINE HEALTH SYSTEM FOUNDED IN 1985, MAIN LINE HEALTH, INC. (MLH) IS A NOT-FOR-PROFIT HEALTH SYSTEM SERVING PORTIONS OF PHILADELPHIA AND ITS WESTERN SUBURBS. AT ITS CORE ARE FOUR OF THE REGION'S RESPECTED ACUTE CARE HOSPITALS - LANKENAU MEDICAL CENTER, BRYN MAWR HOSPITAL, PAOLI HOSPITAL AND RIDDLE MEMORIAL HOSPITAL - AS WELL AS ONE OF THE NATION'S PREMIER FACILITIES FOR REHABILITATIVE MEDICINE, BRYN MAWR REHABILITATION HOSPITAL, MIRMONT TREATMENT CENTER FOR DRUG AND ALCOHOL RECOVERY, AND MAIN LINE HEALTH HOMECARE AND HOSPICE, A HOME HEALTH SERVICE. MAIN LINE HEALTH ALSO CONSISTS OF MAIN LINE HEALTHCARE, ONE OF THE REGION'S LARGEST MULTI-SPECIALTY PHYSICIAN NETWORKS, AND THE LANKENAU INSTITUTE FOR MEDICAL RESEARCH, A NON-PROFIT BIOMEDICAL RESEARCH ORGANIZATION LOCATED ON THE CAMPUS OF LANKENAU MEDICAL CENTER. MAIN LINE HEALTH, WITH MORE THAN 10,000 EMPLOYEES AND 2,100 PHYSICIANS, ARE THE RECIPIENTS OF NUMEROUS AWARDS FOR QUALITY CARE AND SERVICE, INCLUDING RECOGNITION AMONG TRUVEN HEALTH ANALYTICS' LIST OF TOP 100 HOSPITALS AND MAGNET, THE NATION'S HIGHEST HONOR FOR NURSING EXCELLENCE. MAIN LINE HEALTH IS AMONG THE AREA'S LEADERS IN MEDICINE, PROVIDING ADVANCED PATIENT-CENTERED CARE, EDUCATION AND RESEARCH TO HELP OUR COMMUNITY STAY HEALTHY. The Delaware Valley Accountable Care Organization (DVACO) Main Line Health, Inc. is an owner of DVACO. DVACO is a limited liability company that is owned by Main Line Health (49%), Jefferson University and Hospitals (49%), and Magee Rehab (2%). DVACO's purpose is to enhance the quality of health care and reduce the growth rate of health care costs by providing the foundation needed to assist its participating members in transitioning from a fee for service model to a model focused on population health. DVACO operates under the Medicare Shared Savings Program (MSSP) through an agreement with the Centers for Medicare and Medicaid Services (CMS). Currently DVACO is the region's largest Medicare ACO with more than 2,000 primary care physicians and over 90,000 Medicare fee-for-service beneficiaries. Additionally, DVACO currently holds three performance based contracts with private payers - enhancing DVACO's total number of beneficiaries to approximately 250,000 - a number that will likely increase in the future as DVACO participates with additional insurance payers in population health contracts. For the fiscal year presented, MLH was responsible for approximately 39,000 of the Medicare attributed lives. MAIN LINE HEALTH HOSPITALS BRYN MAWR HOSPITAL, BRYN MAWR, PA BRYN MAWR HOSPITAL (BMH), A MEMBER OF MAIN LINE HEALTH, IS A 287-BED, NOT-FOR-PROFIT ACUTE-CARE TEACHING HOSPITAL DEDICATED TO HELPING THE COMMUNITY STAY WELL AHEAD ON THE PATH TO LIFE-LONG HEALTH. THE HOSPITAL HAS ACHIEVED MAGNET DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC), THE NATION'S HIGHEST AWARD FOR RECOGNIZING EXCELLENCE IN NURSING CARE, AND HAS BEEN NATIONALLY RECOGNIZED BY PRESS GANEY, THOMSON REUTERS (NOW TRUVEN ANALYTICS), THE JOINT COMMISSION AND OTHER HEALTHCARE RATINGS ORGANIZATIONS FOR ITS HIGH QUALITY PATIENT CARE. THE HOSPITAL WAS NAMED AMONG US NEWS & WORLD REPORT'S BEST HOSPITALS IN THE PHILADELPHIA METRO AREA. THE HOSPITAL OFFERS A FULL RANGE OF SERVICES, INCLUDING CANCER CARE, ORTHOPEDIC CARE, CARDIOVASCULAR CARE, MATERNITY CARE, BARIATRICS, NEUROVASCULAR AND A LEVEL III NEONATAL INTENSIVE CARE UNIT, ALL AIDED BY A DEDICATED TEAM OF HEALTH CARE PROFESSIONALS AND INNOVATIVE TECHNOLOGY SUCH AS THE DA VINCI TM SURGICAL SYSTEM'S ROBOTIC TECHNOLOGY AND RIO ROBOTIC ARM INTERACTIVE ORTHOPEDIC SYSTEM. BRYN MAWR HOSPITAL HAS COLLABORATED WITH NEMOURS/ALFRED DUPONT HOSPITAL FOR CHILDREN TO INCLUDE ROUND-THE-CLOCK PEDIATRIC CARE FOR THE PEDIATRIC INPATIENT UNIT AND IN THE PEDIATRIC EMERGENCY DEPARTMENT WITH ADDITIONAL BOARD-CERTIFIED EMERGENCY MEDICINE PHYSICIANS. FOR MORE INFORMATION ABOUT BRYN MAWR HOSPITAL, VISIT MAINLINEHEALTH.ORG/BRYNMAWR. LANKENAU HOSPITAL (LH), ALSO KNOWN AS LANKENAU MEDICAL CENTER, WYNNEWOOD, PA LANKENAU MEDICAL CENTER, A MEMBER OF MAIN LINE HEALTH, HAS BEEN DEDICATED TO HEALING AND COMFORTING THE COMMUNITY WITH A WARM, PERSONAL TOUCH FOR OVER 150 YEARS. LOCATED ON A 93-ACRE SUBURBAN CAMPUS JUST OUTSIDE OF PHILADELPHIA, THE 370-BED, NOT-FOR-PROFIT LEVEL II TRAUMA TEACHING HOSPITAL INCLUDES ONE OF THE NATION'S LEADING CARDIOVASCULAR CENTERS, THE LANKENAU INSTITUTE OF MEDICAL RESEARCH, ONE OF THE FEW FREESTANDING HOSPITAL-ASSOCIATED RESEARCH CENTERS IN THE NATION, AND OFFERS STATE-OF-THE-ART SERVICES IN CANCER CARE, DIGESTIVE HEALTH CARE, HEART CARE, LUNG CARE, NEPHROLOGY.