

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2100 MACK BLVD PO BOX 4000

City or town, state or province, country, and ZIP or foreign postal code
ALLENTOWN, PA 181054000

D Employer identification number
23-1352202

E Telephone number
(484) 884-0130

F Name and address of principal officer
BRIAN A NESTER
2100 MACK BLVD PO BOX 4000
ALLENTOWN, PA 181054000

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 LVHN ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2008

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO MAKE A POSITIVE DIFFERENCE IN THE SCOPE AND QUALITY OF HEALTHCARE FOR THE SCHUYLKILL COMMUNITY

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)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,306
6 Total number of volunteers (estimate if necessary)	48
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	179,247	131,538
9 Program service revenue (Part VIII, line 2g)	48,810,219	149,043,268
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,259,871	230,056
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	826,363	2,679,899
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,075,700	152,084,761
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	41,340,483	69,849,639
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,475		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,236,168	79,975,359
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	69,576,651	149,824,998
19 Revenue less expenses Subtract line 18 from line 12	-17,500,951	2,259,763
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	155,180,965	139,187,793
21 Total liabilities (Part X, line 26)	135,969,599	123,644,855
22 Net assets or fund balances Subtract line 21 from line 20	19,211,366	15,542,938

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2020-05-06

ROBERT THOMAS ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

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

LEHIGH VALLEY HOSPITAL - SCHUYLKILL'S MISSION IS TO MAKE A POSITIVE DIFFERENCE IN THE SCOPE AND QUALITY OF HEALTHCARE AVAILABLE FOR THE SCHUYLKILL COUNTY COMMUNITY

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 \$ 134,898,259 including grants of \$) (Revenue \$ 149,043,268)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 134,898,259

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 Compliance

Check 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 87	
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	

<p>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</p>	2a	1,306			
<p>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)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b		
<p>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)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			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?					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	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					
<p>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</p>	13b		13a		
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website (checked), Another's website (checked), Upon request (checked), 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: THE ORGANIZATION 2100 MACK BLVD PO BOX 4000 ALLENTOWN, PA 181054000 (484) 884-0130

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants) and 1g-1h (Total).

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f (Program Service Revenue) and 2g (Total).

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 (Other Revenue) and 11a-11e (Miscellaneous Revenue).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	877,492	877,492		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	56,578,975	52,819,175	3,759,800	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,099,252	1,119,719	-20,467	
9 Other employee benefits	7,058,272	5,849,397	1,208,875	
10 Payroll taxes	4,235,648	3,507,116	728,532	
11 Fees for services (non-employees)				
a Management				
b Legal	6,985	6,985		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,241,323	12,671,123	4,570,200	
12 Advertising and promotion	191,703	163,970	26,258	1,475
13 Office expenses	455,096	442,440	12,656	
14 Information technology	367,921	367,921		
15 Royalties				
16 Occupancy	4,915,922	4,480,099	435,823	
17 Travel	219,578	215,567	4,011	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,229	28,222	1,007	
20 Interest	2,537,276	2,537,276		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,225,661	1,733,453	3,492,208	
23 Insurance	1,485,918	1,485,918		
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 MEDICAL SUPPLIES	19,301,592	19,158,483	143,109	
b BAD DEBT EXPENSE	13,312,420	13,312,420		
c CONTRACT PERSONNEL	8,748,093	8,748,093		
d PURCHASED SERVICES	2,851,702	2,551,378	300,324	
e All other expenses	3,084,940	2,822,012	262,928	
25 Total functional expenses. Add lines 1 through 24e	149,824,998	134,898,259	14,925,264	1,475
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,580	1	4,105
	2 Savings and temporary cash investments	2,803,059	2	3,877,030
	3 Pledges and grants receivable, net	545,343	3	2,154,862
	4 Accounts receivable, net	16,070,898	4	11,018,627
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,394,758	8	1,457,861
	9 Prepaid expenses and deferred charges	1,551,482	9	1,526,244
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 50,847,039		
	b Less accumulated depreciation	10b 14,906,451	37,805,696	10c 35,940,588
	11 Investments—publicly traded securities	6,718,754	11	6,532,493
	12 Investments—other securities See Part IV, line 11	7,059,646	12	6,035
	13 Investments—program-related See Part IV, line 11	313,810	13	362,302
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	80,912,939	15	76,307,646
16 Total assets. Add lines 1 through 15 (must equal line 34)	155,180,965	16	139,187,793	
Liabilities	17 Accounts payable and accrued expenses	15,821,380	17	11,680,025
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	76,435,463	20	61,535,963
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	43,712,756	25	50,428,867
	26 Total liabilities. Add lines 17 through 25	135,969,599	26	123,644,855
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	13,428,346	27	9,607,797
	28 Temporarily restricted net assets	179,876	28	497,649
	29 Permanently restricted net assets	5,603,144	29	5,437,492
	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	19,211,366	33	15,542,938	
34 Total liabilities and net assets/fund balances	155,180,965	34	139,187,793	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,084,761
2	Total expenses (must equal Part IX, column (A), line 25)	2	149,824,998
3	Revenue less expenses Subtract line 2 from line 1	3	2,259,763
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,211,366
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	382,870
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,311,061
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,542,938

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-1352202

Name: LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Form 990 (2018)

Form 990, Part III, Line 4a:

LEHIGH VALLEY HOSPITAL - SCHUYLKILL (LVH-S), THROUGH THE COMBINED EFFORTS OF ITS HIGHLY QUALIFIED MEDICAL STAFF, EMPLOYEES, AND VOLUNTEERS, OFFERS A BROAD RANGE OF HEALTHCARE SERVICES TO THE RESIDENTS OF SCHUYLKILL COUNTY, PA INPATIENT HEALTHCARE SERVICES ARE PROVIDED IN MATERNITY, PEDIATRIC, ACUTE AND CRITICAL CARE, ACUTE INPATIENT REHABILITATION UNIT AND BEHAVIORAL HEALTH SERVICES THERE WERE OVER 40,000 EMERGENCY DEPARTMENT VISITS DURING THE YEAR LVH-S PROVIDES THE ONLY INPATIENT BEHAVIORAL HEALTH SERVICES IN THE COUNTY IN FY 19 WE SERVED 165 ADOLESCENT, 771 ADULT AND 201 GERIATRIC (1137 TOTAL ADMISSIONS) IN OUR HOSPITAL THIS SERVICE TO A VERY VULNERABLE, OFTEN UNDER OR UNINSURED POPULATION CONTINUES MEET A CRITICAL COMMUNITY NEED ADDITIONAL WE SERVE ANOTHER VULNERABLE POPULATION WITH OUR DRUG AND ALCOHOL COUNSELING CENTER THIS CENTER HAS NEARLY 7000 PATIENT VISITS PER YEAR LVH-S PROVIDES A WIDE ARRAY OF DIAGNOSTIC AND TREATMENT PROGRAMS INCLUDING A HOSPITAL-BASED HOME HEALTH DEPARTMENT, PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPIES, OCCUPATIONAL MEDICINE, AS WELL AS CT, MRI, MAMMOGRAPHY, ULTRASOUND, DEXA SCAN, NUCLEAR MEDICINE, AND OTHER IMAGING TECHNOLOGIES WITH A HIGH INCIDENCES OF DIABETES AND VASCULAR DISEASE WE SERVE OUR COMMUNITY WITH INTERVENTIONAL RADIOLOGY, WOUND CARE AND HYPERBARIC MEDICINE THE INDUSTRA-MED PROGRAM OF THE MEDICAL CENTER PROVIDED OCCUPATIONAL AND INDUSTRIAL HEALTH SERVICES TO OVER 200 OF THE REGION'S EMPLOYERS THE MEDICAL CENTER PROVIDES MANY COMMUNITY OUTREACH AND EDUCATIONAL PROGRAMS THROUGHOUT THE YEAR AS WELL AS SCREENINGS, EVENTS, AND HEALTH FAIR PARTICIPATION THROUGH A PARTNERSHIP WITH A LOCAL AREA ON AGING GROUP (DIAKON), LVH-S PROVIDES FREE FLU SHOTS TO THE VULNERABLE SENIOR CITIZEN POPULATION DURING SEVERE FLOODING IN OUR COUNTY, LVH-S PROVIDE FREE FOOD, MEDICAL SUPPLIES, SHOWER FACILITIES AND TETANUS VACCINATIONS TO COMMUNITY MEMBERS AND FIRST RESPONDERS ON SEPTEMBER 16, 2016, LEHIGH VALLEY HEALTH NETWORK (LVHN) AND SCHUYLKILL HEALTH SYSTEM MERGED, WITH LVHN BECOMING THE PARENT ORGANIZATION OF SCHUYLKILL MEDICAL CENTER - SOUTH JACKSON STREET DBA LEHIGH VALLEY HOSPITAL - SCHUYLKILL SOUTH JACKSON STREET, SCHUYLKILL MEDICAL CENTER - EAST NORWEGIAN STREET DBA LEHIGH VALLEY HOSPITAL - SCHUYLKILL EAST NORWEGIAN STREET, SCHUYLKILL HEALTH SYSTEM MEDICAL GROUP, INC DBA LEHIGH VALLEY PHYSICIAN GROUP SCHUYLKILL, SCHUYLKILL REHABILITATION CENTER, INC DBA LEHIGH VALLEY HEALTH NETWORK REHABILITATION CENTER SCHUYLKILL, AND SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION DBA LEHIGH VALLEY HEALTH NETWORK DEVELOPMENT CORPORATION - SCHUYLKILL IN ADDITION, SCHUYLKILL MEDICAL CENTER - SOUTH JACKSON STREET AND SCHUYLKILL MEDICAL CENTER - EAST NORWEGIAN STREET MERGED EFFECTIVE JUNE 1, 2018 UNDER THE MERGER, SCHUYLKILL MEDICAL CENTER - SOUTH JACKSON STREET IS THE SURVIVING ORGANIZATION EFFECTIVE UPON MERGER, SCHUYLKILL MEDICAL CENTER - SOUTH JACKSON STREET CHANGED ITS LEGAL NAME TO LEHIGH VALLEY HOSPITAL - SCHUYLKILL

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			
ANTHONY BARAN TRUSTEE	1 00 3 00	X						0	0	0
DEBRA C BLASCHAK TRUSTEE	1 00 3 00	X						0	0	0
JEANNE BOYER PORTER VICE CHAIRPERSON/TRUSTEE	1 00 3 00	X		X				0	0	0
HARRY CIAVARELLA TRUSTEE (AS OF 3/13/2019)	1 00 3 00	X						0	0	0
DOUGLAS CRESWELL TRUSTEE (AS OF 6/12/2019)	1 00 3 00	X						0	0	0
ANTOINETTE EVERDALE TRUSTEE (AS OF 3/13/2019)	1 00 3 00	X						0	0	0
DARNELL FURER TRUSTEE	1 00 3 00	X						0	0	0
RICHARD GONZALEZ TRUSTEE	1 00 3 00	X						0	0	0
THOMAS L KENNEDY ESQ TRUSTEE	1 00 3 00	X						0	0	0
WILLIAM E KIRWAN CPA ESQ CHAIRPERSON/TRUSTEE	1 00 3 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMRIT P NARULA MD TRUSTEE	1 00 3 00	X						0	0	0
WILLIAM J REPPY PRESIDENT/TRUSTEE	40 00 1 00	X		X				344,243	0	19,545
LAWRENCE RIDDLES MD TRUSTEE	40 00 1 00	X						417,747	0	19,545
FRANKLIN K SCHOENEMAN TRUSTEE	1 00 3 00	X						0	0	0
E LORI SMITH TREASURER/TRUSTEE	1 00 3 00	X		X				0	0	0
JONATHAN TARSON TRUSTEE (AS OF 6/12/2019)	1 00 3 00	X						0	0	0
TIMOTHY F TWARDZIK SECRETARY/TRUSTEE	1 00 3 00	X		X				0	0	0
DIANE DOYNE ASSISTANT SECRETARY	40 00 40 00			X				63,946	0	12,466
JONATHAN RUSSO PATHOLOGIST	40 00 40 00					X		284,937	0	19,491
RICHARD BINDIE DIRECTOR, PATHOLOGY	40 00 40 00					X		276,403	0	19,491

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			
KRISTINA GUERS REGISTERED NURSE	40 00					X		177,182	0	6,893
CYNTHIA SCHAFER REGISTERED NURSE	40 00					X		166,871	0	21,082
BRIAN PAUL PHARMACIST	40 00					X		150,653	0	39,759
DIANE BORIS VP, FINANCE	18 00 22 00						X	196,505	0	14,822
SUE CURRY CHIEF NURSING OFFICER	18 00 22 00						X	203,670	0	15,885
THOMAS V WHALEN MD MMM FORMER TRUSTEE	0 00						X	0	991,405	33,933

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Employer identification number

23-1352202

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** 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
- b 33 1/3% support test—2017.** 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
- 17a 10%-facts-and-circumstances test—2018.** 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
- b 10%-facts-and-circumstances test—2017.** 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
- 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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? 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.		
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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
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>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 23-1352202

Name: LEHIGH VALLEY HOSPITAL - SCHUYLKILL

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

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2018
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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 LEHIGH VALLEY HOSPITAL - SCHUYLKILL	Employer identification number 23-1352202
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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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		0
j Total. Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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
PART II-B, LINE 1	LEHIGH VALLEY HOSPITAL - SCHUYLKILL IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP). A PERCENTAGE OF THE DUES PAID TO THESE ORGANIZATIONS GOES TOWARDS LOBBYING EFFORTS. THEIR MISSION IS TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES TO LEAD, REPRESENT, AND SERVE HEALTH CARE PROVIDER ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY AND COMMITTED TO HEALTH IMPROVEMENT. THE MEMBERSHIP DUES FOR AHA AND HAP ARE PAID BY LEHIGH VALLEY HOSPITAL, INC. THEREFORE, THE LOBBYING PORTION OF THE DUES ARE REFLECTED ON THE LEHIGH VALLEY HOSPITAL, INC. FORM 990, SCHEDULE C.

