U.S. Department of Labor Office of Labor-Management Standards
 Washington, DC 20210

## FORM LM-10 EMPLOYER REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 03-31-2019

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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 Part A

656206

Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) 2. Fiscal Year 1. File Number E- 64817 Covered 07 / 01 / 2016 06 / 30 / 2017 From Through: 3. Name and address of Reporting Employer (inc. trade name, if any). 4. Name and address of President or corresponding principal officer, if different from address in Item 3. Employer Albert Einstein Healthcare Network Name Barry Freedman Trade Name Attention To Sarah Cartin P.O. Box, Building and Room Number, If any Title Dir, Employee and Labor Relations Street Mailing Address P.O. Box, Bldg., Room No., if any Sheerr Building Rm 102 City Street 5501 Old York Road ZIP Code + 4 State Philadelphia ZIP Code + 4 19141 State Pennsylvania 5. Any other address where records necessary to verify this report will be 6. Indicate by checking the appropriate box or boxes where records available for examination. necessary to verify this report will be available for examination. Name Address in Item 3 Title Address in Item 4 Organization Address in Item 5 P.O. Box, Building and Room Number, If any Street City State ZIP Code + 4 7. Type of organization. Corporation Partnership Individual Other (specify) 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 compete, and complete. (See Section VIII on penalties in the instructions.) President Treasurer 13. Signed (if other title, see (if other title, see instructions) instructions) Presiden Treasurer

215 456-7010

Telephone Number

215 456-6020

Name of Reporting Employer: Albert Einstein Healthcare Network	File Number E- 64817
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8. Type of Reportable Activity Engaged In By Employer			
Read the following questions and the accompanying instructions carefully, taking into conside the instructions for these items, and check either "Yes" or "No" for each item. For each item the attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer Also, if the answer is "Yes" for more than one person or organization, complete a separate Part organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item is	at is ans to any c art B for	wered of Item each <sub>I</sub>	l "Yes", you must is 8.a. through 8.f. person or
DURING THE FISCAL YEAR COVERED BY THIS REPORT:			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?	YES	NO X	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?	YES	NO X	<u> </u>
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?	YES	NO X	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?	YES	NO X	<u></u> 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?	YES	NO	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?	YES	NO X	0
TOTAL NUMBER OF PART Bs FOR THIS	S REPOR	RT IS	5

Name of Reporting Employer: Albert	Einstein He	ealthcare Net	work File Number E- 64817				
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ІТЕМ 8.Ь	ITEM 8.c	ITEM 8.d	ITEM 8.e ☒	ITEM 8.f	
		1				<u>.                                    </u>	
9.a. Agreement Payment	☐ Both		9.c. Position In lab	nt, so state).		n independent	
			Indepen	dent Labor Co	nsultant		
Name and address of person with separate agreement was made or made.			9.d. Name and ad employed or		oor organization w	ith whom	
Name	······································		Organization				
• • • • • • • • • • • • • • • • • • •			HMD Consult	ing Services	Inc		
P.O. Box, Building and Room Number, if a	nv		P.O. Box. Building	g and Room Number	: if anv		
			Suite 2	······			
Street			C4				
Street			[10330]	Mack Aveneue			
City			City Grosse	Pointe Farms			
State	ZIP Code + 4		State Michiga	an	ZIP Code +	4 48236	
				<u> </u>			
10.a. Date of the promise, agreement, of			10.b. The promise, ag	reement, or arrangem	ent was:	·	
which payments or expenditures v	vere agreed to or	made.	☐ Oral	₩ritten*	Both		
2/25/16			_	حت ا			
			(*Written agreen	nents entered into duri	ng the fiscal year must	be attached.)	
	1	1					
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)				
experiantire ( mm/dd/yyyy ).	or experie		payment of	ioan, and whether	in cash or propert	y)	
10/27/16		22,014	Payment (cas	h)			
				<u> </u>			
					<del></del>		
	L			· · · · · · · · · · · · · · · · · · ·			
12. Explain fully the circumstances of all payme	nts, including the ter	ms of any oral agreer	ment or understanding p	oursuant to which they	were made.		
Albert Einstein Healthcare							
at its 5501 Old York Road, their rights under the Nati							
process, collective bargain							
policies and procedures.	- <b>-</b>	- <b>-</b>			-	noodowaaa	
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						nonone e e e e e e e e e e e e e e e e e	
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Name of Reporting Employer: Albert	mployer: Albert Einstein Healthcare Network			File N	File Number 64817		
Check Item Number (from Page 2)			ITEM 8.c	ITEM 0 4 D	ITEM 0 - 1	ITEM 04 🗆	
to which this Part B applies	ITEM 8.a 🗌	ITEM 8.b	ITEM 8.C	ITEM 8.d 🔲	ITEM 8.e 🗵	ITEM 8.f	
9.a. Agreement Payment	☐ Both		9.c. Position In labor organization or with employer (if an independent labor consultant, so state).  Independent Labor Consultant				
9.b. Name and address of person with a separate agreement was made or the made.	-	1	9.d. Name and ad employed or		oor organization wi	th whom	
Name			Organization The Labor P	ros			
P.O. Box, Building and Room Number, if a Street City State	ZIP Code + 4		Suite 2	Orange Avenue		4 32801	
10.a. Date of the promise, agreement, of which payments or expenditures w 11/29/16	•		10.b. The promise, ag  Oral  (*Written agreem	⊠ Written*	ent was:  Both  ng the fiscal year must	be attached.)	
11.a. Date of each payment or expenditure ( mm/dd/yyyy ).	11.b. Amount of expend	of each payment diture			nditure (Specify who in cash or property		
12/20/16 1/19/17 1/19/17 3/9/17 3/9/17		10,000 46,750 41,302 41,910 39,379	Payment (cas Payment (cas Payment (cas Payment (cas Payment (cas	h) h)			
12. Explain fully the circumstances of all payme	nts, including the ter	ms of any oral agreer	nent or understanding p	oursuant to which they	were made.		
Albert Einstein Healthcare at its 5501 Old York Road, their rights under the Nati process, collective bargain policies and procedures.	Philadelphia onal Labor F	location for elations Act	r the purpose . Topics disc	of training e	employees regarded the NRLB el	arding Lection	
						ние в веродения в в веродения в веродения в в веродения в веродения в веродения в в веродения в в веродения в веродения в веродения в веродения в в веродения в веродения в веродения в веродения в в веродения в в в в в в в веродения в веродения в в в в в в в в в в в в в в в в в в в	