</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>OGY, NEUROLOGY AND NEUROSURGERY, ORTHOPEDIC CARE, PEDIATRIC CARE AND MATERNITY CARE LANKE NAU HAS BEEN NAMED AMONG US NEWS & WORLD REPORT'S BEST HOSPITALS IN THE PHILADELPHIA METRO AREA FOR DIGESTIVE HEALTH, GERIATRICS, HEART CARE, KIDNEY DISORDERS, NEUROLOGY AND NEUROS URGERY, LUNG CARE AND UROLOGY LANKENAU HAS ACHIEVED THE JOINT COMMISSION'S GOLD SEAL OF A PPROVAL FOR STROKE CARE AND BREAST CANCER CARE AND IS ONE OF THE NATION'S TOP PERFORMING H OSPITALS FOR HEART ATTACK, HEART FAILURE, PNEUMONIA AND SURGICAL CARE THE HOSPITAL HAS AC HIEVED MAGNET DESIGNATION, THE NATION'S HIGHEST AWARD FOR EXCELLENCE IN NURSING CARE LANK ENAU IS RECOGNIZED AS A NATIONAL LEADER IN ADVANCING NEW OPTIONS TO DIAGNOSE AND TREAT ILL NESS, PROTECT AGAINST DISEASE AND SAVE LIVES FOR MORE INFORMATION ABOUT LANKENAU MEDICAL CENTER, VISIT MAINLINEHEALTH ORG/LANKENAU PAOLI HOSPITAL (PH), PAOLI, PA PAOLI HOSPITAL, A MEMBER OF MAIN LINE HEALTH, IS A 231-BED, NOT-FOR-PROFIT ACUTE CARE HOSPITAL AND LEVEL II REGIONAL TRAUMA CENTER WITH OUTPATIENT FACILITIES IN EXTON AND COLLEGEVILLE PAOLI HOSP ITAL WAS NAMED AMONG THE NATION'S 100 TOP HOSPITALS BY THOMSON REUTERS (NOW TRUVEN HEALTH ANALYTICS) IT WAS ONE OF ONLY 20 MEDIUM-SIZED COMMUNITY HOSPITALS NATIONWIDE AND THE ONLY HOSPITAL IN PENNSYLVANIA TO MAKE THE LIST IN THIS CATEGORY PAOLI WAS NAMED AMONG US NEWS & WORLD REPORT'S BEST HOSPITALS IN THE PHILADELPHIA METRO AREA FOR EXCELLENCE IN FIVE SPE CIALTIES INCLUDING ORTHOPEDICS, GERIATRICS, NEPHROLOGY, GASTROENTEROLOGY AND UROLOGY AND I S A MULTI-YEAR RECIPIENT OF THE PREMIER "AWARD FOR QUALITY" FOR PROVIDING OUTSTANDING PATI ENT CARE AND MAINTAINING OPERATIONAL EFFICIENCY PAOLI IS ONE OF ONLY THREE PERCENT OF HOS PITALS NATIONWIDE TO EARN MAGNET DESIGNATION TWICE FOR ITS SUPERIOR NURSING STAFF AND WAS AMONG THE FIRST IN EFFICIENCY, SATISFACTION AND HEALING FOR MORE INFORMATION ABOUT PAOLI HOSPITAL, VISIT MAINLINEHEALTH ORG/PAOLI RIDDLE MEMORIAL HOSPITAL (RMH), MEDIA, PA RIDDL E MEMORIAL HOSPITAL, A MEMBER OF MAIN LINE HEALTH, IS A NOT-FOR-PROFIT, ACUTE-CARE HOSPITA L FOR 204 INPATIENT BEDS AND 23 TRANSITIONAL CARE CENTER BEDS RIDDLE HAS BEEN NATIONALLY RECOGNIZED BY THE JOINT COMMISSION, HEALTHGRADES, THE SOCIETY OF CHEST PAIN CENTERS AND OT HER HEALTH CARE RATINGS ORGANIZATIONS FOR ITS HIGH QUALITY PATIENT CARE THE HOSPITAL OFFE RS A FULL RANGE OF SERVICES INCLUDING MATERNITY, ORTHOPEDIC CARE AND CARDIOVASCULAR CARE A IDED BY A DEDICATED TEAM OF HEALTH CARE PROFESSIONALS AND ADVANCED TECHNOLOGY THE EMERGEN CY DEPARTMENT PROVIDES 24-HOUR CARE HEALTH CENTER 4, A LEED CERTIFIED GOLD BUILDING, HOU S E THE ROTHMAN INSTITUTE, A VARIETY OF OUTPATIENT PROGRAMS AND A NEW STATE OF THE ART SURG ICAL CENTER FOR MORE INFORMATION ABOUT RIDDLE HOSPITAL, VISIT MAINLINEHEALTH ORG/RIDDLE BRYN MAWR REHABILITATION HOSPITAL (BMRH), MALVERN, PA BRYN MAWR REHAB HOSPITAL, A MEMBER OF MAIN LINE HEALTH, IS A LEADER IN THE FIELD OF PHYSICAL MEDICINE AND REHABILITATION THE 148-BED, NOT-FOR-PROFIT HOSPITAL OFFERS THE FULL CONTINUUM OF REHABILITATION SERVICES, IN CLUDING ACUTE INPATIENT CARE, AS WELL AS OUTPATIENT SERVICES FOR ADULTS AND ADOLESCENTS T HE RANGE OF ILLNESSES AND INJURIES TREATED AT BRYN MAWR REHAB HOSPITAL INCLUDES TRAUMATIC, MILD TRAUMATIC AND NON-TRAUMATIC BRAIN INJURY, STROKE AND OTHER NEUROLOGICAL DISORDERS, S PINAL CORD INJURY AND AMPUTEE AND ORTHOPEDIC INJURIES AND ILLNESSES IN ADDITION, THE MAIN LINE HEALTH OUTPATIENT REHAB NETWORK PROVIDES REHABILITATION SERVICES AT CONVENIENT LOCAT IONS IN PHILADELPHIA'S WESTERN SUBURBS FOR PATIENTS OF ALL AGES FOR MORE INFORMATION ABOU T BRYN MAWR REHAB HOSPITAL, VISIT MAINLINEHEALTH ORG/REHAB MAIN LINE HEALTH RELATED CENTE RS AND PROGRAMS BEHAVIORAL HEALTH SERVICES BEHAVIORAL HEALTH SERVICES HELPS INDIVIDUALS, C OUPLES, CHILDREN AND FAMILIES ADDRESS AND MANAGE THEIR PERSONAL CHALLENGES WITH A FOCUS ON HEALTHY, PRODUCTIVE SOLUTIONS EXPERIENCED BEHAVIORAL HEALTH SPECIALISTS DEAL WITH MANY F ACTORS THAT AFFECT MENTAL AND EMOTIONAL</p>