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Employer identification number
23-1352202

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

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

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,340,004		3,340,004
b Buildings		33,641,318	8,848,415	24,792,903
c Leasehold improvements				
d Equipment		8,808,182	4,120,967	4,687,215
e Other		5,057,535	1,937,069	3,120,466
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				35,940,588

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) DUE FROM AFFILIATES	28,702,510
(2) GOODWILL	46,619,695
(3) SERP INVESTMENT	206,719
(4) DEFERRED COMP INSURANCE	778,722
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	76,307,646

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	
OBLIGATION UNDER CAPITAL LEASE	250,822
DUE TO AFFILIATES	26,505,923
ACCRUED PENSION LIABILITY	21,090,823
DEFERRED REVENUE	14,880
ESTIMATED MALPRACTICE LIABILITY	1,580,034
SERP LIABILITY	206,719
DEFERRED COMP INSURANCE	778,722
PA SALES TAX PAYABLE	944
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	50,428,867

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: 23-1352202
Name: LEHIGH VALLEY HOSPITAL - SCHUYLKILL

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

1 (a) Description of Liability	(b) Book Value
OBLIGATION UNDER CAPITAL LEASE	250,822
DUE TO AFFILIATES	26,505,923
ACCRUED PENSION LIABILITY	21,090,823
DEFERRED REVENUE	14,880
ESTIMATED MALPRACTICE LIABILITY	1,580,034
SERP LIABILITY	206,719
DEFERRED COMP INSURANCE	778,722
PA SALES TAX PAYABLE	944

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	LVHN, ITS HOSPITALS, AND OTHER SUBSIDIARIES ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, EXCEPT FOR TAX IMPOSED ON UNRELATED BUSINESS INCOME THE MOST RECENT DETERMINATION LETTER, RECEIVED BY THE ORGANIZATION, IS DATED MAY 1, 2014 LVHN AND ITS SUBSIDIARIES ACCOUNT FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 THE ORGANIZATION'S FOR-PROFIT COMPONENTS RECOGNIZE DEFERRED TAX ASSETS AND LIABILITIES FOR THE FUTURE TAX IMPACT OF TEMPORARY DIFFERENCES BETWEEN AMOUNTS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND THEIR RESPECTIVE TAX BASES AND THE FUTURE BENEFIT OF UTILIZATION NET OPERATING LOSS CARRYFORWARDS DEFERRED TAX ASSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE INCOME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO BE RECOVERED OR SETTLED INCOME TAXES OF THE ORGANIZATION'S TAX-EXEMPT AND FOR-PROFIT COMPONENTS ARE NOT MATERIAL TO THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

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

Hospitals

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
 LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Employer identification number
 23-1352202

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b 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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			975,366		975,366	0 710 %
b Medicaid (from Worksheet 3, column a)			24,961,489	1,555,858	23,405,631	17 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			25,936,855	1,555,858	24,380,997	17 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			234,691		234,691	0 170 %
f Health professions education (from Worksheet 5)			46,875		46,875	0 030 %
g Subsidized health services (from Worksheet 6)			4,781,585	2,648,934	2,132,651	1 560 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			32,020		32,020	0 020 %
j Total. Other Benefits			5,095,171	2,648,934	2,446,237	1 780 %
k Total. Add lines 7d and 7j			31,032,026	4,204,792	26,827,234	19 640 %

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	46,959,626
6	Enter Medicare allowable costs of care relating to payments on line 5.	46,847,047
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	112,579
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input checked="" 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?	Yes
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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)
 LEHIGH VALLEY HOSPITAL - SCHUYLKILL

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): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input 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 <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW LVHN ORG/ABOUT_US</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 checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW LVHN ORG/ABOUT_US</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

LEHIGH VALLEY HOSPITAL - SCHUYLKILL

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 <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
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 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 checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW LVHN ORG/OUR_SERVICES/KEY_SUPPORT_SERVICES/FINANCIAL_ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW LVHN ORG/OUR_SERVICES/KEY_SUPPORT_SERVICES/FINANCIAL_ASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW LVHN ORG/OUR_SERVICES/KEY_SUPPORT_SERVICES/FINANCIAL_ASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

LEHIGH VALLEY HOSPITAL - SCHUYLKILL

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 checked="" type="checkbox"/> Other similar actions (describe in Section C)			
f	<input type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
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? If "No," indicate why	21	Yes	
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)

LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	LEHIGH VALLEY HOSPITAL - SCHUYLKILL COMPUTED A COST TO CHARGE RATIO USING INFORMATION FROM THE MOST RECENTLY FILED MEDICARE COST REPORT (FYE 6/30/19) FOR THE CALCULATION OF COSTS FOR CHARITY CARE AND MEDICAID DIRECT COSTS ARE OBTAINED FROM THE HOSPITAL COMPUTER SYSTEM FOR EACH COST CENTER FOR ALL OTHER BENEFITS INDIRECT COSTS ARE COMPUTED UTILIZING THE MOST RECENTLY FILED MEDICARE COST REPORT (FYE 6/30/19)
PART I, LINE 7G	THERE ARE NO PHYSICIAN CLINICAL SERVICES INCLUDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A) IS \$13,312,420
PART III, LINE 2	AMOUNTS REPORTED AS BAD DEBT EXPENSE ARE REPORTED NET OF APPLICABLE PATIENT PAYMENTS, INSURANCE PAYMENTS AND CONTRACTUAL ALLOWANCES AS WELL AS OTHER HOSPITAL DISCOUNTS FOR WHICH THE PATIENT IS DEEMED ELIGIBLE THE RATIO OF COSTS-TO-CHARGES (RCC) IS APPLIED TO THE NET AMOUNT TO DETERMINE THE BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	THIS AMOUNT IS THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE PROCESS TO DETERMINE IF THEY ARE ELIGIBLE FOR FINANCIAL ASSISTANCE THE COST IS DETERMINED USING COST TO CHARGE RATIOS THE RATIONALE FOR INCLUDING THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS IS THE HOSPITAL'S EXPERIENCE WITH UNINSURED PATIENTS THAT DO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROGRAM WHEN THE HOSPITAL EVALUATES UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE, THE MOST COMMON FINDING IS THAT UNINSURED PATIENTS HAVE INCOME LESS THAN 400% OF THE FEDERAL POVERTY GUIDELINE AND QUALIFY FOR FINANCIAL ASSISTANCE THE HOSPITAL BELIEVES THAT UNINSURED PEOPLE WHO CHOOSE NOT TO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS AND HAVE THEIR ACCOUNTS WRITTEN OFF AS BAD DEBT, HAVE INCOME THAT WOULD QUALIFY FOR THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM
PART III, LINE 4	BAD DEBTS - THE ORGANIZATION RECORDS A PROVISION FOR BAD DEBTS RELATED TO UNINSURED ACCOUNTS NET OF THE AGB DISCOUNT TO RECORD THE NET SELF-PAY ACCOUNTS RECEIVABLE AT THE ESTIMATED AMOUNTS THE ORGANIZATION EXPECTS TO COLLECT COINSURANCES AND DEDUCTIBLES WITHIN THE THIRD-PARTY PAYER AGREEMENTS ARE THE PATIENT'S RESPONSIBILITY SO THE ORGANIZATION INCLUDES THESE AMOUNTS IN THE SELF-PAY ACCOUNTS RECEIVABLE AND CONSIDERS THESE AMOUNTS IN ITS DETERMINATION OF THE PROVISION FOR BAD DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE IN INSTANCES WHERE THE ORGANIZATION BELIEVES A PATIENT HAS THE ABILITY TO PAY FOR SERVICES AND, AFTER APPROPRIATE COLLECTION EFFORT, PAYMENT IS NOT MADE, THE AMOUNT OF SERVICES NOT PAID IS WRITTEN-OFF AS BAD DEBTS AMOUNTS RECORDED AS PROVISION FOR BAD DEBTS DO NOT INCLUDE CHARITY CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE HOSPITAL USES THE COST-TO-CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS THE MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT AS THE HOSPITAL IS TREATING MEDICARE PATIENTS DESPITE THE RISE IN UNREIMBURSED COST
PART III, LINE 9B	THE ORGANIZATION DOES HAVE A WRITTEN DEBT COLLECTION POLICY ALL STAFF INVOLVED IN DEBT COLLECTION (EMPLOYEES OF THE MEDICAL CENTER AND ANY THIRD PARTY AGENCIES) ARE TRAINED ON THE POLICY AS WELL AS THE CHARITY CARE POLICY IN DEALING WITH PATIENTS IN DEBT COLLECTION, STAFF WILL INFORM PATIENTS OF THE CHARITY CARE POLICY THAT IS AVAILABLE AND ALSO ANY OTHER FINANCIAL ASSISTANCE POLICIES OF THE MEDICAL CENTER THAT MAY BE APPLICABLE TO THE PATIENT THE STAFF WILL INSTRUCT PATIENTS ON APPROPRIATE PAPERWORK THAT NEEDS TO BE COMPLETED WITH REGARDS TO CHARITY CARE OR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>IN AN EFFORT TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY, ALL NON-PROFIT HOSPITALS AND HEALTH SYSTEMS MUST IDENTIFY AND EVALUATE THE NEEDS OF THE COMMUNITIES THEY SERVE THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS FOR THE PURPOSES OF THE CHNA, LEHIGH VALLEY HEALTH NETWORK (LVHN) DEFINES "COMMUNITY" AS ALL RESIDENTS LIVING WITHIN THE PRIMARY COUNTIES EACH LICENSED FACILITY SERVES, NAMELY LEHIGH, NORTHAMPTON, SCHUYLKILL, LUZERNE, AND MONROE COUNTIES IN PENNSYLVANIA THE CHNA HEALTH PROFILE INCLUDES SECONDARY DATA PULLED TOGETHER FROM PUBLICALLY AVAILABLE, STATE AND LOCAL SOURCES SUCH AS THE CENTER FOR DISEASE CONTROL AND THE CENSUS BUREAU THIS DATA WAS USED TO IDENTIFY THE TOP HEALTH AND SOCIAL NEEDS IN EACH IDENTIFIED COMMUNITY LVHN THEN PARTNERED WITH COMMUNITY AND EDUCATIONAL INSTITUTIONS TO OBTAIN INPUT (PRIMARY DATA) FROM COMMUNITY MEMBERS IN EACH COUNTY IN ORDER TO VALIDATE THE FINDINGS OF THE SECONDARY DATA COLLECTION THESE COMMUNITY PARTNERS CONDUCTED FOCUS GROUPS AND KEY INFORMANT INTERVIEWS TO REVIEW THE FINDINGS OF THE SECONDARY DATA COLLECTION AND ALLOW THE COMMUNITY TO IDENTIFY ANY OTHER NEEDS NOT MENTIONED THE SECONDARY AND PRIMARY DATA WERE THEN COMBINED INTO ONE HEALTH PROFILE FOR EACH COUNTY, WHICH PROVIDES AN OVERVIEW OF THE CURRENT STATE OF HEALTH IN EACH OF THE COUNTIES LVHN SERVES THESE REPORTS WERE REVIEWED BY LVHN EXECUTIVE LEADERSHIP AT EACH CAMPUS, AND INITIAL HEALTH NEEDS WERE PRIORITIZED BASED ON THE COMMUNITIES INPUT AND LVHN'S ABILITY TO MAKE A DIFFERENCE ON THAT HEALTH NEED AS PART OF THE AFFORDABLE CARE ACT, STARTING IN 2013, ALL NON-PROFIT HOSPITALS AND HEALTH CARE SYSTEMS ARE REQUIRED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS THE CHNA REPORT EXAMINES THE FACTORS THAT IMPACT THE HEALTH AND WELLNESS OF ALL THE PEOPLE IN A PARTICULAR GEOGRAPHIC AREA BEYOND ITS REGULATORY FUNCTION, THE CHNA IS AN IMPORTANT OVERVIEW OF THE CURRENT STATE OF HEALTH IN OUR REGION AND IDENTIFIES POTENTIAL AREAS OF CONCERN WHICH INFORMS LEHIGH VALLEY HEALTH NETWORK'S (LVHN) POPULATION HEALTH MANAGEMENT EFFORTS LVHN'S CHNA INCLUDES A HEALTH PROFILE, A REPORT THAT LOOKS AT ALL OF THE FACTORS THAT GO INTO MAKING PEOPLE IN A PARTICULAR AREA HEALTHY THIS INCLUDES SOCIAL AND ENVIRONMENTAL FACTORS LIKE EMPLOYMENT, EDUCATION AND AIR QUALITY, INDIVIDUAL BEHAVIORS LIKE SMOKING OR HEALTHY EATING, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THEIR AREA THIS INTRODUCTION PROVIDES AN OVERVIEW OF THE 2019 CHNA HEALTH PROFILE AND LVHN'S CHNA PROCESS THE 2019 HEALTH PROFILE COMBINES DATA AND INFORMATION FROM LOCAL, STATE AND NATIONAL SOURCES ABOUT DISEASE, THE ENVIRONMENT, SOCIAL FACTORS AND INDIVIDUAL BEHAVIORS, WITH IDEAS, STORIES, AND EXPERIENCES FROM COMMUNITY MEMBERS AND LEADERS FROM THROUGHOUT THE COUNTIES SERVED BY LVHN THE SECOND COMPONENT OF THE LVHN'S CHNA INCLUDES AN IMPLEMENTATION PLAN, WHICH OUTLINES OUR PLAN TO ADDRESS THE NEEDS IDENTIFIED IN THE HEALTH PROFILE OVER THE COURSE OF THE NEXT THREE YEARS THE 2019 IMPLEMENTATION PLAN WILL BE SHARED AS A SEPARATE REPORT SOON AFTER THE HEALTH PROFILES ARE RELEASED THE 2019 LVHN CHNA HEALTH PROFILE IS BROKEN OUT INTO THREE PRIMARY SECTIONS DEMOGRAPHICS, HEALTH FACTORS, AND HEALTH OUTCOMES THE DEMOGRAPHICS SECTION INCLUDES INFORMATION THAT PROVIDES A DESCRIPTION OF THE INDIVIDUALS LIVING IN THE COMMUNITY THE HEALTH FACTORS SECTION INCLUDES INFORMATION ABOUT SOCIAL FACTORS, ENVIRONMENTAL FACTORS, HEALTH BEHAVIORS, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THE AREA THE FINAL SECTION, HEALTH OUTCOMES, LOOKS AT THE OCCURRENCE OF CHRONIC CONDITIONS, SUCH AS ASTHMA AND HEART DISEASE, AS WELL AS RATES OF CANCER AND THE LEADING CAUSES OF DEATH TO INCREASE THE READABILITY OF THE REPORT, THE COMMUNITY WILL FIND THREE TYPES OF CALL-OUT BOXES THROUGHOUT THE CHNA HEALTH PROFILES THE FIRST TYPE SUMMARIZES SOME OF THE DATA PRESENTED ON THAT PAGE IN ORDER TO PROVIDE EASY-TO-READ, SUMMARY STATEMENTS OF IMPORTANT DATA ABOUT THE COMMUNITY THESE SUMMARY STATEMENTS ARE ALSO COMPILED INTO ONE LIST AT THE END OF THE HEALTH PROFILE THE SECOND TYPE PROVIDES INFORMATION FROM THE INTERVIEWS AND FOCUS GROUPS THE THIRD TYPE OF CALL-OUT BOX HIGHLIGHTS DATA SPECIFIC TO LVHN PATIENTS, WHERE IT WAS RELEVANT THESE REPORTS HAVE BEEN REVIEWED AND APPROVED BY LVHN'S BOARD OF TRUSTEES AS WELL AS THE COMMUNITY RELATIONS COMMITTEE OF THE BOARD VISIT WWW.LVHN.ORG/ABOUT_US TO VIEW THE SIGNIFICANT NEEDS IDENTIFIED IN OUR MOST RECENTLY CONDUCTED CHNA AND HOW WE ARE ADDRESSING THOSE NEEDS</p>
PART VI, LINE 3	<p>EACH PATIENT IS REGISTERED INTO THE HOSPITAL COMPUTER SYSTEM WHEN THEY ARRIVE FOR SERVICES AS PART OF THE REGISTRATION, INFORMATION IS OBTAINED ON ANY HEALTH INSURANCE THEY HAVE INDIVIDUALS WITHOUT HEALTH INSURANCE ARE INFORMED AT THAT TIME OF THE MEDICAL CENTER'S CHARITY CARE POLICY PATIENTS ARE GIVEN INFORMATION ON CONTACTING STAFF WITHIN THE HOSPITAL PATIENT ACCOUNTING DEPARTMENT TO DISCUSS APPLYING FOR THE HOSPITAL CHARITY CARE PROGRAM SPECIFIC STAFF HAVE BEEN TRAINED AND ARE RESPONSIBLE FOR ADMINISTERING THE CHARITY CARE PROGRAM FOR THE HOSPITAL HOSPITAL STAFF CONTACT PATIENTS WITHOUT INSURANCE AND EXPLAIN THE POLICY AND THE INFORMATION NEEDED TO APPLY HOSPITAL STAFF WILL ALSO ASSIST PATIENTS IN APPLYING FOR MEDICAL ASSISTANCE THEY WILL ALSO ASSIST PATIENTS IN COMPLETING THE APPLICATION AND GATHERING THE NECESSARY FINANCIAL DOCUMENTS THE HOSPITAL ALSO POSTS INFORMATION WITHIN THE ADMISSION AND EMERGENCY ROOM AREAS INFORMING PATIENTS THAT THERE IS A CHARITY CARE POLICY AVAILABLE ALL REGISTRATION PERSONNEL ARE TRAINED ON THE POLICY SO THAT THEY ARE ABLE TO INFORM PATIENTS WHEN THEY ARE REGISTERED OTHER HOSPITAL STAFF MEMBERS THAT MAY COME IN CONTACT WITH PATIENTS ARE ALSO EDUCATED REGARDING THE CHARITY CARE POLICY THIS WOULD INCLUDE SOCIAL WORKERS, CARE MANAGERS, NURSING STAFF, AND ALL DEPARTMENT DIRECTORS THE CHARITY CARE POLICY IS AVAILABLE ON THE HOSPITAL INTRANET WHICH IS ACCESSIBLE BY ALL EMPLOYEES THE HOSPITAL IS ALSO IN THE PROCESS OF PLACING THE POLICY ON THE HOSPITAL WEBSITE ALL PATIENT ACCOUNTING, CASHIERING, AND COLLECTION STAFF ARE ALSO EDUCATED ON THE CHARITY CARE POLICY AND CAN ASSIST PATIENTS IN APPLYING FOR CHARITY CARE ALSO ALL THIRD PARTY ORGANIZATIONS THAT WORK ON BEHALF OF THE MEDICAL CENTER IN PERFORMING COLLECTIONS HAVE BEEN EDUCATED ON THE CHARITY CARE POLICY AND CAN ADVISE PATIENTS ON APPLYING FOR THIS BENEFIT</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>LEHIGH VALLEY HOSPITAL - SCHUYLKILL (LVH-S) IS LOCATED IN POTTSVILLE, PENNSYLVANIA THE PRIMARY SERVICE AREA OF LVH-S IS SCHUYLKILL COUNTY SCHUYLKILL COUNTY IS A RURAL COUNTY IN PENNSYLVANIA, WITH THE CITY OF POTTSVILLE AS THE LARGEST POPULATION CENTER AND THE COUNTY SEAT THE COUNTY IS COMPRISED OF ONE SMALL CITY AS WELL AS SEVERAL BOROUGHES AND TOWNSHIPS BASED ON U S CENSUS BUREAU DATA FOR THE YEAR 2010 CENSUS, THE POPULATION OF THE PRIMARY SERVICE AREA WAS APPROXIMATELY 148,289 PEOPLE DURING THE CALENDAR YEAR 2018, ABOUT 94.4% OF THE DISCHARGES FROM LVH-S WERE RESIDENTS OF THE PRIMARY SERVICE AREA ACCORDING TO THE AMERICAN COMMUNITY SURVEY (U S CENSUS), THE ESTIMATED POPULATION FOR THE PRIMARY SERVICE AREA IN 2018 WAS 142,067 THE 2010 POPULATION OF THE SECONDARY SERVICE AREA WAS APPROXIMATELY 1,807,469, AN EXTENSIVE RURAL AREA WITH A SMALL PATIENT DISTRIBUTION THROUGHOUT DURING THE CALENDAR YEAR 2018, ABOUT 3.7% OF THE DISCHARGES FROM LVH-S WERE RESIDENTS OF THE SECONDARY SERVICE AREA BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE CURRENT POPULATION OF THE COMBINED PRIMARY AND SECONDARY SERVICE AREAS IS PROJECTED, TO INCREASE APPROXIMATELY 2.4% BY THE YEAR 2024 DURING THE CALENDAR YEAR 2018, LESS THAN 1.9% OF THE DISCHARGES FROM LVH-SCHUYLKILL WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS SCHUYLKILL COUNTY HAS FOUR HOSPITALS SERVING THE COUNTY LVH-S INCLUDES TWO LOCATIONS SOUTH JACKSON STREET AND EAST NORWEGIAN STREET, WHICH ARE BOTH LOCATED IN POTTSVILLE AND SERVE THE MAJORITY OF THE COUNTY RESIDENTS ST LUKE'S OPERATES THE MINERS MEMORIAL HOSPITAL IN COALDALE, NEAR THE CARBON COUNTY BORDER, AND A HOSPITAL IN ORWIGSBURG THAT IS CO-OWNED WITH GEISINGER</p>
PART VI, LINE 5	<p>THE BOARD OF LVH-S IS COMPRISED OF SEVENTEEN INDIVIDUALS, FIFTEEN OF WHOM ARE FROM THE SCHUYLKILL COUNTY COMMUNITY WHO ARE NOT EMPLOYED BY THE HOSPITAL THEY ARE INVOLVED IN EDUCATION, SOCIAL SERVICES, GERIATRIC SERVICES, MATERNAL/CHILD SERVICES, PRIMARY MEDICAL CARE, CRIMINAL JUSTICE, SMALL BUSINESS AND MANUFACTURING ALL PHYSICIANS ARE ENCOURAGED TO APPLY FOR MEDICAL STAFF PRIVILEGES FOR THE MEDICAL CENTER LVH-S ALSO WORKS WITH VARIOUS COMMUNITY ORGANIZATIONS TO HELP IDENTIFY COMMUNITY NEEDS AND WORK TOGETHER TO MEET THOSE NEEDS THE MEDICAL CENTER HAS INPATIENT ADOLESCENT AND ADULT BEHAVIORAL HEALTH SERVICES AVAILABLE TO THE RESIDENTS OF SCHUYLKILL COUNTY THIS ALLOWS COUNTY RESIDENTS TO OBTAIN NECESSARY INPATIENT CARE WITHIN THE COUNTY WITHOUT REQUIRING FAMILIES TO TRAVEL OUTSIDE OF THE COUNTY THE MEDICAL CENTER ALSO HAS A CERTIFIED DIABETES EDUCATOR AVAILABLE TO CONSULT WITH PATIENTS AND ALSO WITH PHYSICIANS WHEN THEY HAVE A PATIENT THAT IS NEWLY DIAGNOSED WITH DIABETES THE MEDICAL CENTER IS THE ONLY FACILITY IN THE COUNTY WITH A MATERNITY DEPARTMENT AND NEWBORN NURSERY THIS ALLOWS COUNTY RESIDENTS TO REMAIN IN THE COUNTY FOR MATERNITY CARE MORE THAN 50% OF THE BIRTHS EACH YEAR ARE MEDICAID THE EMERGENCY DEPARTMENT OF LVH-S IS A 24-HOUR EMERGENCY ROOM AVAILABLE TO ALL REGARDLESS OF THEIR ABILITY TO PAY THE MEDICAL CENTER PARTICIPATES IN MANY INSURANCE PROGRAMS SUCH AS MEDICARE, MEDICAID, CHAMPUS, AND VA THE MEDICAL CENTER ALSO HAS A CHARITY CARE POLICY THAT PROVIDES ASSISTANCE TO ELIGIBLE INDIVIDUALS IN PROVIDING FREE OR DISCOUNTED CARE BASED ON THEIR ABILITY TO PAY AND THE FEDERAL POVERTY GUIDELINES LVH-S ALSO PROVIDES OPPORTUNITIES TO STUDENTS IN HEALTHCARE FIELDS TO GAIN EXPERIENCE WORKING IN THE HEALTH CARE ENVIRONMENT SUCH AS NURSING STUDENTS (RN AND LPN), PHARMACY STUDENTS, PHYSICIAN ASSISTANT STUDENTS, PHYSICAL THERAPY STUDENTS, RADIOLOGY TECHNICIANS AND MEDICAL ASSISTANTS THE MEDICAL CENTER ALSO PROVIDES A VOLUNTEER PROGRAM FOR JUNIOR HIGH AND HIGH SCHOOL STUDENTS TO BECOME FAMILIAR WITH THE MEDICAL SERVICES OFFERED AND THE EDUCATIONAL OPPORTUNITIES AVAILABLE WITHIN THE HEALTHCARE ENVIRONMENT THE HOSPITAL ALSO SPONSORS AND PARTICIPATES IN HEALTH FAIRS AT COMMUNITY EVENTS SUCH AS THE COUNTY FAIR, EVENTS AT THE LOCAL MALL, HEALTH SCREENINGS, BLOOD PRESSURE SCREENINGS AND CLINICS, VETERANS BREAKFAST EVENT, MEALS ON WHEELS, SKIN CANCER SCREENINGS, MAMMOGRAPHY SCREENINGS, SUPPORT GROUPS, AND LOCAL AMERICAN CANCER SOCIETY RELAY FOR LIFE ANY EXCESS FUNDS THAT ARE GENERATED FROM THE OPERATIONS ARE INVESTED BACK INTO THE MEDICAL CENTER BY PURCHASING THE NECESSARY CAPITAL EQUIPMENT, FUNDING CAPITAL IMPROVEMENT PROJECTS, FUNDING NEW SERVICES, IMPROVING AND EXPANDING EXISTING SERVICES, AND ANY OTHER GENERAL IMPROVEMENTS TO PATIENT CARE</p>

