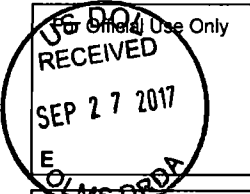


FORM LM-10 EMPLOYER REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

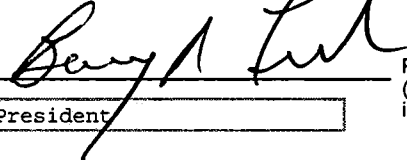
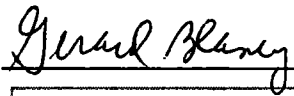
656206

Part A

1. File Number E- <input type="text" value="64817"/>		2. Fiscal Year Covered From: <input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2016"/> Through: <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>	
3. Name and address of Reporting Employer (inc. trade name, if any). Employer <input type="text" value="Albert Einstein Healthcare Network"/> Trade Name <input type="text"/> Attention To <input type="text" value="Sarah"/> <input type="text" value="Cartin"/> Title <input type="text" value="Dir, Employee and Labor Relations"/> Mailing Address P.O. Box, Bldg., Room No., if any <input type="text" value="Sheerr Building Rm 102"/> Street <input type="text" value="5501 Old York Road"/> City <input type="text" value="Philadelphia"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="19141"/>		4. Name and address of President or corresponding principal officer, if different from address in Item 3. Name <input type="text" value="Barry"/> <input type="text" value="Freedman"/> P.O. Box, Building and Room Number, If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	
5. Any other address where records necessary to verify this report will be available for examination. Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>		6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination. <input checked="" type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input type="checkbox"/> Address in Item 5	
7. Type of organization. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (specify) <input type="text" value="501 (c) (3) Non Profit Organization"/>			

Signatures

Each of the undersigned, duly authorized officers of the above employer declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VIII on penalties in the instructions.)

13. Signed  Title <input type="text" value="President"/> On <input type="text" value="9/25/2017"/> <input type="text" value="215 456-7010"/> Date Telephone Number	14. Signed  Title <input type="text" value="Treasurer"/> On <input type="text" value="9/25/2017"/> <input type="text" value="215 456-6020"/> Date Telephone Number
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Name of Reporting Employer: Albert Einstein Healthcare Network

File Number E- 64817

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8.a. through 8.f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

	YES	NO	If "Yes", number of Part Bs attached
8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5
8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS 5

Part B

Name of Reporting Employer: Albert Einstein Healthcare Network	File Number E- 64817
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input checked="" type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). <u>Independent Labor Consultant</u>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input type="text"/> HMD Consulting Services Inc P.O. Box, Building and Room Number, if any <input type="text"/> Suite 253 Street <input type="text"/> 18530 Mack Avenue City <input type="text"/> Grosse Pointe Farms State <input type="text"/> Michigan ZIP Code + 4 <input type="text"/> 48236
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input type="text"/> 2/25/16	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input type="text"/> 10/27/16	<input type="text"/> 22,014	<input type="text"/> Payment (cash)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Albert Einstein Healthcare Network requested the services of HMD Consulting to engage with employees at its 5501 Old York Road, Philadelphia location for the purpose of training employees regarding their rights under the National Labor Relations Act. Topics discussed included the NRLB election process, collective bargaining, the employer's position on unions, and the employer's benefits, policies and procedures.

Part B

Name of Reporting Employer: Albert Einstein Healthcare Network	File Number 64817
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input checked="" type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Independent Labor Consultant
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization The Labor Pros P.O. Box, Building and Room Number, if any Suite 2300 Street 390 N. Orange Avenue City Orlando State Florida ZIP Code + 4 32801
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. 11/29/16	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
12/20/16	10,000	Payment (cash)
1/19/17	46,750	Payment (cash)
1/19/17	41,302	Payment (cash)
3/9/17	41,910	Payment (cash)
3/9/17	39,379	Payment (cash)

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Albert Einstein Healthcare Network requested the services of The Labor Pros to engage with employees at its 5501 Old York Road, Philadelphia location for the purpose of training employees regarding their rights under the National Labor Relations Act. Topics discussed included the NLRB election process, collective bargaining, the employer's position on unions, and the employer's benefits, policies and procedures.

Part B

Name of Reporting Employer: Albert Einstein Healthcare Network	File Number 64817
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input checked="" type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Independent Labor Consultant
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input type="text"/> Kulture Consulting LLC P.O. Box, Building and Room Number, if any <input type="text"/> PO Box 2877 Street <input type="text"/> City <input type="text"/> Pawleys Island State <input type="text"/> South Carolina ZIP Code + 4 <input type="text"/> 29585
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input type="text"/> 3/7/16	10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input type="text"/> 7/27/16	<input type="text"/> 44,831	<input type="text"/> Payment (cash)
<input type="text"/> 8/12/16	<input type="text"/> 33,247	<input type="text"/> Payment (cash)
<input type="text"/> 9/29/16	<input type="text"/> 23,406	<input type="text"/> Payment (cash)
<input type="text"/> 11/12/16	<input type="text"/> 31,343	<input type="text"/> Payment (cash)
<input type="text"/> 11/15/16	<input type="text"/> 29,830	<input type="text"/> Payment (cash)

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Albert Einstein Healthcare Network requested the services of Kulture Consulting to engage with employees at its 5501 Old York Road, Philadelphia location for the purpose of training employees regarding their rights under the National Labor Relations Act. Topics discussed included the NLRB election process, collective bargaining, the employer's position on unions, and the employer's benefits, policies and procedures.

Part B

Name of Reporting Employer: Albert Einstein Healthcare Network	File Number 64817
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input checked="" type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Independent Labor Consultant
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input type="text"/> DES Services P.O. Box, Building and Room Number, if any <input type="text"/> Unit E Street <input type="text"/> 143 N 22nd Street City <input type="text"/> Philadelphia State <input type="text"/> Pennsylvania ZIP Code + 4 <input type="text"/> 19103
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input type="text"/> 8/10/12	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input type="text"/> 2/23/17	<input type="text"/> 91,408	<input type="text"/> Payment (cash)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Albert Einstein Healthcare Network requested the services of DES Services to engage with employees at its 5501 Old York Road, Philadelphia location for the purpose of training employees regarding their rights under the National Labor Relations Act. Topics discussed included the NRLB election process, collective bargaining, the employer's position on unions, and the employer's benefits, policies and procedures.

Part B

Name of Reporting Employer: Albert Einstein Healthcare Network	File Number 64817
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). <u>Independent Labor Consultant</u>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input type="text"/> <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <u>Employer Labor Solutions</u> P.O. Box, Building and Room Number, if any <u>Suite 251-151</u> Street <u>4843 Colleyville Blvd</u> City <u>Colleyville</u> State <u>Texas</u> ZIP Code + 4 <u>76034</u>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <u>6/1/16</u>	10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<u>8/3/16</u>	<u>21,851</u>	<u>Payment (cash)</u>
<u>8/3/16</u>	<u>32,286</u>	<u>Payment (cash)</u>
<u>9/8/16</u>	<u>14,674</u>	<u>Payment (cash)</u>
<u>9/8/16</u>	<u>22,672</u>	<u>Payment (cash)</u>
<u>9/8/16</u>	<u>23,144</u>	<u>Payment (cash)</u>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Albert Einstein Healthcare Network requested the services of Employer Labor Solutions to engage with employees at its 5501 Old York Road, Philadelphia location for the purpose of training employees regarding their rights under the National Labor Relations Act. Topics discussed included the NLRB election process, collective bargaining, the employer's position on unions, and the employer's benefits, policies and procedures.

