

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493127021230

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2100 MACK BLVD  
  
City or town, state or province, country, and ZIP or foreign postal code  
ALLENTOWN, PA 181035622

D Employer identification number  
  
23-1689692  
  
E Telephone number  
  
(484) 884-0130  
  
G Gross receipts \$ 2,295,828,615

F Name and address of principal officer:  
BRIAN A NESTER  
2100 MACK BLVD  
ALLENTOWN, PA 181035622

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: 1971

M State of legal domicile: PA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
OUR MISSION IS TO HEAL, COMFORT AND CARE FOR THE PEOPLE OF OUR COMMUNITY BY PROVIDING ADVANCED AND COMPASSIONATE HEALTH CARE OF SUPERIOR QUALITY AND VALUE, SUPPORTED BY EDUCATION AND RESEARCH.

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) . . . . . 12

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 7

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . . 10,473

6 Total number of volunteers (estimate if necessary) . . . . . 1,249

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 12,128,933

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 2,338,405

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 24,613,595

9 Program service revenue (Part VIII, line 2g) . . . . . 1,552,285,083

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 12,424,951

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 88,089,798

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 1,677,413,427

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 754,287

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 581,286,971

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶1,753,293

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 1,054,465,813

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 1,636,507,071

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 40,906,356

Expenses

20 Total assets (Part X, line 16) . . . . . 2,365,702,043

21 Total liabilities (Part X, line 26) . . . . . 1,076,213,835

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 1,289,488,208

Net Assets or Fund Balances

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

\*\*\*\*\*  
Signature of officer  
2020-05-06  
Date  
ROBERT THOMAS ASSISTANT TREASURER  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

**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:

OUR MISSION IS TO HEAL, COMFORT AND CARE FOR THE PEOPLE OF OUR COMMUNITY BY PROVIDING ADVANCED AND COMPASSIONATE HEALTH CARE OF SUPERIOR QUALITY AND VALUE, SUPPORTED BY EDUCATION AND RESEARCH.

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 1,906,011,031 including grants of \$ 816,249 ) (Revenue \$ 2,098,883,374 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

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

**4e** **Total program service expenses** ▶ 1,906,011,031

**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | <b>4</b> Yes   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | <b>10</b> Yes  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | <b>11c</b> Yes |    |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | <b>11e</b> Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | <b>14a</b>     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | <b>18</b> Yes  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | <b>20b</b> Yes |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | <b>21</b>      | No |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | <b>22</b> Yes  |    |

**Part IV Checklist of Required Schedules (continued)**

|            |  | Yes            | No |
|------------|--|----------------|----|
| <b>23</b>  | 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> . . . . .  | <b>23</b> Yes  |    |
| <b>24a</b> | 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> . . . . .                            | <b>24a</b> Yes |    |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b>     | No |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b>     | No |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b>     | No |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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> . . . . .  | <b>25a</b>     | No |
| <b>b</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> . . . . .                                       | <b>25b</b>     | No |
| <b>26</b>  | 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> . . . . .                                 | <b>26</b>      | No |
| <b>27</b>  | 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> . . . . . | <b>27</b>      | No |
| <b>28</b>  | 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):  |                |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b>     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b>     | No |
| <b>c</b>   | 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> . . . . .  | <b>28c</b> Yes |    |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b> Yes  |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b> Yes  |    |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>      | No |
| <b>32</b>  | 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> . . . . .  | <b>32</b>      | No |
| <b>33</b>  | 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> . . . . .  | <b>33</b>      | No |
| <b>34</b>  | 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> . . . . .  | <b>34</b> Yes  |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b>     | No |
| <b>b</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> . . . . .   | <b>35b</b>     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>      | No |
| <b>37</b>  | 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> . . . . .   | <b>37</b>      | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | <b>38</b> 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 |
|-----------|--|---------------|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .  | <b>1a</b> 786 |    |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> 0   |    |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> Yes |    |

Form **990** (2018)

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

## Section A. Governing Body and Management

|  |              | Yes | No |
|--|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | <b>1a</b> 12 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.            |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> 7  |     |    |
| <b>2</b> 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?   | <b>2</b>     |     | No |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>     | Yes |    |
| <b>7a</b> 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?   | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |     |    |
| <b>a</b> The governing body?   | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b>    | Yes |    |
| <b>9</b> 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        | <b>9</b>     |     | No |

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

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

## Section C. Disclosure

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**THE ORGANIZATION 2100 MACK BLVD ALLENTOWN, PA 181035622 (484) 884-0130**

Part VII

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

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

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

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

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

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

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

| (A)<br>Name and Title                                       | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below dotted<br>line) | (C)<br>Position (do not check more<br>than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization<br>(W- 2/1099-<br>MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---|---|--|-----------------------|---------|--------------|---------------------------------|--------|---|--|---|
|   |   | Individual trustee<br>or director  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |   |  |   |
| (1) KIRSTEN ANTHONY<br>.....<br>TRUSTEE                     | 1.00<br>.....   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| (2) ROBERT BEGLIOMINI<br>.....<br>PRESIDENT, LVH-M/TRUSTEE  | 60.00<br>.....  | X  |                       |         |              |                                 |        | 332,356   | 0  | 39,435  |
| (3) DEBORAH BREN DO<br>.....<br>TRUSTEE                     | 1.00<br>.....<br>60.00  | X  |                       |         |              |                                 |        | 328,066   | 0  | 35,865  |
| (4) TERRY CAPUANO<br>.....<br>PRESIDENT, LVH/TRUSTEE        | 60.00<br>.....  | X  |                       |         |              |                                 |        | 1,028,529   | 0  | 27,925  |
| (5) STEVEN R FOLLETT<br>.....<br>VICE CHAIR/TRUSTEE         | 1.00<br>.....   | X  |                       | X       |              |                                 |        | 0   | 0  | 0   |
| (6) WILLIAM M KENT MHA<br>.....<br>TRUSTEE                  | 1.00<br>.....<br>60.00  | X  |                       |         |              |                                 |        | 749,113   | 0  | 28,436  |
| (7) PATRICIA MARTIN MD<br>.....<br>TRUSTEE                  | 1.00<br>.....   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| (8) WILLIAM MASON<br>.....<br>TRUSTEE                       | 1.00<br>.....   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| (9) KATHY O'BRIEN<br>.....<br>TRUSTEE                       | 1.00<br>.....   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| (10) JOSEPH E PATRUNO MD<br>.....<br>TRUSTEE                | 1.00<br>.....<br>60.00  | X  |                       |         |              |                                 |        | 0   | 433,542  | 41,365  |
| (11) MARTIN K TILL<br>.....<br>CHAIR/TRUSTEE                | 1.00<br>.....   | X  |                       | X       |              |                                 |        | 0   | 0  | 0   |
| (12) SUSAN C YEE<br>.....<br>TRUSTEE                        | 1.00<br>.....   | X  |                       |         |              |                                 |        | 0   | 0  | 0   |
| (13) THOMAS MARCHOZZI<br>.....<br>TREASURER                 | 1.00<br>.....<br>60.00  |  |                       | X       |              |                                 |        | 734,318   | 0  | 18,584  |
| (14) MATTHEW SORRENTINO ESQ<br>.....<br>SECRETARY           | 1.00<br>.....<br>60.00  |  |                       | X       |              |                                 |        | 317,570   | 0  | 19,147  |
| (15) ROBERT THOMAS<br>.....<br>ASSISTANT TREASURER          | 1.00<br>.....<br>60.00  |  |                       | X       |              |                                 |        | 276,703   | 0  | 27,478  |
| (16) THOMAS V WHALEN MD MMM<br>.....<br>ASSISTANT SECRETARY | 1.00<br>.....<br>60.00  |  |                       | X       |              |                                 |        | 991,405   | 0  | 33,933  |
| (17) BRIAN NESTER DO<br>.....<br>PRESIDENT/CEO, LVHN        | 60.00<br>.....  |  |                       |         |              | X                               |        | 1,811,569   | 0  | 39,436  |