Additional Data**Software ID:****Software Version:****EIN:** 23-1352202**Name:** LEHIGH VALLEY HOSPITAL - SCHUYLKILL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	LEHIGH VALLEY HOSPITAL - SCHUYLKILL 420 SOUTH JACKSON STREET POTTSVILLE, PA 17901 WWW LVHN ORG 421001	X	X					X			

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
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	<p>PART V, SECTION B, LINE 5 FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), LVHN DEFINES THE COMMUNITY IT SERVES AS ALL INDIVIDUALS LIVING WITHIN THE COUNTIES THAT CONTAIN OUR HOSPITAL CAMPUSES LVHN IS REQUIRED TO PRODUCE A CHNA HEALTH PROFILE FOR EACH OF OUR LICENSED FACILITIES IN ORDER TO ADDRESS THE LOCAL CONTEXT OF THE DIFFERENT COMMUNITIES WE SERVE THEREFORE, LVHN HAS PRODUCED FOUR CHNA HEALTH PROFILES FOR OUR FOUR DIFFERENT LEHIGH VALLEY HOSPITAL CAMPUSES LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND LEHIGH VALLEY HOSPITAL - POCONO FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON COUNTIES (ALSO KNOWN AS THE LEHIGH VALLEY) WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS FOR LEHIGH VALLEY HOSPITAL - SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY MEMBERS IN SCHUYLKILL COUNTY FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT THE HEALTH NEEDS FOR LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE IT WAS AVAILABLE FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUNITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES AS A RESULT OF THE SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH IT IS WELL DOCUMENTED THAT THE CLINICAL CARE PROVIDED TO COMMUNITY MEMBERS ONLY ACCOUNTS FOR A SMALL PORTION OF AN INDIVIDUAL'S OVERALL HEALTH THERE ARE MANY OTHER FACTORS THAT OCCUR OUTSIDE THE DOCTOR'S OFFICE AND HOSPITAL WALLS THAT INFLUENCE HEALTH BEYOND MEDICAL CARE THEY INCLUDE - SOCIAL AND ECONOMIC FACTORS, SUCH AS EDUCATION, EMPLOYMENT, AND SOCIAL SUPPORT- PHYSICAL ENVIRONMENT FACTORS, SUCH AS HOUSING, TRANSPORTATION, AND AIR QUALITY- HEALTH BEHAVIORS, SUCH AS SMOKING, DRINKING, DIET, AND EXERCISE THEREFORE, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT HEALTH CARE AS WELL AS OTHER HEALTH FACTORS FOLLOWED BY HEALTH OUTCOMES THERE ARE TWO TYPES OF DATA INCLUDED IN THE CHNA HEALTH PROFILES THE FIRST TYPE IS QUANTITATIVE DATA, OR NUMBERS AND STATISTICS ABOUT THE OVERALL POPULATION IN THE COMMUNITY THESE STATISTICS COME FROM A VARIETY OF LOCAL, STATE AND NATIONAL SOURCES INCLUDING THE CENSUS, THE CENTER FOR DISEASE CONTROL, THE DEPARTMENT OF EDUCATION, AND THE CENTERS FOR MEDICAID AND MEDICARE SERVICES A MAJORITY OF THESE DATA POINTS ARE COMPILED TOGETHER THROUGH A PLATFORM CALLED THE CARES ENGAGEMENT NETWORK HEALTH PLAN TOOL, WHICH LVHN USES AS THE STARTING POINT FOR ITS CHNA HEALTH PROFILES, ADDING OTHER KEY STATE AND LOCAL DATA S</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
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	<p>SOURCES TO THE DATA PROVIDED THROUGH THIS HEALTH REPORT IN ADDITION, NON-PROFIT HOSPITAL SYSTEMS ARE REQUIRED TO OBTAIN INPUT FROM INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH PUBLIC HEALTH EXPERTISE AND THE VULNERABLE POPULATIONS. LVHN CHOSE TO OBTAIN THIS INPUT THROUGH FOCUS GROUPS AND INTERVIEWS WITH COMMUNITY MEMBERS AND LEADERS. THIS TYPE OF DATA IS REFERRED TO AS QUALITATIVE DATA. WE PARTNERED WITH AN EXTERNAL COMMUNITY COLLABORATOR FOR EACH CAMPUS WHO HAS EXPERIENCE IN QUALITATIVE DATA COLLECTION TO CONDUCT THESE FOCUS GROUPS AND INTERVIEWS ON LVHN'S BEHALF. THIS PROCESS PROVIDED COMMUNITY MEMBERS WITH AN INDEPENDENT AND OBJECTIVE OPPORTUNITY TO IDENTIFY AND SHARE THEIR PERSONAL EXPERIENCES AND PERSPECTIVE ON THE MOST PRESSING HEALTH NEEDS FACING THEIR COMMUNITY AS WELL AS WHERE THEY WOULD LIKE LVHN TO FOCUS ITS ATTENTION. IN SCHUYLKILL COUNTY, WHICH CONTAINS LEHIGH VALLEY HOSPITAL - SCHUYLKILL, THE PARTNER WAS SCHUYLKILL VISION, A SMALL NON-PROFIT, COMMUNITY ORGANIZING GROUP IN THE COUNTY. FIVE FOCUS GROUPS AND FIVE INTERVIEWS WERE CONDUCTED BETWEEN JUNE AND AUGUST 2018 WITH A TOTAL OF 73 PARTICIPANTS IN SCHUYLKILL COUNTY. BELOW IS A SUMMARY OF THE ORGANIZATIONS REPRESENTED IN THE SCHUYLKILL COUNTY FOCUS GROUPS AND INTERVIEW AS WELL AS A SUMMARY OF THE DEMOGRAPHICS OF THOSE WHO PARTICIPATED. RESIDENTS, INCLUDING THOSE FROM LOW-INCOME POPULATIONS, WERE ALSO INCLUDED IN THE FOCUS GROUPS AND INTERVIEW. IN EACH COUNTY ORGANIZATION REPRESENTED: DIAKON SENIOR CENTER, DIVINE MERCY CATHOLIC CHURCH, INTERFAITH HEALTH NETWORK, MINERSVILLE FEDERALLY QUALIFIED HEALTH CENTER, NEW RINGGOLD COMMUNITY FIRE COMPANY, NURSE FAMILY PARTNERSHIP, POTTSVILLE AREA SCHOOL DISTRICT, SCHUYLKILL COMMUNITY ACTION, SCHUYLKILL COUNTY MENTAL HEALTH, ST. PETER'S UCC CHURCH. DEMOGRAPHICS: GENDER: 67% FEMALE, 33% MALE. AVERAGE AGE: 48, AGE RANGE: 17-82. RACE: 83.7% WHITE, 16.2% OTHER. ETHNICITY: 65% NON-HISPANIC, 35% HISPANIC (OF ANY RACE). EDUCATION: 37% SOME COLLEGE OR HIGHER, 35% HIGH SCHOOL DIPLOMA OR GED, 21% LESS THAN HIGH SCHOOL. EMPLOYMENT: 40% EMPLOYED, 21% HOMEMAKER, 26% RETIRED OR NOT EMPLOYED.</p>

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

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	PART V, SECTION B, LINE 6A LVHN HAS PRODUCED FOUR CHNA HEALTH PROFILES FOR OUR FOUR DIFFERENT LEHIGH VALLEY HOSPITAL CAMPUSES LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND LEHIGH VALLEY HOSPITAL - POCONO FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON COUNTIES (ALSO KNOWN AS THE LEHIGH VALLEY) WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS FOR LEHIGH VALLEY HOSPITAL - SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY MEMBERS IN SCHUYLKILL COUNTY FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT THE HEALTH NEEDS FOR LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE IT WAS AVAILABLE FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUNITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES AS A RESULT OF THE SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THEIR 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
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	PART V, SECTION B, LINE 6B REPRESENTATIVES OF THE COMMUNITY INCLUDED DIAKON SENIOR CENTER DIVINE MERCY CATHOLIC CHURCH INTERFAITH HEALTH NETWORK MINERSVILLE FEDERALLY QUALIFIED HEALTH CENTER NEW RINGGOLD COMMUNITY FIRE COMPANY NURSE FAMILY PARTNERSHIP POTTSVILLE AREA SCHOOL DISTRICTS SCHUYLKILL COMMUNITY ACTIONS SCHUYLKILL COUNTY MENTAL HEALTH ST PETER'S UCC CHURCH

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
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	PART V, SECTION B, LINE 7D OUR COMMUNITY HEALTH NEEDS ASSESSMENT IS ALSO AVAILABLE UPON REQUEST