Schedule H (Form 990) 2017

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 5		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MAIN LINE HOSPITALS INC-LANKENAU 100 East Lancaster Avenue Wynnewood, PA 19096 www.mainlinehealth.org/lankenau 120401	X	X		X		X	X			A
2	MAIN LINE HOSPITALS INC-BRYN MAWR 130 S Bryn Mawr Avenue Bryn Mawr, PA 19010 www.mainlinehealth.org/brynmawr 280701	X	X		X		X	X			A
3	MAIN LINE HOSPITALS INC-PAOLI 255 W Lancaster Avenue Paoli, PA 19301 www.mainlinehealth.org/paoli 161081	X	X					X			A
4	MAIN LINE HOSPITALS INC-BM REHAB 414 Paoli Pike Malvern, PA 19355 www.mainlinehealth.org/rehab 540201	X									A
5	PHYSICIAN CARE SURGICAL HOSPITAL 454 ENTERPRISE DRIVE ROYERSFORD, PA 19468 WWW.PHYCAREHOSPITAL.COM	X	X								B

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

Form and Line Reference	Explanation
PART V, Section B, LINE 2	<p>FACILITY REPORTING GROUP B IN MAY OF 2017, MAIN LINE HOSPITALS, INC AND THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC ESTABLISHED A LIMITED LIABILITY COMPANY, MLJH, LLC, PURSUANT T O THE PROVISIONS OF THE PENNSYLVANIA UNIFORM LIMITED LIABILITY COMPANY ACT MLJH, LLC WAS FORMED TO INVEST IN PHYSICIAN'S CARE SURGICAL HOSPITAL, LP ("PHYCARE") WHICH OPERATES A SP ECIALTY SURGICAL HOSPITAL LOCATED AT 454 ENTERPRISE DRIVE, ROYERSFORD, PENNSYLVANIA PER I NTERNAL REVENUE CODE SECTION 501(R), AN ORGANIZATION IS CONSIDERED TO OPERATE A HOSPITAL F ACILITY IF IT OWNS A CAPITAL OR PROFITS INTEREST IN AN ENTITY TREATED AS A PARTNERSHIP FOR FEDERAL TAX PURPOSES THAT OPERATES THE HOSPITAL FACILITY ADDITIONALLY, THE FINAL REGULAT IONS CLARIFIED THAT AN ORGANIZATION IS CONSIDERED TO OWN A CAPITAL OR PROFITS INTEREST IN AN ENTITY TREATED AS A PARTNERSHIP FOR FEDERAL TAX PURPOSES IF IT OWNS SUCH AN INTEREST DI RECTLY OR INDIRECTLY THROUGH ONE OR MORE LOWER-TIER ENTITIES THAT ARE TREATED AS PARTNERSH IPS FOR FEDERAL TAX PURPOSES PART V, SECTION B, LINE 3 FACILITY REPORTING GROUP B A HOSP ITAL ORGANIZATION THAT ACQUIRES A HOSPITAL FACILITY (WHETHER THROUGH MERGER OR ACQUISITION) MUST MEET THE REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 501(R)(3) WITH RESPECT TO TH E ACQUIRED HOSPITAL FACILITY BY THE LAST DAY OF THE ORGNIZATION'S SECOND TAXABLE YEAR BEGI NNING AFTER THE DATE ON WHICH THE HOSPITAL FACILITY WAS ACQUIRED IN ACCORDANCE WITH THESE REGULATIONS, THE HOSPITAL FACILITY'S CHNA WILL BE COMPLETED AND MADE WIDELY AVAILABLE ON OR BEFORE JUNE 30, 2019 PART V, Section B, LINE 5 FACILITY REPORTING GROUP A MAIN LINE H OSPITALS, INC CONTRACTED WITH THE PUBLIC HEALTH MANAGEMENT CORPORATION (PHMC) TO CONDUCT A JOINT CHNA FOR THE FOUR ACUTE CARE HOSPITALS AND A CHNA FOR BRYN MAWR REHABILITATION HOS PITAL PHMC HAS CONDUCTED NUMEROUS CHNAS FOR