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) RAYMOND SINGER<br>.....<br>PHYSICIAN-IN-CHIEF, SURGERY INSTITUTE | 60.00<br>.....   |   |                       |         |              | X                            |        | 872,738  | 0   | 41,361  |
| (19) DEBORAH SALAS-LOPEZ MD<br>.....<br>ASSOC. CHIEF MEDICAL OFFICER  | 60.00<br>.....   |   |                       |         |              | X                            |        | 771,729  | 0   | 22,933  |
| (20) ROBERT MURPHY MD<br>.....<br>CHIEF INTEGRATION OFFICER           | 60.00<br>.....   |   |                       |         |              | X                            |        | 762,308  | 0   | 39,436  |
| (21) PAUL TIRJAN<br>.....<br>PRESIDENT, ALLSPIRE HEALTH PARTNERS LLC  | 1.00<br>60.00  |   |                       |         |              | X                            |        | 676,910  | 0   | 34,886  |
| (22) GREGORY BRUSKO DO<br>.....<br>FORMER TRUSTEE                     | 0.00<br>.....  |   |                       |         |              |                              | X      | 0  | 181,124   | 15,260  |
| (23) JAMES F GEIGER<br>.....<br>FORMER TRUSTEE                        | 0.00<br>.....  |   |                       |         |              |                              | X      | 485,708  | 0   | 33,933  |
| (24) JAMES ROTHERHAM<br>.....<br>FORMER ASST. TREASURER               | 0.00<br>.....  |   |                       |         |              |                              | X      | 108,823  | 0   | 10,488  |
| (25) DAVID SPRINGHETTI<br>.....<br>FORMER SECRETARY                   | 0.00<br>.....  |   |                       |         |              |                              | X      | 688,579  | 0   | 8,382   |
|   |  |   |                       |         |              |                              |        |  |   |   |

|   |   |            |         |         |
|---|---|------------|---------|---------|
| <b>1b Sub-Total</b> . . . . .   | ▶ |            |         |         |
| <b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . | ▶ |            |         |         |
| <b>1d Total (add lines 1b and 1c)</b> . . . . .                           | ▶ | 10,936,424 | 614,666 | 518,283 |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **655**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| CROTHALL HEALTHCARE INC<br>13028 COLLECTION CENTER DRIVE<br>CHICAGO, IL 606930001        | HOUSEKEEPING SERVICES          | 16,799,080          |
| SODEXO INC & AFFILIATES<br>PO BOX 360170<br>PITTSBURGH, PA 152516170                     | DIETARY SERVICES               | 11,206,552          |
| NAVIGANT CONSULTING INC<br>4511 PAYSHERE CIRCLE<br>CHICAGO, IL 606740001                 | CONSULTING SERVICES            | 8,238,173           |
| MARSH USA INC<br>1166 AVENUE OF THE AMERICAS<br>NEW YORK, NY 100362708                   | CONSULTING SERVICES            | 4,984,163           |
| PRICEWATERHOUSECOOPERS ADVISORY SERVICES<br>300 MADISON AVENUE<br>NEW YORK, NY 100176232 | CONSULTING SERVICES            | 3,488,299           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **144**



|   |  |  |  |   |  |            |            |         |
|---|--|--|--|---|--|------------|------------|---------|
| Form 990 (2018)   |  | Page 9   |  |   |  |            |            |         |
| Part VIII   |  | Statement of Revenue                                 |  |   |  |            |            |         |
| Check if Schedule O contains a response or note to any line in this Part VIII |  |  |  |   |  |            |            |         |
|   |  | (A)<br>Total revenue                                 | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |            |            |         |
| Contributions, Gifts, Grants<br>and Other Similar Amounts                     | 1a Federated campaigns   | 1a   |  |   |  |            |            |         |
|   | b Membership dues  | 1b   |  |   |  |            |            |         |
|   | c Fundraising events   | 1c   |  |   |  |            |            |         |
|   | d Related organizations  | 1d   |  |   |  |            |            |         |
|   | e Government grants (contributions)  | 1e   | 3,320,424  |   |  |            |            |         |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above   | 1f   | 19,577,627   |   |  |            |            |         |
|   | g Noncash contributions included<br>in lines 1a - 1f: \$   |  | 406,613  |   |  |            |            |         |
|   | h Total. Add lines 1a-1f   |  | 22,898,051   |   |  |            |            |         |
| Program Service Revenue   | 2a OUTPATIENT REVENUE  |  | Business Code                                      |   |  |            |            |         |
|   |  |  | 621400   | 1,127,207,021                           | 1,116,621,340  | 10,585,681 |            |         |
|   | b INPATIENT REVENUE  |  | 621990   | 882,522,509                             | 882,522,509  |            |            |         |
|   | c  |  |  |   |  |            |            |         |
|   | d  |  |  |   |  |            |            |         |
|   | e  |  |  |   |  |            |            |         |
|   | f All other program service revenue.   |  |  |   |  |            |            |         |
|   | 9 Total. Add lines 2a-2f   |  | 2,009,729,530                                      |   |  |            |            |         |
| Other Revenue   | 3 Investment income (including dividends, interest, and other<br>similar amounts)  |  |  | 16,057,248                              |  |            | 16,057,248 |         |
|   | 4 Income from investment of tax-exempt bond proceeds   |  |  |   |  |            |            |         |
|   | 5 Royalties  |  |  |   |  |            |            |         |
|   | 6a Gross rents   | (i) Real   | (ii) Personal                                      |   |  |            |            |         |
|   |  |  |  |   |  |            |            |         |
|   |  | 15,634,810   |  |   |  |            |            |         |
|   |  | b Less: rental expenses                              | 13,289,588   |   |  |            |            |         |
|   | c Rental income or<br>(loss)   | 2,345,222  |  |   |  |            |            |         |
|   | d Net rental income or (loss)  |  |  | 2,345,222                               |  |            | 2,345,222  |         |
|   | 7a Gross amount<br>from sales of<br>assets other<br>than inventory   | (i) Securities                                       | (ii) Other   |   |  |            |            |         |
|   |  |  |  |   |  |            |            |         |
|   |  | 135,842,448  | 126,746  |   |  |            |            |         |
|   |  | b Less: cost or<br>other basis and<br>sales expenses | 128,819,854  | 28,573                                  |  |            |            |         |
|   | c Gain or (loss)   | 7,022,594  | 98,173   |   |  |            |            |         |
|   | d Net gain or (loss)   |  |  | 7,120,767                               | 7,120,767  |            |            |         |
|   | 8a Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c).<br>See Part IV, line 18 | a  | 1,377,772  |   |  |            |            |         |
|   |  | b Less: direct expenses                              | b  | 630,037                                 |  |            |            |         |
|   |  | c Net income or (loss) from fundraising events       |  |   | 747,735  |            |            | 747,735 |
|   | 9a Gross income from gaming activities.<br>See Part IV, line 19  | a  |  |   |  |            |            |         |
|   |  | b Less: direct expenses                              | b  |   |  |            |            |         |
| c Net income or (loss) from gaming activities                                 |  |  |  |   |  |            |            |         |
| 10a Gross sales of inventory, less<br>returns and allowances                  | a  |  |  |   |  |            |            |         |
|   | b Less: cost of goods sold   | b  |  |   |  |            |            |         |
|   | c Net income or (loss) from sales of inventory   |  |  |   |  |            |            |         |
| Miscellaneous Revenue   |  | Business Code  |  |   |  |            |            |         |
| 11a RESEARCH & MISC INCOME  |  | 900099   | 76,570,579   | 76,149,180                              | 421,399  |            |            |         |
| b HEALTH NETWORK LABORAT  |  | 621500   | 14,956,055   | 13,834,202                              | 1,121,853  |            |            |         |
| c LEHIGH VALLEY PHO   |  | 900003   | 2,635,376  | 2,635,376                               |  |            |            |         |
| d All other revenue   |  |  |  |   |  |            |            |         |
| e Total. Add lines 11a-11d  |  |  | 94,162,010   |   |  |            |            |         |
| 12 Total revenue. See Instructions.   |  |  | 2,153,060,563                                      | 2,098,883,374                           | 12,128,933   |            | 19,150,205 |         |

Form 990 (2018)