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
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	<p>PART V, SECTION B, LINE 11 COMMUNITY ENGAGEMENT1 1 PROMOTE LVHN COMMUNITY EXCHANGE (CE) TIME-BANKING PROGRAM TO INCREASE SOCIAL CONNECTIONS, NEIGHBORS HELPING NEIGHBORS IN THE FALL OF 2017, COMMUNITY EXCHANGE LEADERSHIP MET WITH SCHUYLKILL VISION AND COUNTY REPRESENTATIVES TO DISCUSS CREATING A TIME BANK IN SCHUYLKILL COUNTY DURING THE FORMATIVE PROCESS, COMMUNITY EXCHANGE'S FUNDING ENDED FOR THE PROGRAM IN THE LEHIGH VALLEY SCHUYLKILL PARTNERS CONTINUED TO EXPLORE POTENTIAL WAYS TO INCLUDE TIMEBANKING IN THE WORK IN THE COUNTY 2 1 PARTNER WITH UNITED WAY 211 TO CREATE AND MAINTAIN A DATABASE (UW211 EAST) OF COMMUNITY RESOURCES, ACCESSIBLE TO LVHN CASE MANAGERS, CLINICIANS, PATIENTS, CAREGIVERS AND COMMUNITY ORGANIZATIONS SCHUYLKILL COUNTY'S UNITED WAY HAS A CORRESPONDING STAFF MEMBER WHO IS RESPONSIBLE FOR UPDATING COUNTY RESOURCES IN UNITED WAY 211 AND A RESOURCE LISTING AVAILABLE TO COMMUNITY MEMBERS IN SCHUYLKILL COUNTY THERE IS CURRENTLY NO FORMAL COLLABORATION WITH LVH-SCHUYLKILL, AT THIS TIME AT-RISK POPULATIONS2 1 PUBLIC HEALTH DESTIGMATIZATION AND INFORMATIONAL CAMPAIGN TO PROMOTE IMPORTANCE OF EARLY IDENTIFICATION, CONNECTION TO TREATMENT, EMPLOYEE ASSISTANCE PROGRAMS IN FY17, THE AIM WAS TO PARTNER WITH LVHN DEPARTMENTS OF PSYCHIATRY, COMMUNITY HEALTH AND MARKETING TO DEVELOP A PUBLIC HEALTH CAMPAIGN ENTITLED "TELL YOUR STORY" TO REDUCE STIGMA AROUND MENTAL HEALTH IN PARTNERSHIP WITH NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) THIS ALSO INCLUDED LOCAL DIGITAL STORYTELLING EFFORTS WITHIN ALL TOWNS FY18 INCLUDED ON-GOING PLANNING AND DEVELOPMENT OF THESE EFFORTS WITH EXPANSION TO THE COUNTIES OUTSIDE OF THE LEHIGH VALLEY THIS WORK HAS EVOLVED INTO WORK BEING LED BY SCHUYLKILL COUNTY INFORMED AND SCHUYLKILL COUNTY MENTAL HEALTH THROUGH THE RESILIENCY PROJECT, TRAUMA-INFORMED TRAINING, AND THE SUICIDE PREVENTION TASK FORCE LVH-SCHUYLKILL IS A PARTICIPANT AND PARTNER IN THESE COALITIONS AND WILL CONTINUE TO INVEST IN THIS WORK IN THE 2019 IMPLEMENTATION PLAN 3 1 IN COOPERATION WITH THE CENTER FOR COUNSELING SERVICES, THE MATERNITY TEAM AND OTHERS FROM LVHSCHUYLKILL E NORWEGIAN STREET, LVH SCHUYLKILL S JACKSON STREET WILL CONTINUE TO OFFER A TOBACCO CESSATION PROGRAM THROUGH CHILDBIRTH FOR MOTHER AND PARTNER 3 2 DEVELOP A TOBACCO USE SURVEY FOR THE CHILDBIRTH CLASS AND AT TIME OF CHILDBIRTH 3 3 OFFER TIME TO QUIT PROGRAM, 5-6-WEEK COACHING SESSION, AT EITHER THE HOSPITAL, COMPREHENSIVE WOMEN'S HEALTH LVH-SCHUYLKILL RECEIVED A DEPARTMENT OF HEALTH GRANT TO CREATE A SURVEY TO ASSESS CURRENT AND HISTORICAL USE OF TOBACCO DURING PREGNANCY, AS WELL AS DETERMINE KNOWLEDGE OF HARMFUL EFFECTS OF PRIMARY AND SECONDARY TOBACCO USE WHILE PREGNANT THOSE WHO COMPLETED THE SURVEY WERE ALSO OFFERED RESOURCES FOR TOBACCO CESSATION THE PROPOSED SERVICE FOCUSED ON POINTS OF INTERSECTION BETWEEN THE PATIENT AND THE HEALTHCARE DELIVERY SYSTEM DURING PREGNANCY THIS INCLUDED OB-GYN PRACTICE, LABOR AND DELIVERY, AND CHILDBIRTH CLASSES SURVEYS WERE ADMIN</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
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	<p>ISTERED BETWEEN APRIL 2017 AND JUNE 2017 GRANT OUTCOMES ARE AS FOLLOWS -- THE GOAL WAS TO COLLECT 40 SURVEYS, AND THIS GOAL WAS SURPASSED BY COLLECTING 60 SURVEYS OF THE 60 WHO C OMPLETED THE SURVEY, 33% REPORTED SMOKING DAILY OR SOME DAYS WITHIN THE LAST 30 DAYS WHILE PREGNANT 70% OF THOSE USING TOBACCO, USED IT DAILY -- 65% WERE COLLECTED AT THE TIME OF INITIAL OB APPOINTMENT AT PHYSICIAN PRACTICE OFFICE -- 11 PARTICIPANTS REPORTED A QUIT A TTEMPT WITHIN THE LAST 30 DAYS, AND 8 REFERRALS WERE MADE TO THE PA QUIT LINE -- 1 OF THE 8 INDIVIDUALS REFERRED, ENGAGED WITH TIME TO QUIT -- IN FY18, THE SURVEY CONTINUED TO BE ADMINISTERED A TOTAL OF 598 SURVEYS WERE COMPLETED, AND 40 REFERRALS WERE MADE TO THE PA QUIT LINE -- IN FY19, 461 SURVEYS WERE COMPLETED, AND 18 REFERRALS WERE MADE TO THE PA QU IT LINE FROM THESE SURVEYS, WE HAVE LEARNED THE FOLLOWING -- THE PATIENTS DEMONSTRATED AN UNDERSTANDING OF THE DANGERS IF CONTINUED NICOTINE USE WHILE PREGNANT AS WELL AS THE IMPOR TANCE OF QUITTING-- PATIENTS HAD DIFFICULTY MOVING FROM CONTEMPLATION TO ACTION -- OPTIONS OF FACE TO FACE COUNSELING OR QUITLINE REFERRAL DID NOT YIELD SIGNIFICANT DIFFERENCE IN F OLOW UP 3 4 PROMOTE TOBACCO CESSATION PROGRAMS TO OTHER OB/GYN PRACTICES ON THE MEDICAL S TAFF EVERY NEW OB PATIENT RECEIVES AN INFORMATION PACKET WITH INFORMATION ABOUT SMOKING CE SSATION AND THE RISKS OF SMOKING AND ALL ARE COUNSELED ABOUT SMOKING AND PREGNANCY -- IN FY17, THE PROCESS BEGAN WITH STAFF ASKING PATIENTS, "DO YOU SMOKE? AND IF YES, "HOW MUCH?" IN FY18, 100% OF PATIENTS COMPLETED THE TOBACCO SURVEY AT EACH APPOINTMENT WITH THE EXCE PTION OF JULY 2017, IN WHICH 63% OF PATIENTS COMPLETED THE SURVEY -- IN FY19, 94% OF PATIE NTS COMPLETED THE SURVEY AT EACH APPOINTMENT ACCESS TO CARE1 1 MAINTAIN AND BROADLY COMMUN ICATE LVHN'S FINANCIAL ASSISTANCE POLICY (FAP), PROVIDING FREE OR DISCOUNTED CARE FOR QUAL IFYING PATIENTS -- IN FY17, 449 FINANCIAL ASSISTANCE PROGRAM (FAP) APPLICATIONS WERE RECEI VED 414 WERE APPROVED, 32 WERE DENIED, AND 3 WERE PENDING REVIEW AVERAGE DAY TO TURNAROU ND WAS 5 DAYS -- IN FY18, 432 FAP APPLICATIONS WERE RECEIVED 309 APPLICATIONS WERE APPRO VED, 32 WERE DENIED, AND 91 ARE PENDING -- IN FY19, 797 APPLICATIONS WERE RECEIVED OF THO SE, 582 WERE APPROVED, 61 WERE DENIED, AND 154 ARE PENDING 3 1 RECRUIT PRIMARY CARE CLINIC IANS TO IMPROVE ACCESS TO CARE FOR MEMBERS OF COMMUNITY A FIVE YEAR RECRUITMENT PLAN WAS D EVELOPED AND INITIATED TO SUPPORT RECRUITMENT OF PRIMARY CARE CLINICIANS THE HIRED PROVID ERS WERE FOR FAMILY MEDICINE, INTERNAL MEDICINE, AND PEDIATRICS FROM FY17 TO FY19, 10 PHY SICIANS AND 5 APCS WERE HIRED 4 1 PROVIDE LVHN COLLEAGUES WITH CULTURAL, LINGUISTIC TRAINI NG VIA A VARIETY OF DELIVERY MECHANISMS ONGOING CULTURAL AND LINGUISTIC TRAINING IS PROVID ED FOR ALL CAMPUSES AT LVHN THROUGH NEW EMPLOYEE ORIENTATION AS WELL AS THE LEARNING CURVE (TLC) QUARTERLY E-LEARNING EDUCATION BUNDLES IN ADDITION, CAMPUSES-SPECIFIC CULTURAL AND LINGUISTIC TRAINING OPPORTUNI</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
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	<p>TIES ARE PROVIDED AS NEEDED IN FY17, LVHN'S DIVERSITY AND CULTURAL LIAISON PROVIDED AN EDUCATION SESSION TO THE LVH-SCHUYLKILL MANAGEMENT TEAM THERE WERE 49 PARTICIPANTS IN ATTENDANCE IN FY19, A TOTAL OF 91 PRESENTATIONS ON CULTURAL SENSITIVITY WERE PROVIDED THROUGHOUT THE NETWORK, REACHING A TOTAL 4,740 EMPLOYEES BY LVHN'S DIVERSITY AND CULTURAL LIAISON IN ADDITION, A SESSION ON CULTURAL SENSITIVITY WAS OFFERED TO EMPLOYEES FROM FOR THE LVPG- H AND LVPG-S PRACTICES IN APRIL 2019, AN EXTERNAL GUEST, ROBBIN CHAPMAN, WHO IS AN EXPERT ON UNCONSCIOUS BIAS IN THE WORKPLACE, PRESENTED AT THE NETWORK-WIDE MONTHLY MANAGER MEETING APPROXIMATELY 250 EMPLOYEES ATTENDED THE PRESENTATION ENTITLED, "I CAN BE MYSELF AROUND HERE POWERING THE FUTURE WITH COLLEAGUE ENGAGEMENT" 42 PATIENT'S PREFERRED LANGUAGE FOR HEALTH CARE DISCUSSIONS IS RECORDED AT TIME OF REGISTRATION FY17 AT LVH-SCHUYLKILL SOUTH JACKSON, 71,014 UNIQUE PATIENTS HAD A DOCUMENTED LANGUAGE RECORDED AT TIME OF REGISTRATION INCLUSIVE OF INPATIENT AND OUTPATIENT ENCOUNTERS AT LVH-SCHUYLKILL EAST NORWEGIAN, AN ADDITIONAL 38,234 UNIQUE PATIENTS HAD A DOCUMENTED LANGUAGE RECORDED AT TIME OF REGISTRATION INCLUSIVE OF INPATIENT AND OUTPATIENT ENCOUNTERS FY18 AT LVH-SCHUYLKILL SOUTH JACKSON, 71,291 UNIQUE PATIENTS HAD A DOCUMENTED LANGUAGE RECORDED AT TIME OF REGISTRATION INCLUSIVE OF INPATIENT AND OUTPATIENT ENCOUNTERS AT LVH-SCHUYLKILL EAST NORWEGIAN 38,709 UNIQUE PATIENTS HAD A DOCUMENTED LANGUAGE RECORDED AT TIME OF REGISTRATION INCLUSIVE OF INPATIENT AND OUTPATIENT ENCOUNTERS THERE WERE 20 PREFERRED LANGUAGES IDENTIFIED INCLUDING ENGLISH FY19 AT LVH-SCHUYLKILL SOUTH JACKSON, 71,497 UNIQUE PATIENTS HAD A DOCUMENTED LANGUAGE RECORDED AT TIME OF REGISTRATION INCLUSIVE OF INPATIENT AND OUTPATIENT ENCOUNTERS AT LVH-SCHUYLKILL EAST NORWEGIAN, 47,502 UNIQUE PATIENTS HAD A DOCUMENTED LANGUAGE RECORDED AT TIME OF REGISTRATION INCLUSIVE OF INPATIENT AND OUTPATIENT ENCOUNTERS THERE ARE 20 PREFERRED LANGUAGES IDENTIFIED INCLUDING ENGLISH</p>

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

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL - SCHUYLKILL	PART V, SECTION B, LINE 18E COLLECTION ACTIVITIES ARE LIMITED TO HOSPITAL SENDING FOUR STATEMENTS REQUESTING PAYMENT THE STATEMENTS INCLUDE INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, SOLICITING THE PATIENT'S PARTICIPATION IN THE FINANCIAL ASSISTANCE PROGRAM