HOSPITALS AND HEALTH SYSTEMS IN SOUTHEASTERN PENNSYLVANIA IN ADDITION TO THEIR EXPERTISE, PHMC CONDUCTED COMMUNITY HEALTH FORUMS IN EA CH OF THE FOUR COUNTIES SERVED BY THE MLH HOSPITALS, SOUGHT INPUT FROM THE COUNTY HEALTH D EPARTMENTS INCLUDING THE PHILADEPHIA DEPARTMENT OF HEALTH, PHILADELPHIA CITY COUNCIL MEMBE RS AS WELL AS SURVEYS OF THE MLH MEDICAL STAFF AND SCHOOL HEALTH NURSES A WIDE RANGING LI ST OF COMMUNITY REPRESENTATIVES WAS INVITED TO THE COUNTY FORUMS AN EFFORT WAS MADE TO EN SURE THAT THE BROAD INTERESTS OF THE COMMUNITY WERE REPRESENTED, INCLUDING PERSONS WITH SP ECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH IN ADDITION TO INFORMATION PROVIDED BY C OMMUNITY REPRESENTATIVES, QUANTITATIVE DATA FROM THE US CENSUS, PENNSYLVANIA DEPARTMENT OF HEALTH AND THE PHMC COMMUNITY HEALTH DATABASE WAS USED IN THE CHNA THE PHMC COMMUNITY HE ALTH DATABASE HAS SURVEY DATA (SEPA HOUSEHOLD HEALTH SURVEY) FROM 10,000 HOUSEHOLDS IN SOU THEASTERN PENNSYLVANIA INCLUDING 3,400 HOUSEHOLDS IN THE MLH HOSPITALS SERVICE AREAS PHMC STAFF HAS EXTENSIVE EXPERIENCE IN SURVEY RESEARCH AND PUBLIC HEALTH HEALTH AREAS PHMC STAFF HAS EXTENSIVE EXPERIENCE</p>

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

Form and Line Reference	Explanation
PART V, Section B, LINE 2	IN SURVEY RESEARCH AND PUBLIC HEALTH HEALTH AREAS PHMC STAFF HAS EXTENSIVE EXPERIENCE IN SURVEY RESEARCH AND PUBLIC HEALTH HEALTH AREAS PHMC STAFF HAS EXTENSIVE EXPERIENCE I N SURVEY RESEARCH AND PUBLIC HEALTH HEALTH RESEARCH AND PUBLIC HEALTH HEALTH

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

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

Form and Line Reference	Explanation
PART V, Section B, LINE 6A	FACILITY REPORTING GROUP A A JOINT CHNA WAS COMPLETED FOR THE FOUR ACUTE HOSPITALS IN THE MAIN LINE HEALTH SYSTEM THIS JOINT CHNA INCLUDED THE MAIN LINE HOSPITALS, INC (BRYN MAWR HOSPITAL, LANKENAU HOSPITAL, AND PAOLI HOSPITAL) AND RIDDLE MEMORIAL HOSPITAL CONCURRENTLY, A CHNA WAS COMPLETED FOR THE BRYN MAWR REHABILITATION HOSPITAL (BMRH), THE REHABILITATION HOSPITAL WITHIN MAIN LINE HOSPITALS, INC THE ACUTE HOSPITALS FOCUSED ON THE GENERAL HEALTH NEEDS OF THE POPULATION WHILE BMRH FOCUSED ON COMMUNITY NEEDS THAT IMPACT THE NEED FOR REHAB SERVICES THE SEPARATE IMPLEMENATION PLANS FOR THE ACUTE HOSPITALS AND BMRH HAVE OVERLAPPING PRIORITY NEEDS FOR INJURY PREVENTION, BEHAVIORAL HEALTH, HEALTHY LIVING, AND CULTURE / DISPARITIES OF CARE

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, Section B, LINE 7A	FACILITY REPORTING GROUP A https://www.mainlinehealth.org/about/community-health-needs-assessment PART V, Section B, LINE 10A FACILITY REPORTING GROUP A https://www.mainlinehealth.org/about/community-health-needs-assessment