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|------------------------------------|---|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                    |   |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 816,249               | 816,249                            |   |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.  |                       |                                    |   |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                    |   |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 4,988,863             | 4,988,863                          |   |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                    |   |                             |
| <b>7</b> Other salaries and wages  | 529,483,563           | 498,257,884                        | 30,205,564                                | 1,020,115                   |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   | 22,887,697            | 21,119,699                         | 1,709,679                                 | 58,319                      |
| <b>9</b> Other employee benefits . . . . .   | 100,991,441           | 98,040,044                         | 2,861,260                                 | 90,137                      |
| <b>10</b> Payroll taxes . . . . .  | 40,698,799            | 38,440,759                         | 2,184,218                                 | 73,822                      |
| <b>11</b> Fees for services (non-employees):   |                       |                                    |   |                             |
| <b>a</b> Management . . . . .  |                       |                                    |   |                             |
| <b>b</b> Legal . . . . .   | 2,947,472             | 616,414                            | 2,331,058                                 |                             |
| <b>c</b> Accounting . . . . .  | 582,046               | 24,611                             | 557,435                                   |                             |
| <b>d</b> Lobbying . . . . .  |                       |                                    |   |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                    |   |                             |
| <b>f</b> Investment management fees . . . . .  |                       |                                    |   |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 204,970,889           | 161,961,572                        | 42,878,375                                | 130,942                     |
| <b>12</b> Advertising and promotion . . . . .  | 9,403,495             | 4,336,825                          | 5,066,581                                 | 89                          |
| <b>13</b> Office expenses . . . . .  | 1,788,032             | 1,633,120                          | 151,879                                   | 3,033                       |
| <b>14</b> Information technology . . . . .   | 27,178,989            | 27,178,989                         |   |                             |
| <b>15</b> Royalties . . . . .  |                       |                                    |   |                             |
| <b>16</b> Occupancy . . . . .  | 37,946,004            | 37,728,558                         | 208,696                                   | 8,750                       |
| <b>17</b> Travel . . . . .   | 1,907,099             | 1,811,418                          | 92,882                                    | 2,799                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                    |   |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 2,308,818             | 2,159,290                          | 141,359                                   | 8,169                       |
| <b>20</b> Interest . . . . .   | 32,062,225            | 32,062,225                         |   |                             |
| <b>21</b> Payments to affiliates . . . . .   |                       |                                    |   |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 110,264,121           | 109,917,353                        | 346,185                                   | 583                         |
| <b>23</b> Insurance . . . . .  | 9,803,405             | 9,803,405                          |   |                             |
| <b>24</b> 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.)  |                       |                                    |   |                             |
| <b>a</b> MEDICAL SUPPLIES  | 401,296,313           | 401,296,313                        |   |                             |
| <b>b</b> PURCHASED SERVICES  | 339,059,634           | 330,057,209                        | 8,897,553                                 | 104,872                     |
| <b>c</b> BAD DEBTS EXPENSE   | 53,197,535            | 53,197,535                         |   |                             |
| <b>d</b> CONTRACTED LABOR  | 577,542               | 577,542                            |   |                             |
| <b>e</b> All other expenses  | 71,381,206            | 69,985,154                         | 1,144,389                                 | 251,663                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 2,006,541,437         | 1,906,011,031                      | 98,777,113                                | 1,753,293                   |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>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)<br>Beginning of year |               | (B)<br>End of year |             |
|------------------------------------|--|--|---------------|--------------------------|---------------|--------------------|-------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |               | 12,499                   | <b>1</b>      | 16,128             |             |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .   |               | 39,186,386               | <b>2</b>      | 55,461,394         |             |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .   |               | 18,163,008               | <b>3</b>      | 38,478,271         |             |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .   |               | 245,880,449              | <b>4</b>      | 242,018,225        |             |
|                                    | <b>5</b>   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  |               |                          | <b>5</b>      |                    |             |
|                                    | <b>6</b>   | 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 . . . . . |               |                          | <b>6</b>      |                    |             |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .  |               | -10,290,780              | <b>7</b>      | -42,040,050        |             |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .  |               | 27,216,931               | <b>8</b>      | 29,025,676         |             |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |               | 18,154,778               | <b>9</b>      | 21,302,821         |             |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b>    | 2,108,811,411            |               |                    |             |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b>    | 1,139,379,552            | 963,931,692   | <b>10c</b>         | 969,431,859 |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .   |               | 834,624,275              | <b>11</b>     | 892,667,044        |             |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |               |                          | <b>12</b>     |                    |             |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |               | 194,826,061              | <b>13</b>     | 210,505,980        |             |
|                                    | <b>14</b>  | Intangible assets . . . . .  |               | 22,695,516               | <b>14</b>     | 22,599,914         |             |
|                                    | <b>15</b>  | Other assets. See Part IV, line 11 . . . . .   |               | 11,301,228               | <b>15</b>     | 13,342,805         |             |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |  | 2,365,702,043 | <b>16</b>                | 2,452,810,067 |                    |             |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |               | 138,026,092              | <b>17</b>     | 180,251,533        |             |
|                                    | <b>18</b>  | Grants payable . . . . .   |               |                          | <b>18</b>     |                    |             |
|                                    | <b>19</b>  | Deferred revenue . . . . .   |               | 14,090,764               | <b>19</b>     | 13,278,167         |             |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |               | 625,995,978              | <b>20</b>     | 611,788,401        |             |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |               |                          | <b>21</b>     |                    |             |
|                                    | <b>22</b>  | 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 . . . . .   |               |                          | <b>22</b>     |                    |             |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .   |               |                          | <b>23</b>     |                    |             |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .   |               |                          | <b>24</b>     |                    |             |
|                                    | <b>25</b>  | 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 . . . . .  |               | 298,101,001              | <b>25</b>     | 351,046,286        |             |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |               | 1,076,213,835            | <b>26</b>     | 1,156,364,387      |             |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |  |               |                          |               |                    |             |
|                                    | <b>27</b>  | Unrestricted net assets . . . . .  |               | 1,085,230,032            | <b>27</b>     | 1,069,286,334      |             |
|                                    | <b>28</b>  | Temporarily restricted net assets . . . . .  |               | 145,097,542              | <b>28</b>     | 167,464,821        |             |
|                                    | <b>29</b>  | Permanently restricted net assets . . . . .  |               | 59,160,634               | <b>29</b>     | 59,694,525         |             |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |  |               |                          |               |                    |             |
|                                    | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .   |               |                          | <b>30</b>     |                    |             |
|                                    | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |               |                          | <b>31</b>     |                    |             |
|                                    | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds . . . . .   |               |                          | <b>32</b>     |                    |             |
|                                    | <b>33</b>  | <b>Total net assets or fund balances</b> . . . . .   |               | 1,289,488,208            | <b>33</b>     | 1,296,445,680      |             |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .  |  | 2,365,702,043 | <b>34</b>                | 2,452,810,067 |                    |             |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |  |           |               |
|-----------|--|-----------|---------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 2,153,060,563 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 2,006,541,437 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 146,519,126   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 1,289,488,208 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 14,018,706    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |               |
| <b>7</b>  | Investment expenses  | <b>7</b>  |               |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |               |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -153,580,360  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 1,296,445,680 |

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | No  |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | Yes |    |
| <b>b</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 |    |

**Software ID:**  
**Software Version:**  
**EIN:** 23-1689692  
**Name:** LEHIGH VALLEY HOSPITAL

Form 990 (2018)