Name of Reporting Employer: Albert Einstein Healthcare Network

File Number E- 64817

1.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).
3/9/17	48,224	Payment (cash)
3/9/17	36,446	Payment (cash)
4/25/17	13,930	Payment (cash)
4/25/17	13,660	Payment (cash)
4/25/17	23,993	Payment (cash)
1/19/17	45,626	Payment (cash)
1/19/17	43,021	Payment (cash)
4/25/17	13,581	Payment (cash)
5/10/17	43,328	Payment (cash)
5/22/17	4,860	Payment (cash)
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Martin Barrier Committee (1975) and the committee of the		
	Based College	

Name of Reporting Employer: Albert	rt Einstein Healthcare Network			File N	File Number 64817		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ІТЕМ 8.Ь	ITEM 8.c	ITEM 8.d	ITEM 8.e 🗵	ITEM 8.f	
9.a. Agreement Payment	☐ Both		9.c. Position In labor organization or with employer (if an independent labor consultant, so state).  Independent Labor Consultant				
Name and address of person with v separate agreement was made or t made.	_		9.d. Name and ad employed or		bor organization w	ith whom	
Name			Organization Kulture Con	sulting LLC			
P.O. Box, Building and Room Number, if a  Street  City  State	ny ZIP Code + 4		Street Pawleys	g and Room Numbe 2877 3 Island Carolina	ziP Code +	4 29585	
	te of the promise, agreement, or arrangement pursuant to ich payments or expenditures were agreed to or made.  [3/7/16]			10.b. The promise, agreement, or arrangement was:    X Oral			
11.a. Date of each payment or expenditure ( mm/dd/yyyy ).	11.b. Amount of expend	of each payment diture			nditure (Specify who r in cash or propert		
7/27/16 8/12/16 9/29/16 11/12/16 11/15/16		44,831 33,247 23,406 31,343 29,830	Payment (cas Payment (cas Payment (cas Payment (cas Payment (cas	h) h)			
12. Explain fully the circumstances of all payments Albert Einstein Healthcare is employees at its 5501 Old Yoregarding their rights under election process, collective benefits, policies and process.	Network requork Road, Phore the Nation e bargaining	ested the se iladelphia l	rvices of Kult ocation for th ations Act. T	ure Consulti e purpose of opics discus	ng to engage of training employed included	loyees the NRLB	