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

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

Form and Line Reference	Explanation
PART V, Section B, LINE 11	FACILITY REPORTING GROUP A A JOINT CHNA WAS CONDUCTED FOR THE FOUR ACUTE MAIN LINE HEALTH HOSPITALS, BRYN MAWR HOSPITAL, LANKENAU HOSPITAL, PAOLI HOSPITAL, AND RIDDLE MEMORIAL HOSPITAL A SEPARATE CHNA WAS CONDUCTED FOR BRYN MAWR REHABILITATION HOSPITAL (BMRH) SUBSEQUENTLY, IMPLEMENTATION PLANS TO ADDRESS THE COMMUNITY NEEDS IDENTIFIED FOR EACH OF THE HOSPITALS WERE ADOPTED THE IMPLEMENTATION PLANS ARE DIRECTED TO ADDRESS THE MOST PRESSING NEEDS OF THE COMMUNITY AND THOSE AREAS WHICH PRESENTED THEMSELVES CONSISTENTLY THROUGHOUT OUR FINDING WITH THAT IN MIND, NOT ALL IDENTIFIED NEEDS WERE ADDRESSED SPECIFICALLY FOR A VARIETY OF REASONS THAT ARE DESCRIBED IN DETAIL IN BOTH CHNA IMPLEMENTATION PLANS SOME NEEDS ARE ADDRESSED WITHIN OTHER SELECTED PRIORITIES (LUNG DISEASE IN CANCER) OR BY A MAIN LINE HEALTH SYSTEM PARTNER (ARTHRITIS BY BMRH AND PEDIATRICS BY THE NEMOURS FOUNDATION) THE SERVICE AREAS OF THE ACUTE HOSPITALS AND BMRH OVERLAP SIGNIFICANTLY THE ACUTE CARE HOSPITALS FOCUSED ON THE OVERALL HEALTH OF THE COMMUNITY WHILE BMRH FOCUSED RESOURCES ON MEETING NEEDS OF PATIENTS WHO MIGHT EXPERIENCE A NEED FOR REHABILITATION SERVICES

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

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

Form and Line Reference	Explanation
PART V, Section B, LINES 16A, 16B, 16C	FACILITY REPORTING GROUP A https //www mainlinehealth org/about/policies/charity-care FACILITY REPORTING GROUP B HTTP //WWW PHYCAREHOSPITAL COM/FINANCIAL-ASSISTANCE HTML PART V, Section B, LINE 16G FACILITY REPORTING GROUP A THE FINANCIAL ASSISTANCE POLICY AND NOTICE OF CHARITY CARE ARE MADE AVAILABLE TO THE COMMUNITY SERVED BY EACH HOSPITAL FACILITY IN THE FORM OF NOTICES POSTED IN THE EMERGENCY ROOM AND REGISTRATION AREAS, TAKE AWAY BROCHURES AVAILABLE IN THE EMERGENCY ROOM, WAITING ROOMS, REGISTRATION AREAS, ADMISSION AREAS, THE MLH WEBSITE, AND STATEMENTS REGARDING THE FINANCIAL ASSISTANCE POLICIES ON BILLING STATEMENTS

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 22	FACILITY REPORTING GROUP B ACCORDING TO THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, PATIENTS WHO ARE UNINSURED OR UNDERINSURED FOR A MEDICALLY NECESSARY SERVICE, OR WHO ARE INELIGIBLE FOR GOVERNMENTAL OR OTHER INSURANCE COVERAGE, AND WHO HAVE FAMILY INCOME LESS THAN 200% OF THE FEDERAL POVERTY GUIDELINES ARE ELIGIBLE FOR 100% CHARITY CARE (FINANCIAL ASSISTANCE) SINCE THE ORGANIZATION PROVIDES FULL FINANCIAL ASSISTANCE TO THOSE WHO QUALIFY, FAP-ELIGIBLE INDIVIDUALS RECEIVE A FULL WRITE-OFF BECAUSE THE ORGANIZATION ONLY PROVIDES FULL CHARITY CARE, AND DOES NOT BILL PATIENTS ELIGIBLE FOR CHARITY CARE, PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FAP WILL NOT BE CHARGED THEREFORE, THE ORGANIZATION DOES NOT CALCULATE AMOUNTS GENERALLY BILLED

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Main Line Hospitals Inc

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

23-1352160

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3

3 Enter total number of other organizations listed in the line 1 table

0

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Part I, Line 2	The donations were made to community members to assist with their charitable services within the communities we serve

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ElderNet 9 South Bryn Mawr Avenue Bryn Mawr, PA 19010	23-2005485	501(C)(3)	5,400		cost		Annual donation
The Clinic 143 Church Street Phoenixville, PA 19460	23-3072363	501(C)(3)	30,000		cost		MED DIRECTOR SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	25-1897969	501(C)(3)		17,719	COST		Pediatric Lecture

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Main Line Hospitals Inc	Employer identification number 23-1352160
--	---	--

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

See Additional Data Table

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN. THE CEO AND EVP/CFO/TREASURER ("PARTICIPANTS") PARTICIPATE IN A NONQUALIFIED RETIREMENT PLAN. MAIN LINE HOSPITALS, INC. PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH A FUNDING ARRANGEMENT KNOWN AS A COLLATERAL ASSIGNMENT SPLIT DOLLAR POLICY. THE PLAN PROVIDES THAT THE SYSTEM WILL PAY PREMIUM PAYMENTS ON A LIFE INSURANCE POLICY FOR EACH OF THE PARTICIPANTS DURING THE PARTICIPANTS' LIFE, TO THE EXTENT SERVICE AND VESTING REQUIREMENTS ARE FULFILLED, THE PARTICIPANT CAN BORROW AGAINST VALUES IN THE POLICY TO SUPPLEMENT RETIREMENT INCOME. IT IS REASONABLE TO BELIEVE THAT THE LOAN IS PAID IN FULL UPON THE DEATH OF THE PARTICIPANT. FORGIVEN INTEREST INCLUDED IN PARTICIPANTS' EARNINGS ARE: CEO \$143,865; EVP/CFO/TREASURER \$55,219. SERP DISCLOSURE: Main Line Health, Inc. ("MLH") and its Affiliates provided supplemental retirement benefits through established Supplemental Executive Retirement Plans ("SERP") to select members of Senior Leadership in FY18. SERP benefits funded by MLH are subject to vesting and employment date requirements and are paid out at the conclusion of a predetermined performance period. A performance period is a timeframe of at least twelve months that may cover varying lengths of time for each individual employee. During the performance period of July 1, 2017 through June 30, 2018, benefits for participants vested in a plan were reported in Schedule J, Part II, Column (B) (III) and benefits for participants not yet vested in a plan were reported in Schedule J, Part II, Column (C).
FORM 990, SCHEDULE J, PART I, LINE 7	THE COMPENSATION OF THE CEO, EVP & CHIEF FINANCIAL OFFICER, HOSPITAL PRESIDENTS, AND OTHER SENIOR EXECUTIVES DID INCLUDE A NON-FIXED COMPONENT: PAYMENT OF COMPENSATION BASED UPON PRE-ESTABLISHED QUALITY, PATIENT SAFETY, AND FINANCIAL TARGETS ESTABLISHED AT THE BEGINNING OF THE FISCAL YEAR. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE MAIN LINE HEALTH BOARD IS RESPONSIBLE FOR EVALUATING AND DETERMINING THE APPROPRIATENESS OF THE TARGETS. AFTER REVIEW AND DELIBERATION, THE COMMITTEE DOCUMENTS ITS DECISIONS AND REPORTS TO THE FULL BOARD OF GOVERNORS WHO REVIEW THE COMPENSATION DECISIONS. PAYMENTS ARE MADE TO THE APPROPRIATE INDIVIDUALS BY THE ORGANIZATION WITHIN WHICH THOSE INDIVIDUALS RESIDE FOR PAYROLL REPORTING PURPOSES.