**Form 990, Part III, Line 4a:**

LEHIGH VALLEY HOSPITAL (LVH) IS COMPOSED OF FOUR HOSPITAL CAMPUSES INCLUDING LVH-CEDAR CREST, LVH-MUHLenberg, LVH-17TH STREET AND LVH-TILGHMAN. LVH OFFERS A CONTINUUM OF PROGRAMS IN HEALTH CARE PROMOTION, PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION TO THE COMMUNITY. EXTENSIVE INPATIENT, OUTPATIENT AND EDUCATIONAL SERVICES ARE PROVIDED AT LOCATIONS THROUGHOUT THE REGION AND ARE A PART OF THE LEHIGH VALLEY HEALTH NETWORK (LVHN) ESTABLISHED TO MEET THE MEDICAL, SURGICAL AND EDUCATIONAL NEEDS OF THE RESIDENTS OF THE LEHIGH VALLEY AND BEYOND. ON MAY 1, 2018, LEHIGH VALLEY HOSPITAL-MUHLenberg AND LEHIGH VALLEY HOSPITAL, INC. MERGED, AND THE SURVIVING CORPORATE ENTITY WAS LEHIGH VALLEY HOSPITAL, INC. LVH-MUHLenberg IS NOW CONSIDERED A CAMPUS OF LEHIGH VALLEY HOSPITAL, A GENERAL, ACUTE PATIENT CARE FACILITY. LVH SERVES AS A REFERRAL CENTER FOR APPROXIMATELY TWO MILLION RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA, WITH A SPECIAL FOCUS IN THE FOLLOWING KEY AREAS: CANCER INSTITUTE OF LVH - THE LVH BASED PORTIONS OF THE NETWORK CANCER INSTITUTE OFFERS A RANGE OF CANCER SERVICES IN SIX CONVENIENT, PATIENT-FOCUSED LOCATIONS, JOHN AND DOROTHY MORGAN CANCER CENTER AT THE CEDAR CREST CAMPUS, THE CANCER CENTER IN BETHLEHEM AT THE MUHLenberg CAMPUS, AND INFUSION SERVICES AT THE HEALTH CENTER IN BANGOR; LVPG HEMATOLOGY ONCOLOGY ASSOCIATES IN LEHIGHTON. CANCER CARE PROGRAMS INCLUDE PREVENTION, DETECTION, DIAGNOSIS, GENETICS, PATIENT NAVIGATION, NUTRITIONAL SERVICES, SOCIAL AND PSYCHOLOGICAL SUPPORT, REHABILITATION, CLINICAL TRIALS, MULTIDISCIPLINARY AND COORDINATED CARE, AND ALL FORMS OF THERAPY. THE CANCER CENTER BECAME A PARTNER WITH MEMORIAL SLOAN KETTERING CANCER ALLIANCE OF NEW YORK CITY OFFICIALLY IN MARCH 2016 AND MAINTAINS A RESEARCH PARTNERSHIP WITH THE WISTAR SCIENTIFIC AND BIOLOGY INSTITUTE OF PHILADELPHIA, PA. BOTH OF THESE INSTITUTIONS ARE NCI DESIGNATED CANCER CENTERS PROGRAMS. CANCER INSTITUTE PARTNERED WITH STRATA ONCOLOGY, A PRECISION ONCOLOGY COMPANY IN JUNE OF 2019. THE STRATA TRIAL PERFORMS MOLECULAR PROFILING OF SPECIFIC TYPES OF TUMORS TO HELP MATCH PATIENTS WITH THE ADVANCED FORMS OF CANCER TO NEW PRECISION TREATMENT OPTIONS. THIS PARTNERSHIP POSITIONS LEHIGH VALLEY CANCER INSTITUTE ON THE LEADING-EDGE OF PROVIDING PATIENTS ACCESS TO THE LATEST TECHNOLOGY AND CLINICAL RESEARCH TO TARGET THEIR SPECIFIC CANCER MUTATION. CANCER INSTITUTE FACILITIES INCLUDE PHYSICIANS' OFFICES, BREAST HEALTH SERVICES, MULTIDISCIPLINARY CLINICS, CONFERENCE ROOMS, PRIVATE EDUCATION AND COUNSELING AREAS, MULTI-PURPOSE TREATMENT AREA FOR INFUSIONS, PROCEDURE ROOM AND RADIATION ONCOLOGY FACILITIES INCLUDING: (6) LINEAR ACCELERATORS, (2) CT SIMULATORS, (1) HIGH DOSE RATE BRACHYTHERAPY, (1) GAMMA KNIFE RADIOSURGERY, SIRS SPHERES (Y-90), PROSTATE SEED IMPLANT- LOW DOSE BRACHYTHERAPY, STEREOTACTIC BODY RADIOTHERAPY (SBRT), LINAC BASED STEREOTACTIC RADIOSURGERY (SRS)/STEREOTACTIC RADIOTHERAPY (SRT), 3-D TREATMENT PLANNING, INTENSITY MODULATED RADIATION THERAPY (IMRT), IMAGE GUIDED RADIATION THERAPY (IGRT) , OPTICAL SURFACE MONITORING SYSTEM (OSMS), AND CALYPSO SYSTEM FOR REAL-TIME MOTION AND TARGET TRACKING. OUR MOBILE MAMMOGRAPHY PROGRAM BEGAN SERVICE IN OCTOBER 2018 AND SERVES NINE COUNTIES IN OUR MARKET AREA AND PROVIDES PREVENTIVE BREAST HEALTH SERVICES TO YOUR EMPLOYEES AND MEMBERS OF THE COMMUNITY. DESIGNED SPECIFICALLY FOR THE LEHIGH VALLEY CANCER INSTITUTE, THE MOBILE MAMMOGRAPHY COACH PROVIDES A CONVENIENT WAY FOR WOMEN TO HAVE 3D SCREENING MAMMOGRAMS RIGHT AT YOUR LOCATION. BY BRINGING THE MAMMOGRAPHY COACH TO YOU, WE CAN GIVE WOMEN WITH MANY DEMANDS ON THEIR TIME, ACCESS TO SCREENING MAMMOGRAMS RIGHT AT WORK, SCHOOL OR COMMUNITY ORGANIZATION. THE FACULTY OF THE CANCER CENTER IS COMPOSED OF PHYSICIANS WHO ARE CANCER CARE SPECIALISTS AND BOARD-CERTIFIED IN ALL FIELDS OF CANCER THERAPY AND EVALUATION. IN ADDITION, LVH PARTICIPATES IN THE 1-800-4-CANCER TELEPHONE LINE, THE PENNSYLVANIA DEPARTMENT OF HEALTH'S TOLL-FREE CANCER INFORMATION AND RESOURCE PHONE NUMBER. SPECIALLY TRAINED NURSES FROM LVH PROVIDE CALLERS WITH INFORMATION ABOUT INSTITUTIONS, AGENCIES, SERVICES AND PROGRAMS IN THE CALLER'S