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 (CONTINUATION)	<p>4 3 ASSESS AVAILABILITY OF LANGUAGE-ASSISTANCE RESOURCES IN ALL CARE DELIVERY SITES TO MEET NEEDS OF PATIENTS WITH LIMITED ENGLISH PROFICIENCY LVHN PROVIDES INTERPRETING SERVICES AT NO CHARGE TO FOREIGN LANGUAGE AND SIGN LANGUAGE SPEAKING PATIENTS AND FAMILY MEMBERS LVHN EMPLOYS TEN FULL-TIME INTERPRETERS IN THE INTERPRETER SERVICES DEPARTMENT THERE ARE OVER 250 ADDITIONAL TRAINED MEDICAL INTERPRETERS WORKING IN OTHER POSITIONS AT LVHN, AS WELL AS COMMUNITY (NON-EMPLOYEES) INTERPRETERS LVHN ALSO HAS A CONTRACTED TELEPHONIC INTERPRETING SERVICE CALLED CYRACOM FOR LANGUAGES AND HOURS NOT COVERED BY THE LIVE INTERPRETERS, AND PURCHASES SIGN LANGUAGE INTERPRETING SERVICES FROM TWO OUTSIDE VENDORS, STRATUS VIDEO FOR VIDEO REMOTE INTERPRETING (VRI) AND BERKS DEAF AND HARD OF HEARING SERVICES FOR LIVE SIGN LANGUAGE INTERPRETATION IN ADDITION, LVHN HAS SUCCESSFULLY IMPLEMENTED A NEW SERVICE OF VRI VIA AN IPAD FOR THE LANGUAGES OF SPANISH, ASL, VIETNAMESE, CANTONESE, MANDARIN, RUSSIAN, SOMALI, BURMESE, FRENCH, HAITIAN CREOLE, HMONG, KOREAN, BOSNIAN, NEPALI, POLISH, AND PORTUGUESE IN FY 17, A SITE VISIT WAS HELD AT LVH- SCHUYLKILL TO CONDUCT A NEEDS ASSESSMENT LVH- SCHUYLKILL RECEIVED IPADS TO USE FOR LANGUAGE TRANSLATIONS WHICH WILL BE ROLLED OUT IN FY18 IN FY18, 101 INTERPRETER VIDEO CALLS WERE MADE USING 678 MINUTES AND RESULTED IN \$588,100 IN CHARGES IN FY19, THE NUMBER OF INTERPRETER VIDEO CALLS MADE INCREASED TO 261, RESULTING IN A TOTAL OF 2,814 MINUTES THIS IS A 158% INCREASE ACROSS FISCAL YEARS PREVENTION AND WELLNESS1 2 REDUCE NO-SHOWS FOR MAMMOGRAMS BY COMMUNICATING A REMINDER FOR SCHEDULED PATIENTS AND CALLING NO-SHOWS TO RESCHEDULE THOSE UNABLE TO BE REACHED FOR NO-SHOW WILL BE SENT A LETTER THE AVERAGE NO SHOW RATE FOR MAMMOGRAMS BETWEEN AUGUST THROUGH DECEMBER 2016 WAS 8.3% THE AVERAGE NO SHOW RATE FOR JANUARY THROUGH JUNE 2017 WAS 5.9% IN FY18, THE AVERAGE NO SHOW RATE WAS 7.38% IN FY19, THE AVERAGE NO SHOW RATE WAS 8.5% 2.1 GUIDELINE DEVELOPMENT FOR ACUTE AND CHRONIC PAIN MANAGEMENT, PATIENT SCREENING FOR SAFE PRESCRIBING OF OPIOID ANALGESICS, PHYSICIAN OUTREACH AND EDUCATION IN AUGUST 2016, LVH- SCHUYLKILL BEGAN USING OPIOID OVERDOSE RISK ASSESSMENT SCALE AND GIVING OPIOID PATIENTS NARCAN UNIVERSAL STANDING ORDERS TO OBTAIN NARCAN AT PHARMACIES IN FY18, THE OPIOID PATHWAYS AND LINKAGE TO TREATMENT COMMITTEE CONDUCTED THREE EDUCATION SESSIONS WITH A TOTAL OF 30 PROVIDERS THESE THREE SESSIONS INCLUDED AN OPIOID PRESCRIBER FOCUS GROUP, CHRONIC PAIN AND ADDICTION MEDICINE SYMPOSIUM, AND A RURAL ACCESS TO MEDICATION PROGRAMS (RAMP) TRAINING IN ADDITION, TWO LARGE-GROUP PRESENTATIONS FOR LVHN EMPLOYEES INCLUDING LVH- SCHUYLKILL EMPLOYEES THESE PRESENTATIONS WERE HELD AT THE LVPG MEMBER MEETING AND A FAMILY MEDICINE AND INTERNAL MEDICINE SAFE PRESCRIBING TRAINING IN TOTAL THOSE TRAININGS REACHED OVER 700 EMPLOYEES IN FY19, THE OPIOID PATHWAYS AND LINKAGE TO TREATMENT COMMITTEE CONDUCTED TWO COMMUNITY-BASED PRESENTATIONS, ONE OF WHICH</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 11 (CONTINUATION)	<p>ICH WAS FOR EMS PROVIDERS, WITH A TOTAL OF 85 PEOPLE IN ATTENDANCE IN ADDITION, THEY EXPL ORED THE FEASIBILITY OF TELE-MAT AND ANALYZED DATA REGARDING THE NUMBER OF SUBSTANCE USE D ISORDER CASES THAT WERE COMING INTO THE EMERGENCY DEPARTMENT 3 1 INVESTIGATE FEASIBILITY O F WORKING WITH LOCAL LAW ENFORCEMENT AND COMMUNITY ORGANIZATIONS TO OFFER A DRUG GIVE-BACK DAYLVH- SCHUYLKILL REACHED OUT TO THE LOCAL SHERIFF'S DEPARTMENT TO DISCUSS PARTNERSHIP O N DRUG GIVE-BACK DAY IN DECEMBER 2016 MULTIPLE ATTEMPTS HAVE BEEN MADE TO DISCUSS, HOWEVE R, BOTH ORGANIZATIONS HAVE NOT BEEN ABLE TO CONNECT TO DETERMINE IF THIS IS FEASIBLE THE DIALOGUE CONTINUED THROUGH FY18 AND A DRUG GIVE-BACK DAY WAS ORGANIZED BETWEEN LVH- SCHUYL KILL AND CVS IT WAS HELD IN AUGUST 2018 DURING THE SCHUYLKILL DRUG AWARENESS DAY 4 2 DEV ELOP AND IMPLEMENT PROTOCOLS FOR TIMELY REFERRALS TO DRUG & ALCOHOL TREATMENT SYSTEM FOR P ATIENTS WHO PRESENT TO THE EMERGENCY DEPARTMENT WITH ADDICTION-RELATED PROBLEMS A REFERRAL SYSTEM WAS NOT OFFICIALLY ESTABLISHED IN FY 17, BUT ONE MEETING WAS HELD IN FEBRUARY 2017 TO DISCUSS COMMUNITY-BASED AGENCY NARCAN EDUCATION SYSTEM THIS WILL CONTINUE TO BE DEVEL OPED IN FY 18 IN MARCH OF 2017, A MEETING WAS HELD WITH CARE MANAGEMENT AND THE ED ON IMP ROVING PATIENT FLOW FOR SUBSTANCE ABUSE CASES IN THE ED AND FACILITATING "WARM HAND-OFFS " A WARM HAND-OFF PROTOCOL WAS ESTABLISHED WITH THE COUNTY DRUG AND ALCOHOL SERVICES TO ENS URE CASE MANAGERS AND MENTAL HEALTH PROVIDES, EITHER INTERNALLY OR EXTERNALLY, ARE AVAILAB LE TO MEET PATIENTS IN THE EMERGENCY DEPARTMENT WHEN THEY ARE STRUGGLING WITH SUBSTANCE AB USE AN ASSESSMENT CAN BE DONE IN THE ED AND A REFERRAL MADE DIRECTLY TO THE APPROPRIATE L LEVEL OF TREATMENT WITH THE ESTABLISHMENT OF THIS PROTOCOL, 100 REFERRALS WERE MADE TO DRU G AND ALCOHOL SERVICES FROM LVH- SCHUYLKILL IN FY18 IN FY19, THE WARM HAND-OFF PROTOCOL F ROM THE EMERGENCY DEPARTMENT TO DRUG AND ALCOHOL SERVICES WAS FORMALIZED IN THE SECOND HA LF OF THE FISCAL YEAR, LVH- SCHUYLKILL EMPLOYEES PLACED 6 REFERRALS TO DRUG AND ALCOHOL SE RVICES 5 1 ESTABLISH AND MAINTAIN CLOSE WORKING RELATIONSHIP WITH SCHUYLKILL COUNTY DRUG & ALCOHOL PROGRAM AND RESOURCES IN FY 17, LVH- SCHUYLKILL HELD 5 MEETINGS WITH COLLEAGUES I N SCHUYLKILL COUNTY DRUG AND ALCOHOL OUT OF THESE MEETINGS THERE WILL BE A NEW SERVICE CO NTRACT FOR A GROUP PROVIDED TO CRIMINAL JUSTICE PATIENTS GOING THROUGH THE DRUG COURT IN T HE COUNTY THE GROUP WILL CONTINUE TO MEET THROUGH FY18 1 MEETING WAS HELD IN FY18 DUE TO STAFFING CHANGES THIS WILL BE REVISITED IN THE FUTURE IN FY19, THE LVHN COLLEAGUES WORK ING ON SUBSTANCE USE AND TREATMENT HAVE HAD ONGOING DIALOGUE WITH THE SCHUYLKILL COUNTY SC A OFFICE AND ARE STILL WORKING ON PROCESSES AROUND WARM HAND-OFF AND OTHER OPPORTUNITIES F OR COLLABORATION (SEE ABOVE) IN ADDITION A COUNTY-WIDE OPIOID TASK FORCE WAS CREATED WHIC H COLLEAGUES FROM LVH- SCHUYLKILL ARE PARTICIPATING IN 6 1 WORK WITH SCHUYLKILL PREVENTION PARTNERSHIP TO EDUCATE SCHOOL</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 11 (CONTINUATION)	<p>-AGE CHILDREN IN SCHUYLKILL COUNTY FROM JULY 2016 THROUGH DECEMBER 2016, 143 PRESENTATIONS WERE GIVEN TO 3,170 STUDENTS ACROSS 8 SCHOOLS FROM JANUARY THROUGH APRIL OF 2017, 99 SCHOOL PRESENTATIONS WERE GIVEN TO MORE THAN 2,600 STUDENTS IN GRADES K-12 ACROSS 7 SCHOOLS IN FY18, THERE WERE 94 PRESENTATIONS FOR 8,210 STUDENTS ACROSS 35 SCHOOLS IN FY19, THERE WERE 55 PRESENTATIONS FOR 5,611 STUDENTS ACROSS 18 SCHOOLS 7 1 IN COLLABORATION WITH SCHUYLKILL VISION, SUPPORT SELECTION OF COMMUNITY-BASED ACTIVITIES TO PROMOTE HEALTH, WELLNESS AND NUTRITION IN SCHUYLKILL COUNTY 7 2 INVITE DIETITIANS, COOKS, DIABETIC EDUCATORS AND OTHER HOSPITAL STAFF TO PARTICIPATE IN SCHUYLKILL VISION-SPONSORED HEALTH FAIRS AND EVENTS THE FOLLOWING IS FOR BOTH 7 1 AND 7 2 DURING FY17, SCHUYLKILL VISION WAS CONTRACTED TO PROVIDE ESTABLISHED HEALTH EDUCATION PROGRAMMING IN THE THREE (3) HEALTHY SCHUYLKILL, PENNSYLVANIA COMMUNITIES SCHUYLKILL HAVEN, MAHANAOY CITY, AND, SHENANDOAH (EACH, A "REGION," TOGETHER, THE "COMMUNITY") THEY WILL BE PROVIDING PERSONAL AND COMMUNITY EDUCATION ON TOPICS RELATED TO HEALTH AND SAFETY THESE EDUCATIONAL PROGRAMS WILL BE PROVIDED TO ESTABLISHED COMMUNITY GROUPS OF ALL AGES WITHIN THESE AREAS IN ADDITION TO EDUCATIONAL PROGRAMS, SCHUYLKILL VISIONS WILL FACILITATE AND/OR LEAD GROUP WALKS AND PHYSICAL ACTIVITY WITHIN THE COMMUNITIES LISTED IN ADDITION, THEY WILL DEVELOP CURRICULUM AND DISTRIBUTE EDUCATIONAL MATERIALS FOR THE HEALTHY SCHUYLKILL SUMMER PROGRAM IN SCHUYLKILL COUNTY PUBLIC LIBRARIES THIS PROGRAMMING OFFERS HEALTH RELATED EDUCATION, PRESENTED BY THE SUMMER READING PROGRAM FACILITATORS, TO ALL OF THE CHILDREN AND YOUTH WHO PARTICIPATE IN THE SUMMER READING PROGRAMS IN FY17, VISION HELD 82 EVENTS AND IN FY18, AN ADDITIONAL 58 EVENTS COVERING 17 TOPICS INCLUDING PERSONAL AND COMMUNITY EDUCATION RELATED TO HEALTH AND SAFETY THIS WORK EXPANDED IN FY19 TO 104 EVENTS, INCLUDING PREVENTIVE HEALTH SCREENINGS, GARDEN CLEAN-UPS, YOGA, AND HEALTHY SCHUYLKILL SUMMER SOUTH-JACKSON SPECIFIC TACTICS AT-RISK POPULATIONS 1 1 COORDINATE EFFORTS TO PROVIDE MENTAL HEALTH SERVICES, SUPPORT FOR PATIENTS' OTHER CONDITIONS, GROUP AND FAMILY SUPPORT, ETC WITHIN THE INPATIENT MENTAL HEALTH UNIT FROM JULY THROUGH DECEMBER 2016, THE REFERRAL PROCESS FOR DRUG AND ALCOHOL SERVICES FROM THE INPATIENT UNIT HAD NOT BEEN ESTABLISHED MEETINGS WERE HELD TO ESTABLISH TRACKING OF REFERRALS WHICH WENT LIVE JANUARY 2017 IN FY18, 218 PATIENTS WERE REFERRED 65% OF THOSE REFERRALS ATTENDED THEIR FIRST APPOINTMENT 108 PATIENTS ATTENDED NUTRITION SESSIONS WITH A DIETICIAN ON THE INPATIENT UNIT IN FY19, 177 PATIENTS WERE REFERRED 37% OF THOSE REFERRALS ATTENDED THEIR FIRST APPOINTMENT</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 11 (CONTINUATION)	<p>ACCESS TO CARE AND HEALTH EQUITY2 1 INVESTIGATE FEASIBILITY OF ESTABLISHING URGENT CARE/EX PRESSCARE ACCESS AT LVHSCHUYLKILL THE PLAN FOR URGENT CARE WAS DELAYED IN NOVEMBER 2016 DUE TO REGULATORY INTERVENTION THAT REQUIRED LVH- SCHUYLKILL MAINTAIN A FULL SERVICE ED AT BOTH CAMPUSES THEY ARE CURRENTLY EXPLORING AT LEAST TWO DIFFERENT OPPORTUNITIES FOR URGENT CARE IN THE CITY AND SURROUNDING AREA WHILE NO DEFINITE DATE YET SET, LVHSCHUYLKILL HAS IDENTIFIED A LIKELY SITE FOR SCHUYLKILL COUNTY'S FIRST EXPRESSCARE AND IS OPTIMISTIC TO INTRODUCE THAT SERVICE BY MARCH OF 2018 ADDITIONALLY, LVHSCHUYLKILL IS IDENTIFYING OTHER LOCATIONS IN SCHUYLKILL COUNTY WHERE EXPRESSCARE SERVICES LIKELY COULD AND WILL BE OFFERED NO OFFICIAL ACTION HAS YET BEEN TAKEN IN THAT REGARD IN FY18, THE SOUTH JACKSON AND EAST NORWEGIAN CAMPUSES WERE MERGED UNDER ONE LICENSE UNDER THE NEW MERGED LICENSE, THE ED AT SOUTH JACKSON STREET IS CURRENTLY SERVING THE NEED FOR AN URGENT CARE ACUTE SERVICES IN THE ED HAVE ALL BEEN CENTRALIZED TO EAST NORWEGIAN STREET WHEN THE NEW FAMILY BIRTH AND NEW BORN CENTER OPENS IN JANUARY, THE SOUTH ED WILL CLOSE IT IS ANTICIPATED THAT THE "FAST TRACK" AREA OF THE EAST ED WILL BECOME MORE AVAILABLE FOR PATIENTS IN MAY 2019, EXPRESSCARE OPENED DURING THE MONTHS OF MAY JULY 2019, A TOTAL OF 2,538 PATIENTS WERE SEEN 3 2 RECRUIT VARIOUS SPECIALTY PHYSICIANS TO MEET NEEDS IDENTIFIED IN THE 2016 CHNA A FIVE YEAR RECRUITMENT GROWTH GRID AND FISCAL BUDGET WAS CREATED TO SUPPORT RECRUITMENT IN FY18, 13 SPECIALISTS WERE HIRED 1 CARDIOLOGIST, 1 EMERGENCY MEDICINE, 1 HOSPITAL MEDICINE, 1 OB-GYN, 1 OCCUPATIONAL MEDICINE, 1 PEDIATRIC PHYSICAL MEDICINE AND REHAB, 2 PULMONARY AND CRITICAL CARE, AND 3 RADIOLOGY PHYSICIANS WERE HIRED 1 HEMATOLOGY/ONCOLOGY AND 1 PSYCH APC WERE HIRED IN FY19, 3 PHYSICIANS AND 5 APCS WERE RECRUITED AND HIRED OF THOSE APCS HIRED, 1 IS IN EMERGENCY MEDICINE, 1 IS IN UROLOGY, 2 IN GENERAL SURGERY, AND 1 PSYCHIATRY PREVENTION AND WELLNESS1 1 OFFER LOW-COST MAMMOGRAMS IN OCTOBER AT WOMEN'S IMAGING CENTER IN OCTOBER 20 16 THERE WERE A TOTAL OF 6 LOW COST MAMMOGRAMS CONDUCTED AND IN OCTOBER 2017 THERE WERE A TOTAL OF 8 LOW COST MAMMOGRAMS CONDUCTED LVH- SCHUYLKILL NO LONGER OFFERS LOW COST MAMMOGRAMS ON A REGULAR BASIS 1 3 CONTINUE PARTNERSHIP WITH MATERNAL & FAMILY HEALTH SERVICES IN WILKES-BARRE, PA , TO OFFER FREE MAMMOGRAMS FOR THOSE WHO CANNOT AFFORD THIS SCREENING LVH- SCHUYLKILL WAS NOT ABLE TO FILL THE NP POSITION NEEDED TO SUPPORT THIS TACTIC IN FY17 IN OCTOBER 2017, 8 FREE MAMMOGRAMS WERE PROVIDED, HOWEVER, LVH- SCHUYLKILL IS NO LONGER WORKING WITH MATERNAL & FAMILY HEALTH SERVICES AS THEY DEVELOP THEIR OWN MATERNAL HEALTH SERVICES LOCALLY 1 4 EDUCATE COMMUNITY ON THE IMPORTANCE OF MAMMOGRAMS BY HANDING OUT SELF-BREAST EXAM SHOWER CARDS AT HEALTH FAIRS, SPEAKING ENGAGEMENTS AND ALL LOCAL OB/GYN OFFICES, AS WELL AS MAKE AVAILABLE IN WAITING AREAS OF THE HOSPITAL IN OCTOBER EVERY YEAR (2017, 2018, AND 2019), 1,500 SELF-BRE</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 11 (CONTINUATION)	<p>AST EXAM SHOWER CARDS AND CALENDARS ARE DISTRIBUTED AT BOTH THE IMAGING CENTER AT LVH- SCH UYLKILL AND HOSPITAL EAST CAMPUS 4 1 CREATE A COLLABORATION BETWEEN THE HOSPITAL, SCHUYLKI LL COUNTY DRUG & ALCOHOL PROGRAM RESOURCES AND OB/GYN PROVIDERS IN COMMUNITY TO OFFER CONTINUUM OF CARE FOR PREGNANT MOTHERS ADDICTED TO HEROIN, INCLUDING CREATION OF TEAM TO CONSULT WHEN PREGNANT MOTHER IS ADMITTED TO THE HOSPITAL OR IDENTIFIED AT OB/GYN VISIT OFFER NUTRITION, REFERRAL FOR SUBSTANCE USE TREATMENT, AT-HOME SUPPORT, MEDICAL HOME, ETC IN DECEMBER OF 2016, A MULTIDISCIPLINARY COMMITTEE FOR DRUG ADDICTED OB PATIENTS WAS DEVELOPED AND MET THEIR GOAL IS TO DEVELOP A PLAN TO BETTER MANAGE THE OB PATIENTS THAT ARE GOING INTO WITHDRAWAL AS WELL AS A PREVENTION STRATEGY THE FIRST THING THE GROUP IS WORKING ON IS DEVELOPING A STANDING ORDER SETS FOR PATIENTS ADMITTED INTO INPATIENT CARE THAT DEMONSTRATE SYMPTOMS OF WITHDRAWAL DURING THEIR STAY IN ORDER TO BETTER MANAGE THEIR STAY NO ACTIVITY OCCURRED IN FY18, BUT DISCUSSIONS IN FY19 ARE OCCURRING TO EXPLORE TELE-MED FOR MAT PROVISION AND EXPANSION OF THE CONNECTIONS CLINIC THE OPERATIONALIZATION OF THIS GRANT WILL OCCUR IN FY12</p>