Additional Data

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

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				
1JOHN J LYNCH III CEO & Trustee	(i)	0	0	0	0	0	0	0
	(ii)	1,054,860	571,236	155,865	512,928	43,040	2,337,929	350,316
1Michael J Buongiorno EVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	617,188	296,358	175,081	73,839	46,104	1,208,570	309,154
2BRIAN T CORBETT ESQ SVP, GEN COUNSEL & SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	451,910	181,742	107,754	68,529	42,464	852,399	197,846
3WILLIAM AYERS MD Trustee	(i)	0	0	0	0	0	0	0
	(ii)	412,027	0	5,115	0	31,101	448,243	0
4Andrea Gilbert PRESIDENT, BMH	(i)	526,726	208,810	69,778	99,433	33,442	938,189	174,619
	(ii)	0	0	0	0	0	0	0
5James Paradis PRESIDENT, PH	(i)	411,450	160,507	98,080	68,610	46,644	785,291	191,111
	(ii)	0	0	0	0	0	0	0
6Phillip Robinson PRESIDENT, LMC	(i)	658,528	259,980	161,187	107,511	27,219	1,214,425	307,235
	(ii)	0	0	0	0	0	0	0
7Donna Phillips PRESIDENT, BMRH	(i)	388,251	144,457	109,565	69,721	40,532	752,526	177,037
	(ii)	0	0	0	0	0	0	0
8BONNIE GRAHAM VP, FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	319,334	42,406	750	0	39,674	402,164	0
9ROBERT BENZ VP, MEDICAL AFFAIRS	(i)	307,003	20,721	0	0	29,780	357,504	0
	(ii)	0	0	0	0	0	0	0
10RAYMOND BARALDI VP, MEDICAL AFFAIRS	(i)	271,332	26,055	0	0	27,506	324,893	0
	(ii)	0	0	0	0	0	0	0
11MARGARET IACOBACCI DIRECTOR OF NURSING	(i)	277,358	22,235	0	0	23,734	323,327	0
	(ii)	0	0	0	0	0	0	0
12MARIANNE HARKIN VP, PATIENT CARE SVCS	(i)	271,419	27,144	0	0	19,327	317,890	0
	(ii)	0	0	0	0	0	0	0
13JOHN SCHWARZ VP, ADMINISTRATION	(i)	264,316	27,134	0	0	34,750	326,200	0
	(ii)	0	0	0	0	0	0	0
14BRENDA DEFEO VP, ADMINISTRATION	(i)	261,650	26,590	0	0	24,668	312,908	0
	(ii)	0	0	0	0	0	0	0
15ROBERT FRIED VP, MEDICAL AFFAIRS	(i)	222,747	18,966	0	0	28,319	270,032	0
	(ii)	0	0	0	0	0	0	0
16AJAYA DEVABHAKTUNI CHIEF PHYSICIST	(i)	259,734	0	0	0	41,868	301,602	0
	(ii)	0	0	0	0	0	0	0
17DAVID WANG CHIEF PHYSICIST	(i)	252,426	0	0	0	37,076	289,502	0
	(ii)	0	0	0	0	0	0	0
18DOUGLAS HUGHES DIR OF NURSING OPS, PAOLI HOSP	(i)	209,916	19,441	0	0	40,109	269,466	0
	(ii)	0	0	0	0	0	0	0
19LYNNE STILLEY VP, ADMINISTRATION	(i)	212,474	18,091	0	0	21,571	252,136	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				
21AHMED NAWAZ CHIEF PHYSICIST	(i)	230,126	0	750	0	31,779	262,655	0
	(ii)	0	0	0	0	0	0	0
1CRAIG GOLDBERG SENIOR PHYSICIST	(i)	219,594	0	0	0	34,255	253,849	0
	(ii)	0	0	0	0	0	0	0
2ALBERT CELIDONIO DIRECTOR, PHARMACY	(i)	189,838	16,824	0	0	26,608	233,270	0
	(ii)	0	0	0	0	0	0	0
3FRANCES DIEGNAN ADMIN DIR, IMAGING/DIAGNOSTICS	(i)	189,097	15,646	0	0	20,326	225,069	0
	(ii)	0	0	0	0	0	0	0
4DAVID PHILLIPS EXEC DIR, DEVELOPMENT	(i)	193,475	16,653	0	0	28,980	239,108	0
	(ii)	0	0	0	0	0	0	0
5ELENA CASANOVA-GHOSH NURSE PRACTITIONER - VAD	(i)	194,293	9,260	2,988	0	28,320	234,861	0
	(ii)	0	0	0	0	0	0	0
6HARDING WILLIAMS DIRECTOR, PHARMACY	(i)	177,026	15,970	0	0	35,045	228,041	0
	(ii)	0	0	0	0	0	0	0
7MATTHEW MAGARGAL VP, PATIENT CARE SVCS	(i)	189,141	19,828	1,305	0	33,158	243,432	0
	(ii)	0	0	0	0	0	0	0
8SUSAN VITAL Staff Nurse	(i)	127,309	0	3,786	0	32,550	163,645	0
	(ii)	0	0	0	0	0	0	0
9IVAN SCOTT DIRECTOR OF NURSING	(i)	168,420	13,555	0	0	34,964	216,939	0
	(ii)	0	0	0	0	0	0	0
10YIBING HU SENIOR PHYSICIST	(i)	193,745	0	0	0	29,177	222,922	0
	(ii)	0	0	0	0	0	0	0
11GREGORY PAPA DIRECTOR, HUMAN RESOURCES	(i)	161,656	15,988	0	0	18,031	195,675	0
	(ii)	0	0	0	0	0	0	0
12ROSADELE PLUMARI VP, Administration	(i)	193,989	22,238	0	0	19,313	235,540	0
	(ii)	0	0	0	0	0	0	0
13AMY BENNER DIRECTOR, PHARMACY	(i)	176,825	15,912	0	0	32,435	225,172	0
	(ii)	0	0	0	0	0	0	0
14JEANNE GRAY DIRECTOR OF NURSING	(i)	169,778	14,171	765	0	25,598	210,312	0
	(ii)	0	0	0	0	0	0	0
15CHINWE ONYEKERE Associate Administrator	(i)	168,562	12,555	0	0	20,926	202,043	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Main Line Hospitals Inc