COMMUNITIES THAT MEET THEIR CANCER-RELATED NEEDS. IN CALENDAR YEAR 2018, THE CANCER INSTITUTE SAW OVER 3,500 NEW ANALYTIC CANCER CASES. INPATIENT ONCOLOGY ADMISSIONS WERE 3,142 IN THE FISCAL YEAR ENDED JUNE 30, 2018 AND OUTPATIENT VOLUMES WERE 1,629 NEW TREATMENT PATIENTS FOR RADIATION PROCEDURES, AND 43,986 TREATMENT PATIENTS FOR INFUSION VISITS. HEART INSTITUTE OF LVH - THE LEHIGH VALLEY HEART INSTITUTE IS ONE OF THE LARGEST AND MOST RESPECTED CARDIOVASCULAR PROGRAMS IN PENNSYLVANIA. WITH 54 CARDIOLOGISTS AND 7 CARDIOTHORACIC SURGEONS, LEHIGH VALLEY HOSPITAL-CEDAR CREST AND LEHIGH VALLEY HOSPITAL-MUHLenberg OFFERS AN IMPRESSIVE AND COMPREHENSIVE ARRAY OF PREVENTATIVE, DIAGNOSTIC, ACUTE, TERTIARY, AND QUATERNARY CARDIOVASCULAR SERVICES. SPECIALIZED PROGRAMS INCLUDE: CARDIAC ARREST MANAGEMENT, CORONARY INTERVENTIONAL, REGIONAL CARDIOGENIC SHOCK AND MECHANICAL CIRCULATORY SUPPORT, STRUCTURAL HEART, ADVANCED HEART FAILURE, CARDIO-ONCOLOGY, COMPLEX LIPID MANAGEMENT, COMPREHENSIVE RHYTHM MANAGEMENT, A WOMEN'S HEART PROGRAM WITH A DEVELOPED SUBSPECIALTY HEART AND PREGNANCY PROGRAM, NEURO-CARDIOLOGY, AND PERIPHERAL VASCULAR. IN FISCAL YEAR ENDING JUNE 30, 2019, LEHIGH VALLEY HOSPITAL-CEDAR CREST AND LEHIGH VALLEY HOSPITAL-MUHLenberg PERFORMED 5,101 CARDIAC CATHETERIZATION CASES, 1,790 ELECTROPHYSIOLOGY CASES, 605 OPEN HEART SURGERIES, 200 TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) SURGERIES, AND PROVIDED COMPASSIONATE CARE AT OVER 75,000 OUTPATIENT CARDIOLOGY VISITS. LEHIGH VALLEY HOSPITAL-CEDAR CREST HAS RECEIVED NUMEROUS AWARDS AND ACCOLADES FOR ITS CARDIOVASCULAR SERVICES AND RANKS AS A NATIONAL LEADER IN HEART ATTACK SURVIVAL WHILE BEING IN THE 99TH PERCENTILE FOR VOLUME ACCORDING TO CMS DATA. IT IS THE ONLY HOSPITAL IN THE REGION TO RECEIVE TWO PRESTIGIOUS CARDIOVASCULAR AWARDS IN THE 2020 HEALTHGRADES SPECIALTY EXCELLENCE AWARDS; AMERICA'S 100 BEST HOSPITALS FOR CARDIAC CARE AWARD AND THE CARDIAC SURGERY EXCELLENCE AWARD. LEHIGH VALLEY HOSPITAL-CEDAR CREST AND LEHIGH VALLEY HOSPITAL-MUHLenberg ARE BOTH DESIGNATED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE, AND HAVE BEEN RECOGNIZED BY BECKER'S HOSPITAL REVIEW FOR SIX CONSECUTIVE YEARS AS ONE OF THE 100 HOSPITAL AND HEALTH SYSTEMS WITH GREAT HEART PROGRAMS. NEUROSCIENCES SERVICES - THE LVH COMPREHENSIVE NEUROSCIENCE PROGRAM PROVIDES TREATMENT, FOR STROKE, BRAIN TUMORS, SEIZURES, ANEURYSMS, SPINE PROBLEMS, TRAUMA, AND OTHER NEUROLOGICAL DISORDERS. LVH PROVIDES STROKE SERVICES THROUGH ITS REGIONAL COMPREHENSIVE STROKE PROGRAM WHICH BEGAN OPERATIONS IN JULY 2002. SINCE THAT TIME, THE STROKE CENTER HAS TREATED MORE THAN 22,000 PATIENTS FROM NORTHEASTERN PENNSYLVANIA AND WESTERN NEW JERSEY. IN ADDITION, LVH WAS THE FIRST PRIMARY STROKE CENTER IN THE LEHIGH VALLEY CERTIFIED BY THE JOINT COMMISSION AND WAS THE FIRST STROKE PROGRAM TO BE CERTIFIED AS A COMPREHENSIVE STROKE CENTER IN PENNSYLVANIA. LVH IS ALSO A REGIONAL TELE-STROKE PROVIDER. LVH-MUHLenberg HAS BEEN A CERTIFIED PRIMARY STROKE CENTER SINCE 2006. IN FY19, THE DIVISION OF NEUROSURGERY PERFORMED 1,764 SURGICAL CASES, INCLUDING FUNCTIONAL NEUROSURGERY FOR THE SURGICAL TREATMENT OF MOVEMENT DISORDERS, AND CUTTING EDGE FLUORESCENCE GUIDED BRAIN TUMOR RESECTION UTILIZING THE OPTICAL IMAGING AGENT AMINOLEVULINIC ACID (GLEOLAN). ORTHOPEDIC SERVICES - THE DIVISION OF ORTHOPEDIC SURGERY TREATS MUSCULOSKELETAL DISORDERS OF THE UPPER AND LOWER EXTREMITIES AS WELL AS THE SPINE. SUBSPECIALISTS WITH FELLOWSHIP CREDENTIALS PROVIDE THE FOLLOWING SERVICES: JOINT REPLACEMENT, SPINE SURGERY, SPORTS MEDICINE, HAND AND WRIST SURGERY, FOOT AND ANKLE SURGERY, ORTHOPEDIC TRAUMA AND PEDIATRIC ORTHOPEDICS. IN FY19, THERE WERE 10,095 TOTAL ORTHOPEDIC PROCEDURES PERFORMED AT LVH. ACUTE ORTHOPEDIC SERVICES ARE PROVIDED AT LVH-CEDAR CREST, LVH-MUHLenberg, AND LVHN-TILGHMAN, WHICH IS THE ONLY AREA HOSPITAL DEDICATED TO ORTHOPEDIC MUSCULOSKELETAL SURGERY. THE LVH ORTHOPEDIC PROGRAM IS RECOGNIZED BY US NEWS AND WORLD REPORT AS A TOP 50 ORTHOPEDIC PROGRAM IN THE COUNTRY. THE LVH ORTHOPEDIC PROGRAM IS ALSO RECOGNIZED BY THE BLUE CROSS AND BLUE SHIELD ASSOCIATION AS A BLUE DISTINCTION+ CENTER AND AETNA AS AN INSTITUTE OF QUALITY FOR JOINT REPLACEMENT.