Name of Reporting Employer: Albert Einstein Healthcare Network

File Number E- 64817

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).		
11/15/16	23,374	Payment (cash)		
12/20/16	23,505	Payment (cash)		
1/19/17	34,196	Payment (cash)		
1/19/17	29,287	Payment (cash)		
2/27/17	22,728	Payment (cash)		
2/27/17	24,798	Payment (cash)		
3/7/17	21,876	Payment (cash)		
3/7/17	18,209	Payment (cash)		
3/7/17	21,230	Payment (cash)		
5/23/17	20,089	Payment (cash)		
5/23/17	8,969	Payment (cash)		
6/8/17	19,339	Payment (cash)		
6/8/17	5,884	Payment (cash)		
8/12/16	45,106	Payment (cash)		
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Name of Reporting Employer: Alber	eporting Employer: Albert Einstein Healthcare Network			twork File Number 64817			
Check Item Number (from Page 2) to which this Part B applies	, , , , , , , , , , , , , , , , , , ,			ITEM 8.d	ITEM 8.e ⊠	ITEM 8.f	
9.a. Agreement Payment	☐ Both		9.c. Position In lab	-	with employer (if a	n independent	
			Formanianianianianianianiania	dent Labor Co	nsultant	- VI	
9.b. Name and address of person with	whom or through	whom a	9.d. Name and ad	dress of firm or lat	or organization wi	th whom	
separate agreement was made or made.	_	I	employed or				
Name Name		<del></del>	Organization				
		i	DES Service	S			
P.O. Box, Building and Room Number, if	any		P.O. Box, Building	g and Room Number	, if any		
			Unit E				
Street			Street 143 N 2	22nd Street			
City	***************************************	management of the second of th	City Philade	······································		www.commonstati	
			**************************************		ZIP Code +	4/3.03.03	
State	ZIP Code + 4	L	State Pennsy	ıvanıa	Zir Code + i	4 19103	
10.a. Date of the promise, agreement,	or arrangement p	ursuant to	10.b. The promise, ag	reement, or arrangem	ent was:	-	
which payments or expenditures	•			S 141-111-11			
8/10/12			Oral Written* Both				
			(*Written agreen	nents entered into durir	ng the fiscal year must	be attached.)	
	T	l	T				
11.a. Date of each payment or expenditure ( mm/dd/yyyy ).	11.b. Amount of expendence	of each payment diture		n payment or exper loan, and whether			
2/23/17		91,408	Payment (cas	h)			
	<u> </u>		12-07				
	L			<u>.</u>	#C		
	<u> </u>		1				
12. Explain fully the circumstances of all paym	ents, including the te	rms of any oral agreer	nent or understanding p	oursuant to which they	were made.		
Albert Einstein Healthcare						molovees	
at its 5501 Old York Road,	Philadelphia	a location for	r the purpose	of training e	mployees rega	arding	
their rights under the Nat process, collective bargai							
policies and procedures.				,			
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						Victor	
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value de la constant						Willest Company	
<b>4</b>						WWW	
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Name of Reporting Employer: Alber	t Einstein H	Einstein Healthcare Network				File Number 64817		
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	ITEM 8.b	ITEM 8.c	ITEM 8.d 🔲	ITEM 8.e	ITEM 8.f		
9.a. Agreement Payment	☐ Both		9.c. Position In labor organization or with employer (if an independent labor consultant, so state).  Independent Labor Consultant					
Name and address of person with separate agreement was made or made.			9.d. Name and addeniemployed or a		oor organization wi	th whom		
Name	***		Organization Employer La	bor Solutions	<b>b</b>			
P.O. Box, Building and Room Number, if  Street  City  State	any ZIP Code + 4		Suite 2	olleyville Bl		4 76034		
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.  6/1/16			10.b. The promise, agreement, or arrangement was:					
11.a. Date of each payment or expenditure ( mm/dd/yyyy ).	11.b. Amount of or expend	of each payment diture			nditure (Specify who in cash or property			
8/3/16 8/3/16 9/8/16 9/8/16 9/8/16		21,851 32,286 14,674 22,672 23,144	Payment (cas Payment (cas Payment (cas Payment (cas Payment (cas	h) h) h)				
12. Explain fully the circumstances of all paymond Albert Einstein Healthcare employees at its 5501 Old regarding their rights under election process, collection benefits, policies and process.	Network requirements of the Network Road, Pher the Nation ve bargaining	ested the se iladelphia l al Labor Rel	rvices of Emplocation for that	oyer Labor So e purpose of opics discuss	olutions to en training empl sed included t	loyees the NRLB		
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Name of Reporting Employer: Albert Einstein Healthcare Network

File Number E- 64817

.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).
9/30/16	14,886	Payment (cash)
9/30/16	13,090	Payment (cash)
1/2/17	14,914	Payment (cash)
10/27/16	14,105	Payment (cash)
11/15/16	16,897	Payment (cash)
10/27/16	15,624	Payment (cash)
10/27/16	12,986	Payment (cash)
10/27/16	15,974	Payment (cash)
11/17/16	15,884	Payment (cash)
11/15/16	9,919	Payment (cash)
12/16/16	31,075	Payment (cash)
1/2/17	30,016	Payment (cash)
1/19/17	25,754	Payment (cash)
3/1/17	13,059	Payment (cash)
3/7/17	39,650	Payment (cash)
3/7/17	24,924	Payment (cash)
3/7/17	34,060	Payment (cash)
3/27/17	45,854	Payment (cash)
3/27/17	32,218	Payment (cash)
3/27/17	30,394	Payment (cash)
3/27/17	27,682	Payment (cash)
3/27/17	27,251	Payment (cash)
3/27/17	27,458	Payment (cash)
3/27/17	26,546	Payment (cash)
3/27/17	26,724	Payment (cash)
3/27/17	27,176	Payment (cash)
4/28/17	14,090	Payment (cash)
5/24/17	10,078	Payment (cash)
6/28/17	14,408	Payment (cash)
3/31/17	27,383	Payment (cash)
3/10/17	22,327	Payment (cash)
	Notice to the second se	