Employer identification number
23-1352160

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JOHN J LYNCH III	OFFICER	SEE SCH J PART I 4A	X		9,560,735	9,743,462		No	Yes		Yes	
(2) MICHAEL J BUONGIORNO	OFFICER	SEE SCH J PART I 4A	X		3,982,777	4,063,823		No	Yes		Yes	
Total						▶ \$ 13,807,285						

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II	THE ENDING YEAR BALANCE HAS BEEN RESTATED FROM THE PRIOR YEAR TO REFLECT THE LOAN BALANCE VS THE ASSET VALUE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
~~Internal Revenue Service~~

Name of the organization
Main Line Hospitals Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

23-1352160

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 15	<p>THE PROCESS FOR DETERMINING THE COMPENSATION PAID TO THE CEO, TOP MANAGEMENT OFFICIALS AND KEY PERSONNEL OF THE ORGANIZATION IS AS FOLLOWS THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE MAIN LINE HEALTH BOARD, USING THE SERVICES OF AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM AND BOTH NATIONAL AND REGIONAL HEALTHCARE DELIVERY MARKET COMPARABLE COMPENSATION DATA, IS RESPONSIBLE FOR THE EVALUATION AND DETERMINATION OF SENIOR EXECUTIVE BENEFITS AND COMPENSATION FOR THE CEO, EVP AND CHIEF FINANCIAL OFFICER, HOSPITAL PRESIDENTS, AND SENIOR VICE PRESIDENTS AFTER REVIEW AND DELIBERATION, THE COMMITTEE DOCUMENTS ITS COMPENSATION DECISIONS AND REPORTS TO THE FULL MAIN LINE HEALTH BOARD OF GOVERNORS THE COMPENSATION PAID TO KEY PERSONNEL OF MAIN LINE HEALTH SYSTEM AND AFFILIATES IS SIMILARLY DETERMINED USING MARKET SURVEY DATA REPRESENTING COMPARABLE POSITIONS IN SIMILAR ORGANIZATIONS AS PROVIDED BY INDEPENDENT CONSULTING FIRMS COMPENSATION RECOMMENDATIONS AT THIS LEVEL ARE REVIEWED AND RECOMMENDED BY MLH COMPENSATION FUNCTION TO MEMBERS OF SENIOR MANAGEMENT FORM 990, PART VI, SECTION B, LINES 16A & 16B WRITTEN POLICIES ARE IN PLACE WITHIN THE ORGANIZATION AND PARTICIPATION WAS EVALUATED AND APPROVED INTERNALLY, AS REQUIRED, TO SAFEGUARD THE ORGANIZATION'S EXEMPT STATUS</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9	<p>OTHER CHANGES IN NET ASSETS INCLUDE THE FOLLOWING ASSETS RELEASED FROM RESTRICTIONS FOR C APITAL PURCHASES \$8,536,526 DECREASE IN THE PENSION PROJECTED BENEFIT OBLIGATION* \$83,634, 805 TRANSFERS TO AFFILIATES (\$17,032,324) TEMPORARILY RESTRICTED NET ASSET INVESTMENT ACTI VITY \$743,822 INCREASE IN PERMANENTLY RESTRICTED INVESTMENT VALUATION \$1,386,017 ----- --- TOTAL \$77,268,846 *IN ACCORDANCE WITH STATEMENT OF FINANCIAL ACCOUNTING STANDARDS NO 158, "EMPLOYERS' ACCOUNTING FOR DEFINED BENEFIT PENSION AND OTHER POSTRETIREMENT PLANS "</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Main Line Hospitals Inc