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Employer identification number
23-1352202

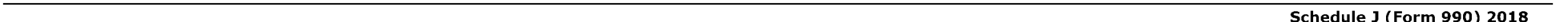
Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT FROM LEHIGH VALLEY HOSPITAL - SCHUYLKILL DURING CALENDAR YEAR 2018 KRISTINA GUERS, REGISTERED NURSE - \$97,572 THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE 457(F) SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL, A RELATED ORGANIZATION, AND RECEIVED A DISTRIBUTION IN CALENDAR YEAR 2018 THOMAS V WHALEN, MD, MMM, FORMER TRUSTEE - \$139,213



Additional Data

Software ID:

Software Version:

EIN: 23-1352202

Name: LEHIGH VALLEY HOSPITAL - SCHUYLKILL

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				
WILLIAM J REPPY PRESIDENT/TRUSTEE	(i)	311,016	27,819	5,408	0	19,545	363,788	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE RIDDLES MD TRUSTEE	(i)	370,766	48,000	-1,019	0	19,545	437,292	0
	(ii)	0	0	0	0	0	0	0
JONATHAN RUSSO PATHOLOGIST	(i)	286,749	500	-2,312	0	19,491	304,428	0
	(ii)	0	0	0	0	0	0	0
RICHARD BINDIE DIRECTOR, PATHOLOGY	(i)	276,330	0	73	0	19,491	295,894	0
	(ii)	0	0	0	0	0	0	0
KRISTINA GUERS REGISTERED NURSE	(i)	80,009	0	97,173	0	6,893	184,075	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA SCHAFFER REGISTERED NURSE	(i)	170,055	500	-3,684	0	21,082	187,953	0
	(ii)	0	0	0	0	0	0	0
BRIAN PAUL PHARMACIST	(i)	152,689	500	-2,536	0	39,759	190,412	0
	(ii)	0	0	0	0	0	0	0
DIANE BORIS VP, FINANCE	(i)	160,430	38,227	-2,152	0	14,822	211,327	0
	(ii)	0	0	0	0	0	0	0
SUE CURRY CHIEF NURSING OFFICER	(i)	186,930	19,546	-2,806	0	15,885	219,555	0
	(ii)	0	0	0	0	0	0	0
THOMAS V WHALEN MD MMM FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	683,396	147,927	160,082	0	33,933	1,025,338	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Employer identification number
23-1352202

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF POTTSVILLE HOSPITAL AUTHORITY	23-2289554	738435CQ7	12-20-2016	56,602,260	PURCHASE OF HOSPITAL FACILITIES		X		X		X

Part II Proceeds

	A	B	C	D				
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	56,774,551							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	772,198							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	55,996,318							
11 Other spent proceeds								
12 Other unspent proceeds	6,035							
13 Year of substantial completion	2018							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Employer identification number