## Form 990, Part III, Line 4b:

PERIOPERATIVE SERVICES - PERIOPERATIVE SERVICES AT LVH CONSISTS OF THE SURGICAL AND ENDOSCOPIC STAFF AND FACILITIES WHERE OVER 60,000 PROCEDURES ARE PERFORMED ANNUALLY. SURGICAL PROCEDURES ARE PERFORMED IN 60 OPERATING ROOMS THROUGHOUT LVH, INCLUDING 17TH & CHEW, CEDAR CREST, CHILDREN'S SURGERY CENTER, FAIRGROUNDS SURGICAL CENTER, LVH-MUHLENBERG, AND THE LVHN-TILGHMAN CAMPUSES. THE CHILDREN'S SURGERY CENTER LOCATED ON THE CEDAR CREST CAMPUS PROVIDES SPECIALIZED CARE FOR OUR PEDIATRIC POPULATION. PATIENT CARE IN THE OPERATING ROOM IS SUPPORTED BY ANESTHESIA SERVICES, SURGICAL PREP AND STAGING, POST ANESTHESIA RECOVERY, AND STERILE PROCESSING DEPARTMENTS, AMONG OTHERS. LVH PERFORMS ENDOSCOPIC PROCEDURES AT FOUR LOCATIONS - THE CEDAR CREST SITE, CHILDREN'S SURGERY CENTER, LVH-MUHLENBERG AND FAIRGROUNDS SURGICAL CENTER. THE OPERATING ROOM TECHNOLOGIES AND FACILITIES INCLUDE A HYBRID OPERATING ROOM, A TRAUMA CODE RED OPERATING ROOM, EIGHT DA VINCI SURGICAL ROBOTS, INTEGRATED LAPAROSCOPIC OPERATING ROOMS, AND CARDIAC SURGERY OPERATING ROOMS. OPERATING ROOM NURSING STAFF ARE TRAINED TO SUPPORT MULTIPLE SURGICAL DISCIPLINES INCLUDING CARDIAC SURGERY, ORTHOPEDICS, VASCULAR SURGERY, UROLOGY, GENERAL SURGERY, TRANSPLANT SURGERY, GYNCOLOGIC SURGERY, PEDIATRIC SURGERY, AND MANY OTHERS. CUTTING EDGE ENDOSCOPIC TECHNOLOGIES INCLUDE ENDOSCOPIC ULTRASOUND, ENDO-BRONCHIAL ULTRASOUND AND VIDEO CAPSULE ENDOSCOPY. BEHAVIORAL HEALTH SERVICES - LVH OPERATES INPATIENT BEHAVIORAL HEALTH PROGRAMS FOR ADOLESCENTS AND ADULTS. THE COMBINED PROGRAMS TOTAL 65 BEDS AND SERVES LEHIGH, NORTHAMPTON, CARBON, MONROE, SCHUYLKILL, AND BERKS COUNTIES. CLINICAL PROGRAMS INCLUDE PSYCHIATRIC, PSYCHOLOGICAL, NURSING, DUAL DIAGNOSIS, PSYCHIATRIC REHABILITATION, SOCIAL WORK AND DISCHARGE PLANNING SERVICES. LVH ALSO PROVIDES AMBULATORY BEHAVIORAL HEALTHCARE, INCLUDING: PSYCHIATRIC EVALUATION SERVICE PROGRAM IN THREE HOSPITAL EMERGENCY DEPARTMENTS; THREE PARTIAL HOSPITAL PROGRAMS FOR ADULTS AND ADOLESCENTS; SEVERAL LARGE OUTPATIENT GROUP PRACTICES PROVIDING MULTIDISCIPLINARY SHORT-TERM TREATMENT TO CHILDREN, ADOLESCENTS, ADULTS AND OLDER ADULTS; TWO OUTPATIENT MENTAL HEALTH CLINICS FOR SERIOUSLY AND PERSISTENTLY MENTALLY ILL ADULTS; TWO RESIDENTIAL TREATMENT SITES, SUPPORTING AND EDUCATING ADULTS IN INDEPENDENT LIVING SKILLS. BOTH THESE SITES AND THE CLINICS ARE FUNDED IN PART, UNDER A CONTRACT WITH LEHIGH COUNTY DEPARTMENT OF HUMAN SERVICES THROUGH FUNDS PROVIDED BY COUNTY OF LEHIGH AND THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE; PSYCHIATRIC HOME CARE SERVICES; BH INTEGRATION IN MEDICAL/PROGRAMS ON MEDICAL/SURGICAL INPATIENT UNITS AND AMBULATORY, PRIMARY CARE AND SPECIALTY PRACTICES. CONSULTATION/LIAISON PSYCHIATRY, EDUCATION AND RESEARCH AND SERVICE OFFERINGS TO SCHOOLS, STREET MEDICINE (HOMELESS), AND OTHER COMMUNITY AGENCIES ROUND OUT LVH'S CONTRIBUTION TO THE HEALTH AND WELL-BEING OF THE REGION. TRAUMA AND BURN SERVICES - IN 1981, LEHIGH VALLEY HOSPITAL BECAME THE FIRST HOSPITAL IN PENNSYLVANIA TO BE DESIGNATED AS A LEVEL I TRAUMA CENTER AND IS CURRENTLY THE SECOND LARGEST TRAUMA PROGRAM IN PENNSYLVANIA, EVALUATING 4,888 TRAUMA PATIENTS IN FY19. THIS PROGRAM PROVIDES COMPREHENSIVE TRAUMA AND BURN CARE AND SERVES AS A MAJOR REGIONAL RESOURCE COVERING A TEN COUNTY AREA AND A PATIENT BASE OF MORE THAN TWO MILLION. LVH IS ACCREDITED AS BOTH A LEVEL I ADULT AND A LEVEL II PEDIATRIC TRAUMA CENTER, ONE OF ONLY TWO ADULT CENTERS IN PENNSYLVANIA WITH THIS DUAL ACCREDITATION. THE LVH TRAUMA PROGRAM PROVIDES A CONTINUUM OF CARE WITH ONE OF TEN TRAUMA SURGEONS IN-HOUSE 24 HOURS A DAY COVERING A 14 BED TRAUMA/NEURO INTENSIVE CARE UNIT AS WELL AS A 28 BED TRANSITIONAL TRAUMA UNIT. A TRAUMA REHABILITATION TEAM COMPLETES THIS CONTINUUM OF TRAUMA CARE. OVER 15,000 MEMBERS OF THE COMMUNITY WERE EDUCATED THROUGH ONE OR MORE OF OUR TRAUMA PROGRAM'S PREVENTATIVE CARE OFFERINGS. LVH ALSO PROVIDES A REGIONAL BURN CENTER OPERATING 18 BEDS SERVING NORTHEASTERN PENNSYLVANIA, WESTERN NEW JERSEY AND PARTS OF NEW YORK. THE REGIONAL BURN CENTER IS THE LARGEST BURN PROGRAM IN PENNSYLVANIA, WITH 3 FULL TIME BURN SURGEONS ADMITTING 788 PATIENTS FY19. THE REGIONAL BURN CENTER IS ACCREDITED BY THE AMERICAN BURN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS. THE REGIONAL BURN CENTER PROVIDES A TELEBURN SERVICE, WHICH PROVIDES RAPID ACCESS TO OUR COMPREHENSIVE BURN CARE TO 47 HOSPITALS, EMERGENCY CARE CLINICS, AND PHYSICIAN OFFICES IN PENNSYLVANIA AND NEW YORK. IN ADDITION, LVH COORDINATES PRE-HOSPITAL EMERGENCY MEDICAL SERVICES AND PROVIDES 24 HOUR-A-DAY AIR AND GROUND AMBULANCE SERVICES. LVH MEDEVAC OPERATES FOUR HELICOPTERS AND 1.5 CRITICAL CARE GROUND TRANSPORT UNITS COVERING EASTERN PENNSYLVANIA AND WESTERN NEW JERSEY. LVH MEDEVAC PERFORMED 1,360 FLIGHTS ANNUALLY AND OUR GROUND TRANSPORT TEAMS COMPLETED 2,146 MISSIONS IN FY19, BOTH ON-SCENE AND INTER-FACILITY TRANSPORTS. THE BURN SERVICE ALSO PARTNERS WITH THE BURN PREVENTION NETWORK TO PROVIDE BURN PREVENTION EDUCATION TO MEMBERS OF OUR COMMUNITY.