Employer identification number
23-1352160

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MAIN LINE HEALTH PHYSICIAN PARTNERS LLC 3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 81-2054626	HEALTHCARE	PA	-1,454,843	0	ML HOSPITALS

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) MAIN LINE CORPORATION 240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-1704075	INACTIVE	PA	NA	C CORPORATION	0	0	0 %		No
(2) MOUNTAIN LAUREL RISK RETENTION GROUP 3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 14-1868175	INSURANCE	VT	NA	C CORPORATION	0	0	0 %		No
(3) RIDDLE HEALTH NETWORK LLC 1068 W BALTIMORE PIKE MEDIA, PA 19063 23-2975542	INACTIVE	PA	NA	C CORPORATION	0	0	0 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f Yes	
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LANKENAU INSTITUTE FOR MEDICAL RESEARCH	A	101,250	COST
(2) LANKENAU INSTITUTE FOR MEDICAL RESEARCH	M	389,232	COST
(3) LANKENAU INSTITUTE FOR MEDICAL RESEARCH	Q	2,034,778	COST
(4) LANKENAU INSTITUTE FOR MEDICAL RESEARCH	R	6,628,000	COST

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2814503	HEALTHCARE	PA	501(C)(3)	12, I	NONE		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2331531	HEALTHCARE	PA	501(C)(3)	12, II	MLHS		No
100 LANCASTER AVE WYNNEWOOD, PA 19096 23-2175659	HEALTHCARE	PA	501(C)(3)	4	ML HOSPITALS	Yes	
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2308028	HEALTHCARE	PA	501(C)(3)	10	MLDS		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-1529076	HEALTHCARE	PA	501(C)(3)	3	MLH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 22-2606545	HEALTHCARE	PA	501(C)(3)	12, II	RMH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2900844	PHYSICIAN	PA	501(C)(3)	10	MLH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2215243	HEALTHCARE	PA	501(C)(3)	3	RMH		No
240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-2308668	HEALTHCARE	PA	501(C)(3)	10	MLDS		No
240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-2859148	HEALTHCARE	PA	501(C)(3)	12, I	MLH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2359401	PHYSICIAN MGM	PA	501(C)(3)	12, I	MLH		No
240 RADNOR-CHESTER ROAD RADNOR, PA 19087 22-2440273	REAL ESTATE	PA	501(C)(3)	12, I	MLH		No
3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2359402	HEALTHCARE	PA	501(C)(3)	12, II	MLDS		No
130 SOUTH BRYN MAWR AVE BRYN MAWR, PA 19010 23-2179020	FUNDRAISING	PA	501(C)(3)	7	NA		No
100 LANCASTER AVE WYNNEWOOD, PA 19096 23-2176723	FUNDRAISING	PA	501(C)(3)	7	NA		No
255 WEST LANCASTER AVE PAOLI, PA 19301 23-2359407	FUNDRAISING	PA	501(C)(3)	7	NA		No
414 PAOLI PIKE MALVERN, PA 19355 23-2507348	FUNDRAISING	PA	501(C)(3)	7	NA		No
240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-2306936	FUNDRAISING	PA	501(C)(3)	7	MLHHH		No
1068 WEST BALTIMORE PIKE MEDIA, PA 19063 04-3601189	FUNDRAISING	PA	501(C)(3)	7	NA		No
1105 N MARKET ST SUITE 1300 WILMINGTON, DE 19899 20-4191006	INSURANCE	DE	501(C)(3)	12, I	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 LANCASTER AVE WYNNEWOOD, PA 19096 20-0106546	HOSP SUPPORT	PA	501(C)(3)	12, III	NA		No
130 South Bryn Mawr Ave Bryn Mawr, PA 19010 82-5397205	HEALTHCARE	PA	501(C)(3)	7	MLDS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BMHR ASSOCIATES 240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-2311589	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
MAIN LINE HEALTH IMAGING LP 100 LANCASTER AVE WYNNEWOOD, PA 19096 23-2409186	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
PAOLI AMBULATORY SURGERY CENTER 1 INDUSTRIAL BLVD PAOLI, PA 19301 62-1595402	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
RIDDLE DIALYSIS LLC (DAVITA) 100 GRANITE DRIVE MEDIA, PA 19063 20-8438006	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
RIDDLE SURGICAL CENTER LLC 1118 WEST BALTIMORE PIKE MEDIA, PA 19063 26-3899068	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
RMH HEALTH CARE CENTER ASSOCIATES 3803 WEST CHESTER PIKE STE 250 NEWTOWN SQUARE, PA 19073 23-2236644	OFFICE RENTAL	PA	NA	N/A	0	0		No			No	0 %
MAIN LINE HEALTH REAL ESTATE LP 240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-3089503	REAL ESTATE	PA	NA	N/A	-531,356	0		No		Yes		48 260 %
MAIN LINE HEALTH REALTY LLC 240 RADNOR-CHESTER ROAD RADNOR, PA 19087 23-3089502	REAL ESTATE	PA	NA	N/A	-18,118	0		No		Yes		49 000 %
ACCOUNTABLE CARE ORGANIZATION OF PA LLC 259 N RADNOR CHESTER ROAD RADNOR, PA 19087 27-4553972	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %
BRYN MAWR SURGERY CENTER LLC 130 SOUTH BRYN MAWR AVE BRYN MAWR, PA 19010 47-2590785	HEALTHCARE	PA	NA	N/A	-3,764,018	9,578,899		No		Yes		51 000 %
120 VALLEY GREEN LANE LLC 240 RADNOR-CHESTER ROAD SUITE 260 RADNOR, PA 19087 82-3428069	HEALTHCARE	PA	NA	N/A	0	0		No			No	0 %