23-1352202

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE CORPORATE MEMBER IS LEHIGH VALLEY HEALTH NETWORK, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S SOLE CORPORATE MEMBER, LEHIGH VALLEY HEALTH NETWORK, INC , HAS THE POWER TO ELECT, APPOINT, APPROVE, OR REJECT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION'S SOLE CORPORATE MEMBER, LEHIGH VALLEY HEALTH NETWORK, INC , HAS THE POWER TO APPROVE OR REJECT CERTAIN MAJOR OPERATING DECISIONS MADE BY THE ORGANIZATION'S GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PROCESS TO REVIEW THE 990'S INCLUDES DRAFT 1 OF THE RETURNS IS REVIEWED IN DETAIL WITH A FOCUS ON ACCURACY, COMPLETENESS, AND PERSPECTIVE BY THE LVHN VICE-PRESIDENT, FINANCE AND CONTROLLER DRAFT 2 OF THE RETURNS IS REVIEWED BY THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER ALL COMPENSATION DISCLOSURES ARE REVIEWED BY THE DIRECTOR, COMPENSATION - HUMAN RESOURCES DRAFT 3 OF THE RETURNS IS REVIEWED TOGETHER WITH THE PRESIDENT & CEO, THE EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER, THE VICE-PRESIDENT, FINANCE AND CONTROLLER AND THE DIRECTOR, TAX FINAL RETURNS ARE REVIEWED WITH THE LVHN BOARD LEADERSHIP GROUP (THE BOARD CHAIR AND THREE VICE CHAIRS) COPIES OF ALL 990'S ARE PROVIDED TO THE FULL BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN JANUARY 2016, LVHN IMPLEMENTED AN ELECTRONIC TOOL DESIGNED TO SEND NOTIFICATIONS AND TRACK DISCLOSURES REPORTED ON CONFLICT OF INTEREST QUESTIONNAIRES THE NETWORK ALSO EXPANDED THE SCOPE OF THE CONFLICT OF INTEREST OR COMMITMENT POLICY, SUCH THAT ADDITIONAL COLLEAGUES ARE NOW REQUIRED TO COMPLETE A QUESTIONNAIRE EACH YEAR PRIOR TO JANUARY, THE VP, INTERNAL AUDIT AND COMPLIANCE SERVICES ISSUED A NOTICE TO BOARD MEMBERS AND MEMBERS OF THE SENIOR MANAGEMENT COUNCIL WHEN IT WAS TIME FOR THEM TO SUBMIT THEIR CONFLICT OF INTEREST QUESTIONNAIRES THE VP ALSO INSTRUCTED MEMBERS OF THE SENIOR MANAGEMENT COUNCIL TO IDENTIFY AND REQUEST COMPLETED CONFLICT OF INTEREST QUESTIONNAIRES FROM INDIVIDUALS WHO HAD POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE HER WITH THE IDENTITY OF THOSE INDIVIDUALS COMPLIANCE SERVICES TRACKED COMPLETION OF THE QUESTIONNAIRES ALL PHYSICIANS ON LVHN'S MEDICAL STAFF ARE ALSO REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY MEDICAL STAFF SERVICES MONITORS THIS PROCESS TO ENSURE THAT ALL PHYSICIANS COMPLY POTENTIAL CONFLICTS ARE MANAGED BY THE LVHN CONFLICT OF INTEREST COMMITTEE AND/OR BY THE BOARD OF TRUSTEES, DEPENDING ON WHOSE INTEREST(S) POSE THE CONFLICT AND THE NATURE OF THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>LEHIGH VALLEY HEALTH NETWORK 2019 EXECUTIVE COMPENSATION REVIEW IN COMPLIANCE WITH THE REBUTTABLE PRESUMPTION OF REASONABLENESS PROCESS OUTLINED IN THE INTERMEDIATE SANCTIONS REGULATIONS (ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE), SULLIVAN COTTER AND ASSOCIATES, INC (SULLIVAN COTTER) QUALIFIES AS AN INDEPENDENT EXECUTIVE COMPENSATION EXPERT, SPECIALIZING IN THE HEALTH CARE INDUSTRY SULLIVAN COTTER PROVIDES ADVICE TO THE LEHIGH VALLEY HEALTH NETWORK EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES TO SUPPORT ITS ATTAINMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS REGULATIONS THEY ALSO SUPPORT THE COMMITTEE IN ENSURING THAT THE LVHN EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE AND ALIGNED WITH THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY CHIEF EXECUTIVE OFFICER TOTAL COMPENSATION REVIEW PROGRAM ANALYSIS ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (BASE SALARY, INCENTIVE, BENEFITS, AND PERQUISITES) FOR LVHN'S PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) IN RELATION TO CEO MARKET DATA OBTAINED FOR A DEFINED PEER GROUP OF COMPARABLE HEALTH SYSTEMS THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR THE PRESIDENT AND CEO AS WELL AS AN ANALYSIS OF FORM 990 COMPENSATION DATA THEY ASSESS THE ALIGNMENT OF THE PRESIDENT AND CEO'S COMPENSATION WITH LVHN'S COMPENSATION PHILOSOPHY AND NOTE THE IMPLICATIONS OF THE REVIEW SULLIVAN COTTER'S ANALYSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT PROVIDES A REASONABLENESS OPINION FOR THE INTERMEDIATE SANCTIONS COMPLIANCE THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE AUGUST 22, 2018 EXECUTIVE COMPENSATION COMMITTEE MEETING CEO COUNCIL EXECUTIVE TOTAL COMPENSATION REVIEW PROGRAM ANALYSIS ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (SALARIES, INCENTIVES, BENEFITS, AND PERQUISITES) FOR LVHN'S CEO COUNCIL EXECUTIVES (APPROXIMATELY 12 TOTAL POSITIONS) IN RELATION TO COMPARABLE POSITIONS IN PEER ORGANIZATIONS THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR EACH INDIVIDUAL SULLIVAN COTTER'S ANALYSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT ALSO PROVIDES AN OPINION OF REASONABLENESS FOR INTERMEDIATE SANCTIONS COMPLIANCE THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE AUGUST 22, 2018 EXECUTIVE COMPENSATION COMMITTEE MEETING SUMMARY OF METHODOLOGY TO CONDUCT THIS ANALYSIS, SULLIVAN COTTER COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE, AS WELL AS EACH POSITION'S DUTIES COMPILED MARKET DATA FOR CEO COUNCIL EXECUTIVES CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY APPROVED BY THE COMMITTEE DURING ITS SEPTEMBER 18, 2018 MEETING THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN EQUALLY WEIGHTED BLEND OF (1) A PEER GROUP OF 30 NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NORTHEAST REGION (EXCLUDING NEW YORK CITY) WITH NET OPERATING REVENUES BETWEEN \$1.3 BILLION AND \$5.0 BILLION (AVERAGE OF \$2.4 BILLION), AND (2) NATI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>ONAL DATA REFLECTING ORGANIZATIONS OF SIMILAR SCOPE AND SIZE TO LVHN NATIONAL DATA ARE USED WHERE PEER GROUP DATA ARE NOT AVAILABLE PEER GROUP AND NATIONAL MARKET DATA WERE ABSTRACTED FROM SULLIVAN COTTER'S 2017 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS, AS WELL AS OTHER PUBLISHED COMPENSATION SURVEYS REFLECTING PAY AT COMPARABLY SIZED ORGANIZATIONS, WHICH INCLUDED NATIONAL HOSPITALS AND NATIONAL MEDICAL GROUPS SULLIVAN COTTER NOTES THAT NO MARKET DATA ARE PROVIDED FOR THE SVP, MEDICAL SERVICES AS THE RESPONSIBILITIES OF THAT POSITION ARE UNIQUE, SO NO BENCHMARK DATA ARE AVAILABLE THE Y RECOMMEND THAT THE COMMITTEE ASSESS THE COMPENSATION FOR THAT POSITION BASED ON INTERNAL EQUITY CONSIDERATIONS COMPILED MARKET DATA FOR THE LVHN CLINICAL CHAIRS PREPARED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) FOR THE CHAIRS OF CLINICAL DEPARTMENTS IN MEDICAL SCHOOLS, LVHN'S TRADITIONAL COMPARATOR GROUP FOR THESE JOBS ADJUSTED THE MARKET DATA TO AN EFFECTIVE DATE OF JANUARY 1, 2019 AT AN ANNUALIZED RATE OF 3.0% BASED ON SALARY INCREASE TRENDS COMPARED EACH COMPONENT OF LVHN'S BENEFIT PROGRAM AGAINST TYPICAL MARKET BENEFIT PRACTICES IN HEALTH SYSTEMS AND HOSPITALS BASED ON MULTIPLE PUBLISHED SURVEYS, SUPPLEMENTED BY SULLIVAN COTTER'S PROPRIETARY DATA AND EXPERIENCE DEVELOPED MARKET TOTAL COMPENSATION DATA BY COMBINING MARKET TCC WITH TYPICAL MARKET BENEFIT COSTS COMPARED LVHN'S TC TO MARKET RATES AND ASSESSED OVERALL POSITIONING FOR PHYSICIAN EXECUTIVES HAVING BOTH CLINICAL AND ADMINISTRATIVE ROLES, RELEVANT MARKET DATA WERE COLLECTED BASED ON FTE ALLOCATION SULLIVAN COTTER HAS NOT COMPLETED AN ASSESSMENT OF THE PHYSICIANS' PRODUCTIVITY OR THE FAIR MARKET VALUE (FMV) OF THEIR CLINICAL COMPENSATION, AS LVHN HAS ADVISED THAT SUCH A MOUNTS ARE APPROPRIATE AND WITHIN FMV SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOTAL COMPENSATION LEVELS COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE COLLECTED INFORMATION ON EACH CEO COUNCIL EXECUTIVE MEMBER'S CURRENT COMPENSATION DATA COLLECTED INCLUDE BASE SALARIES, ANNUAL INCENTIVE OPPORTUNITY LEVELS (TARGET AND MAXIMUM), ACTUAL ANNUAL INCENTIVE PAYOUT AMOUNTS, ANNUAL COSTS OF ALL STANDARD AND SUPPLEMENTAL BENEFITS AND ANNUAL COST AND DESCRIPTION OF EXECUTIVE PERQUISITES REVIEWED JOB DESCRIPTIONS AND ORGANIZATIONAL CHARTS TO IDENTIFY EACH POSITION'S FUNCTIONAL RESPONSIBILITIES AND REPORTING RELATIONSHIPS SELECTED THE APPROPRIATE BENCHMARK POSITION MATCH FOR EACH POSITION AND APPLIED PREMIUMS/DISCOUNTS TO THE MARKET DATA IN INSTANCES WHERE LVHN'S JOB DUTIES DIFFER MATERIALLY FROM BENCHMARK POSITION MATCHES POSITION MATCHES AND MARKET ADJUSTMENTS WERE REVIEWED WITH LVHN'S SENIOR VICE PRESIDENT, HUMAN RESOURCES AND COMPENSATION STAFF LVHN'S PROJECTED FY2018 NET REVENUES AND PHYSICIAN FTE'S WERE USED AS THE SCOPE SIZE FOR EACH ENTITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	ANOTHER WEBSITE - GUIDESTAR UPON REQUEST - HARD COPIES WITH SENIOR MANAGEMENT AND MARKETING DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS ANNUAL REPORT TO THE COMMUNITY THE ANNUAL REPORT IS DISTRIBUTED TO ALL ATTENDEES AT THE ORGANIZATIONS ANNUAL PUBLIC MEETING THE ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW LVHN ORG IN ADDITION, IT IS DISTRIBUTED VIA MAIL TO MEMBERS OF THE COMMUNITY THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIAN FEES PROGRAM SERVICE EXPENSES 9,030,171 MANAGEMENT AND GENERAL EXPENSES 3,852,117 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 12,882,288 CREDIT CARD PROCESSING FEES PROGRAM SERVICE EXPENSES 9,802 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,802 COLLECTION EXPENSE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 706,575 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 706,575 STORAGE FEES PROGRAM SERVICE EXPENSES 36,706 MANAGEMENT AND GENERAL EXPENSES 7,038 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 43,744 MAILING & POSTAGE FEES PROGRAM SERVICE EXPENSES 83,241 MANAGEMENT AND GENERAL EXPENSES 2,834 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 86,075 MAINTENANCE CONTRACTS PROGRAM SERVICE EXPENSES 3,511,203 MANAGEMENT AND GENERAL EXPENSES 1,636 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,512,839

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY ADJUSTMENT -6,311,061

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL - SCHUYLKILL

Employer identification number

23-1352202

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(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.

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) 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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1352202
Name: LEHIGH VALLEY HOSPITAL - SCHUYLKILL

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
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2349341	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2580968	STAFFING SERVICES	PA	501(C)(3)	LINE 12B, II	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-5880364	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-2038456	SURGICAL SERVICES	PA	501(C)(3)	LINE 3	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 22-2458317	PARENT COMPANY	PA	501(C)(3)	LINE 12C, III-FI	N/A		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2586770	REAL ESTATE HOLDING CO	PA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 23-1689692	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2700908	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2245513	REAL ESTATE RENTALS	PA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2421970	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2611474	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2516451	SUPPORT POCONO HEALTH SYSTEM	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2336285	SUPPORT POCONO MEDICAL CENTER	PA	501(C)(3)	LINE 12B, II	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 20-6560453	SELF-INSURANCE	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-3014006	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 24-0795623	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2535297	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		No
700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2866006	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 10	LEHIGH VALLEY PHYSICIAN GROUP		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2440891	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2532377	AMBULATORY MEDICAL SERVICES	PA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		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	
(1) FAIRGROUNDS MEDICAL CENTER 400 N 17TH STREET STE 102 ALLENTOWN, PA 181045052 23-2530427	REAL ESTATE RENTALS	PA	N/A									
(1) HAZLETON SURGERY CENTER LLC 17480 DALLAS PARKWAY STE 210 DALLAS, TX 752877304 20-1232531	SURGICAL SERVICES	PA	N/A									
(2) HEALTH NETWORK LABORATORIES LLC 794 ROBLE ROAD ALLENTOWN, PA 181099110 23-2932802	LABORATORY SERVICES	PA	N/A									
(3) HEALTH NETWORK LABORATORIES LP 794 ROBLE ROAD ALLENTOWN, PA 181099110 23-2948774	LABORATORY SERVICES	PA	N/A									
(4) LEHIGH VALLEY IMAGING LLC 1230 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 46-4551937	IMAGING SERVICES	PA	N/A									
(5) LVHN RECIPROCAL RISK RETENTION GROUP 151 MEETING STREET STE 301 CHARLESTON, SC 294012238 20-0037118	INSURANCE SERVICES	PA	LEHIGH VALLEY HEALTH NETWORK	RELATED		3,608,460		No			No	10 000 %
(6) POCONO AMBULATORY SURGERY CENTER LTD 1 STORM STREET STROUDSBURG, PA 183602406 23-2611442	SURGICAL SERVICES	PA	N/A									
(7) POCONO HEALTH SYSTEM INVESTMENT COLLABORATIVE LP 206 E BROWN STREET EAST STROUDSBURG, PA 183013006 47-2125419	INVESTMENTS	PA	N/A									
(8) SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP 700 SCHUYLKILL MANOR ROAD POTTSVILLE, PA 179013849 23-2514813	REAL ESTATE RENTALS	PA	SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION	INVESTMENT	91,490	362,300		No			No	30 910 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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) AMERICAN PATIENT TRANSPORT SYSTEMS INC 119 EAST HOLLY STREET HAZLETON, PA 182015507 23-3022467	EMS SERVICES	PA	N/A	C					No
(1) HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING INC 700 E BROAD STREET HAZLETON, PA 182016835 23-2500981	MEDICAL OFFICE RENTAL	PA	N/A	C					No
(2) LEHIGH VALLEY ANESTHESIA SERVICES PC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-3906125	ANESTHESIA SERVICES	PA	N/A	C					No
(3) LEHIGH VALLEY HEALTH SERVICES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2263665	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
(4) LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2750430	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
(5) POPULYTICS INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2539282	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
(6) SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION 700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2432417	PURSUES, IMPLEMENTS & FURTHERS ACTIVITIES & PURPOSES OF HEALTH NETWORK	PA	N/A	C					No
(7) SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM ASSOCIATION 420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2931821	CONDOMINIUM ASSOCIATION	PA	N/A	C					No
(8) SPECTRUM HEALTH VENTURES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2391479	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
(9) WESTGATE PROFESSIONAL CENTER INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-1657333	REAL ESTATE RENTALS	PA	N/A	C					No