---

## Form 990, Part III, Line 4c:

WOMEN'S SERVICES - LVHN OFFERS WIDE-RANGING WOMEN'S HEALTH PROGRAMS AND SERVICES DESIGNED TO PROVIDE COMPLETE, EVIDENCE-BASED CARE FOR WOMEN IN THE LEHIGH VALLEY. DELIVERIES AT LVH TOTALED 3,360 DURING THE FISCAL YEAR ENDING JUNE 30, 2019. ON JUNE 20, 2017, THE FAMILY BIRTH AND NEWBORN CENTER OPENED AT THE LVH-M (MUHLENBERG) CAMPUS. DELIVERIES AT LVH-M TOTALED 1,330 DURING THE FISCAL YEAR ENDING JUNE 30, 2019. THEREFORE, OVER THE SAME TIME PERIOD, A TOTAL OF 4,690 DELIVERIES OCCURRED AT BOTH LVHN BIRTHING UNITS IN THE LEHIGH VALLEY. A FOCUS ON PRENATAL CARE AS A CHIEF COMPONENT OF ITS COMPREHENSIVE OBSTETRICS AND GYNCOLOGY SERVICES EXPANDED ON NOVEMBER 14, 2016 WITH THE SUCCESSFUL IMPLEMENTATION OF THE MATERNITY CARE PATHWAY IN ALL LEHIGH VALLEY PHYSICIAN GROUP (LVPG) OBSTETRICS AND GYNCOLOGY OFFICE PRACTICES AND THE CENTER FOR WOMEN'S MEDICINE. THE MATERNITY CARE PATHWAY IS AN INCLUSIVE, CARE PLAN PROCESS THAT STANDARDIZES OBSTETRIC CARE AND PATIENT EDUCATION IN ORDER TO MANAGE QUALITY, MINIMIZE VARIATION AND IMPROVE OUTCOMES. A RELATED PATIENT EDUCATION CURRICULUM, APP, AND PRINT BOOK IN ENGLISH AND SPANISH HAVE BEEN ESTABLISHED IN ORDER TO EXPAND AND OPTIMIZE EDUCATION AVAILABLE TO ALL PATIENTS IN FORMATS CONSISTENT WITH THEIR INDIVIDUAL LEARNING PREFERENCES. AT BOTH LVH AND LVH-M, GENERAL OBSTETRIC PHYSICIANS AND MATERNAL FETAL MEDICINE PHYSICIANS OFFER COMPLETE MATERNITY CARE SERVICES FOR LOW RISK, HIGH RISK AND VERY COMPLEX OBSTETRIC PATIENTS. THE DEPARTMENT OF OBSTETRICS AND GYNCOLOGY HAS 4 FULL TIME OBSTETRICAL HOSPITALISTS WHO MANAGE THE DAY TO DAY IN PATIENT CARE FOR THE OBGYN RESIDENCY SERVICE AND PROVIDE ASSISTANCE AND EMERGENCY SUPPORT FOR ALL PATIENTS HOSPITALIZED ON THE OBSTETRICAL UNITS AT LVH. IN ADDITION, SEVEN CERTIFIED NURSE MIDWIVES NOW SEE PATIENTS IN SEVERAL OF THE OBGYN OFFICES IN LEHIGH AND CARBON COUNTY. MIDWIVES PROVIDE PRENATAL CARE AND DELIVERY SERVICES FOR PREGNANT WOMEN OF LOW RISK. MIDWIVES CAN ALSO PROVIDE SUCH CARE FOR WOMEN WITH CERTAIN HIGH-RISK CONDITIONS IN COLLABORATION WITH OBSTETRICIANS. WITH FEW EXCEPTIONS, A MIDWIFE IS PRESENT ON THE LABOR AND DELIVERY UNIT AT LVH 24/7. THE MIDWIVES WORK IN A TEAM WITH GENERAL OBSTETRICIANS AND OBSTETRICAL HOSPITALISTS WHO ARE ALSO PRESENT ON THE LABOR UNIT 24/7 FOR IMMEDIATE COLLABORATION AND CONSULTATION AS NEEDED BY THE MIDWIFE. MIDWIFERY SERVICES ARE LIMITED TO LVH AT THIS TIME. ALL DELIVERIES AT LVH-M ARE MANAGED BY GENERAL OBSTETRICIANS. OBSTETRICIAN/ GYNCOLOGISTS SEE PATIENTS AT OVER 15 OFFICE LOCATIONS IN 5 COUNTIES. IN ADDITION TO FULL SERVICE PRENATAL, INTRAPARTUM AND POSTPARTUM CARE, THESE PHYSICIANS ALSO PROVIDE OFFICE ULTRASOUND SERVICES THAT ARE ACCREDITED BY THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM), IN 2018, LVH OBSTETRICIANS OPENED THE "CONNECTIONS CLINIC" FOR THE CARE OF PREGNANT WOMEN SUFFERING FROM PERINATAL SUBSTANCE ABUSE. THIS MULTIDISCIPLINARY CLINIC BRINGS TOGETHER PROFESSIONAL EXPERTISE FROM OBSTETRICS, PSYCHIATRY, PEDIATRICS, NEONATOLOGY AND PARTNERS WITH ESTABLISHED COMMUNITY RESOURCES TO OFFER PATIENTS COUNSELLING, SUPPORT SERVICES AND TREATMENT DURING PREGNANCY. MATERNAL FETAL MEDICINE (MFM) PHYSICIANS WITH HIGHLY SPECIALIZED FELLOWSHIP TRAINING TO CARE FOR THE MOST COMPLEX OBSTETRIC CASES AS WELL AS ALL OF THE HIGHEST RISK OBSTETRIC PATIENTS ARE AVAILABLE FOR CONSULTATION 24/7 FOR PATIENTS HOSPITALIZED AT BOTH LVH AND LVH-M. IN ADDITION, MATERNAL FETAL MEDICINE DOCTORS HAVE OFFICE LOCATIONS IN LEHIGH, NORTHAMPTON, LUZERNE AND LACKAWANNA COUNTIES. MFM PHYSICIANS' SERVICES INCLUDE HIGHEST LEVEL ULTRASONOGRAPHY (AND TELEHEALTH SERVICES), FETAL ECHOCARDIOGRAPHY, GENETIC COUNSELING, AMNIOCENTESIS, CHORIONIC VILLUS SAMPLING, COMPLEX DELIVERY SERVICES AND WELL-ESTABLISHED MULTI-DISCIPLINARY PROGRAMS FOR PATIENTS WITH DIABETES IN PREGNANCY AND THOSE WITH HEART DISEASE OR KIDNEY DISEASE AND NEUROLOGICAL DISEASE IN PREGNANCY ALSO, LVH HAS ATTAINED DESIGNATION AS A "BABY FRIENDLY HOSPITAL", A WORLD HEALTH ORGANIZATION (WHO) INITIATIVE DESIGNED TO ASSIST MOTHERS IN THE INITIATION AND MAINTENANCE OF BREASTFEEDING. GYNCOLOGY-LVH MAINTAINS A SPECIAL FOCUS ON PROCEDURAL AND TECHNOLOGICAL GYNCOLOGICAL MIS (MINIMALLY INVASIVE SURGERY) INTERVENTIONS, ROBOTICALLY-ASSISTED SURGERY, LAPAROSCOPIC SURGERY, PREOPERATIVE CONSULTATION AND EVALUATION OF PRE-INVASIVE AND INVASIVE GYNCOLOGIC MALIGNANCIES (CANCER CARE), PELVIC FLOOR DISORDERS (UROGYNECOLOGY), CHRONIC PELVIC PAIN AND REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY. LEHIGH VALLEY PHYSICIAN GROUP (LVPG) OB/GYN OFFICE PRACTICES OFFER SCHEDULED AND EMERGENT ON-SITE BEHAVIORAL HEALTH SERVICES TARGETED TO WOMEN PROVIDED BY TWO, IMBEDDED LICENSED PROFESSIONAL COUNSELORS IN CONJUNCTION WITH THE DEPARTMENT OF PSYCHIATRY. CARDIOLOGY-LVH OFFERS A WOMEN'S HEART AND VASCULAR PROGRAM LED BY FIVE FEMALE CARDIOLOGISTS WITH EXPERTISE IN TREATING WOMEN WITH HEART DISEASE. WOMEN'S HEALTH SERVICES OFFERS PREVENTATIVE CARE PROGRAMS AND A VARIETY OF EDUCATIONAL EVENTS COVERING ISSUES ADDRESSING YOUNG, MIDDLE AND OLDER FEMALES RELATED TO WELLNESS AND PREVENTION. THESE INCLUDE DIVERSE SUPPORT GROUPS, COMMUNITY HEALTH FAIRS RELATED TO WOMEN, BILINGUAL PRENATAL EDUCATION, CHILDBIRTH AND PARENTING CLASSES, CPR, SAFE SLEEP, LACTATION CONSULTATION AND POSTPARTUM DEPRESSION/SUPPORT. AMBULATORY SERVICES - LVH'S AMBULATORY SERVICES COMPONENTS INCLUDE HEALTH CENTERS, WOUND CARE, HYPERBARIC OXYGEN, HEALTH SPECTRUM PHARMACIES, SLEEP DISORDER CENTERS, ENDOCRINE TESTING, LAB, PULMONARY FUNCTION TESTING, IMAGING, OUTPATIENT REHABILITATION FITNESS AND SPORTS PERFORMANCE PROGRAMS AS WELL AS OUTPATIENT REHABILITATION. LVHN CONTINUES TO EXPAND ITS PORTFOLIO OF "HEALTH CENTERS AND AS OF JUNE 2018, THERE ARE 16 SITUATED THROUGHOUT THE LEHIGH VALLEY. CORE SERVICES IN MOST OF THE HEALTH CENTERS ARE PRIMARY CARE, BASIC IMAGING, REHABILITATION SERVICES AND/OR LAB SERVICES AND THE TWO HEALTH & WELLNESS CENTERS LOCATED IN ALLENTOWN AND BETHLEHEM INCLUDE FITNESS CENTERS. MANY OF THEM ALSO PROVIDE SPECIALTY CARE AND BREAST HEALTH SERVICES. SLEEP DISORDER CENTERS ARE LOCATED IN ALLENTOWN AND BETHLEHEM WITH ADDITIONAL HOME SLEEP TESTING UNIT PICK UP SITES AT THE FOLLOWING LOCATIONS: ALLENTOWN (CEDAR CREST AND 17TH STREET), FOGELSVILLE, HAMBURG, MOSELEM SPRINGS, BETHLEHEM TOWNSHIP, AND PALMER TOWNSHIP. REHABILITATION SERVICES - THE DIVISION OF REHABILITATION PROVIDES COMPREHENSIVE PROGRAMS THROUGH THE CONTINUUM DESIGNED TO MEET THE NEEDS OF PATIENTS OF ALL AGES WHO ARE RECOVERING FROM ILLNESS OR INJURY. THE DIVISION PROVIDES INTENSIVE REHABILITATIVE MEDICINE AND NURSING CARE COMBINED WITH PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES AT ITS STATE-OF-THE-ART INPATIENT REHABILITATION CENTERS, WITH 34 BEDS AT LVH-CEDAR CREST AND 28 BEDS AT LVH-MUHENBERG. FOR PATIENTS UNABLE TO TOLERATE AGGRESSIVE THERAPY SERVICES, LVH PROVIDES SHORT-TERM MEDICAL, NURSING AND REHABILITATIVE CARE AT ITS 52 BED TRANSITION SKILLED UNIT LOCATED ON THE 17TH STREET CAMPUS. THE DIVISION ALSO OFFERS CONVENIENT AND ACCESSIBLE OUTPATIENT THERAPY SERVICES SERVING THE COMMUNITY WITH OVER 45 LOCATIONS. AT LVH AND LVH-MUHENBERG, THE REHABILITATION DIVISION OFFERS ADVANCED ARE IN OVER 30 CLINICAL SPECIALTY AREAS INCLUDING NEUROLOGIC REHAB, ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S HEALTH, ONCOLOGY REHAB, AUDIOLOGY AND PEDIATRIC THERAPY SERVICES. IN FY19, LVH PROVIDED OVER 20,000 PATIENT VISITS AND LVH-M PROVIDED 70,000 PATIENT VISITS IN OUTPATIENT THERAPY. AT A NETWORK LEVEL, LVHN'S REHABILITATION SERVICES DIVISION CURRENTLY STANDS AS THE LARGES PROVIDED OF REHABILITATIVE CARE IN THE REGION.

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LEHIGH VALLEY HOSPITAL

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number  
23-1689692

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<br>(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   | <b>Total.</b> 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   | <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |
| Section B. Total Support                            |   |          |          |          |          |          |           |
| Calendar year<br>(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  | <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |
| 12  | Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | 12       |           |
| 13  | <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |          |           |
| 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   | <b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |          |          |          |          |          |           |
| b   | <b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |          |           |
| 17a   | <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>      |          |          |          |          |          |           |
| b   | <b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |          |           |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                            |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.       |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

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

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? If "Yes" to a, b, or c, provide detail in Part VI.   |     |    |

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? 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. |     |    |
| 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? 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.  |     |    |

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)? 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). |     |    |

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   |     |    |

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.  | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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. |     |    |
| 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? 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.  |     |    |
| 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? Provide details in Part VI.  |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.   |     |    |

|  |  |                |                                |
|--|--|----------------|--------------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>   |  |                |                                |
| <div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div> |  |                |                                |
| <b>Section A - Adjusted Net Income</b>   |  | (A) Prior Year | (B) Current Year<br>(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  | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                                |
| <b>Section B - Minimum Asset Amount</b>  |  | (A) Prior Year | (B) Current Year<br>(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  | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e  | <b>Discount</b> 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  | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| <b>Section C - Distributable Amount</b>  |  |                | 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  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6              |                                |
| 7  | <div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div> |                |                                |

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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>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: 23-1689692  
Name: LEHIGH VALLEY HOSPITAL

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

|  |  |
|--|--|
| Name of the organization<br>LEHIGH VALLEY HOSPITAL | Employer identification number<br>23-1689692 |
|--|--|

**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?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | 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. |  |  |
| 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.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> 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.)**

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                         | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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 |
| <b>1</b>  | 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: |     |    |        |
| <b>a</b>  | Volunteers? .....   |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  | Yes |    |        |
| <b>c</b>  | Media advertisements? .....   |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....  | Yes |    | 0      |
| <b>e</b>  | Publications, or published or broadcast statements? .....   | Yes |    | 0      |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....   | Yes |    | 64,135 |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | No |        |
| <b>i</b>  | Other activities? .....   | Yes |    | 899    |
| <b>j</b>  | Total. Add lines 1c through 1i .....  |     |    | 65,034 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b>  | 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**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."**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> | Current year .....   | <b>2a</b> |  |
| <b>b</b> | Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> | Total .....  | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> | 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? ..... | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**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: | PART II-B, LINE 1D: MAILINGS WERE ELECTRONIC, NO POSTAGE NECESSARY. PART II-B, LINE 1E: REFERS TO PUBLISHED LETTER TO THE EDITOR BY SENIOR LEADER. PART II-B, LINE 1G: REPRESENTS COSTS INCLUDED TO PREPARE FOR, AND TRAVEL TO, VISITS WITH LAWMAKERS OR CONTACT VIA PHONE OR EMAIL ON A VARIETY OF HEALTHCARE, HOSPITAL AND BUDGETARY ISSUES. ALSO INCLUDES THE LOBBYING PORTION OF DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION, THE HOSPITAL & HEALTHCARE ASSOCIATION OF PENNSYLVANIA, AND THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION. PART II-B, LINE 1I: REPRESENTS GRASSROOTS ACTIVITIES ENCOURAGING OTHERS TO CONTACT LAWMAKERS AT THE STATE LEVEL AS DEFINED BY PENNSYLVANIA LAW. |

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
LEHIGH VALLEY HOSPITAL

Employer identification number  
23-1689692

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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 160,796,676      | 154,145,565    | 139,988,904        | 138,923,072          | 138,587,046         |
| <b>b</b> Contributions . . . . .                                  | 598,124          | -286,153       | 2,556,444          | 5,295,781            | 231,046             |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | 8,930,195        | 10,443,683     | 15,657,618         | -469,223             | 3,543,583           |
| <b>d</b> Grants or scholarships . . . . .                         | 844,070          | 777,782        | 681,627            | 724,933              | 752,196             |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 4,661,425        | 2,728,637      | 3,375,774          | 3,035,793            | 2,686,407           |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 164,819,500      | 160,796,676    | 154,145,565        | 139,988,904          | 138,923,072         |

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 32.000 %
- c** Temporarily restricted endowment ▶ 68.000 %

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 . . . . .
- (ii)** related organizations . . . . .

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

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | No |
| <b>3a(ii)</b> |     | No |
| <b>3b</b>     |     |    |

**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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 76,459,272                      |                              | 76,459,272     |
| <b>b</b> Buildings . . . . .   |                                      | 1,056,826,703                   | 649,862,690                  | 406,964,013    |
| <b>c</b> Leasehold improvements . . . . .  |                                      | 95,633,403                      | 46,039,077                   | 49,594,326     |
| <b>d</b> Equipment . . . . .   |                                      | 552,408,482                     | 346,966,925                  | 205,441,557    |
| <b>e</b> Other . . . . .   |                                      | 327,483,551                     | 96,510,860                   | 230,972,691    |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 969,431,859    |

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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation:<br>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:<br>Cost or end-of-year market value |
|---|----------------|--|
| See Additional Data Table   |                |  |
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | 210,505,980    |  |

Part IX

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

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

Part X

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

| 1. (a) Description of liability                                     | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| COST SETTLEMENT RESERVES WITH THIRD PARTIES                         | 6,789,942      |
| DEFERRED COMPENSATION PLAN  | 13,342,128     |
| PENSION LIABILITY   | 138,384,242    |
| WORKERS COMPENSATION  | 2,595,373      |
| PROFESSIONAL INSURANCE LIABILITY RESERVES                           | 45,539,922     |
| ASSET RETIREMENT OBLIGATION   | 4,024,158      |
| UNREALIZED LOSS ON INTEREST RATE SWAP                               | 8,788,509      |
| CAPITAL LEASES  | 131,562,272    |
| OTHER   | 19,740         |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 351,046,286    |

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.

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

**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.

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

**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: 23-1689692  
Name: LEHIGH VALLEY HOSPITAL

Form 990, Schedule D, Part VIII - Investments Program Related

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)<br>INVESTMENT-LEHIGH VALLEY PHYSICIAN HOSPITAL<br>ORG. (50.00%)     | 15,930,652     | C  |
| (2)<br>INVESTMENT-HEALTH NETWORK LABORATORIES<br>(95.99%)               | 156,113,685    | C  |
| (3)INVESTMENT-FAIRGROUNDS MEDICAL CENTER                                | 356,056        | C  |
| (4)<br>INVESTMENT-GRAND VIEW-LEHIGH VALLEY HEALTH<br>SERVICES           | 313,855        | C  |
| (5)INVESTMENT-LEHIGH VALLEY IMAGING                                     | 31,684,444     | C  |
| (6)INVESTMENT-WELLER HEALTH EDUCATION CENTER                            | 1              | C  |
| (7)INVESTMENT-KUTZTOWN MEDICAL CENTER                                   | -1,713         | C  |
| (8)INVESTMENT-WESTGATE PROFESSIONAL CENTER                              | 6,206,000      | C  |
| (9)<br>INVESTMENT-SECURE HEALTHCARE INFORMATION<br>MANAGEMENT           | -102,000       | C  |
| (10)<br>INVESTMENT-LEHIGH VALLEY HEALTH NETWORK RISK<br>RETENTION GROUP | 5,000          | C  |

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

| 1. (a) Description of Liability             | (b) Book Value |
|---|----------------|
| COST SETTLEMENT RESERVES WITH THIRD PARTIES | 6,789,942      |
| DEFERRED COMPENSATION PLAN                  | 13,342,128     |
| PENSION LIABILITY                           | 138,384,242    |
| WORKERS COMPENSATION                        | 2,595,373      |
| PROFESSIONAL INSURANCE LIABILITY RESERVES   | 45,539,922     |
| ASSET RETIREMENT OBLIGATION                 | 4,024,158      |
| UNREALIZED LOSS ON INTEREST RATE SWAP       | 8,788,509      |
| CAPITAL LEASES                              | 131,562,272    |
| OTHER                                       | 19,740         |



| Supplemental Information |  |
|--------------------------|--|
| Return Reference         | Explanation  |
| PART V, LINE 4:          | THE ENDOWMENT FUNDS ARE USED FOR CONTINUING EDUCATION, SCHOLARSHIPS, RESEARCH, CLINICAL EQUIPMENT, AND NURSING AWARDS. |

**Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2:  | <p>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.</p> |



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1                      | (b) Event #2                             | (c) Other events           | (d)  |
|-----------------|--|-----------------------------------|--|----------------------------|--|
|                 |  | <b>NITE LITES</b><br>(event type) | <b>GOLF &amp; TENNIS</b><br>(event type) | <b>1</b><br>(total number) | Total events<br>(add col. (a) through<br>col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 1,012,130                         | 330,919                                  | 34,723                     | 1,377,772  |
|                 | <b>2</b> Less: Contributions . . . . .   |                                   |  |                            |  |
|                 | <b>3</b> Gross income (line 1 minus<br>line 2) . . . . .                           | 1,012,130                         | 330,919                                  | 34,723                     | 1,377,772  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |                                   | 4,725                                    |                            | 4,725  |
|                 | <b>5</b> Noncash prizes . . . . .  |                                   |  |                            |  |
|                 | <b>6</b> Rent/facility costs . . . . .   | 79,430                            | 5,000                                    | 19,385                     | 103,815  |
|                 | <b>7</b> Food and beverages . . . . .  | 189,544                           | 32,469                                   |                            | 222,013  |
|                 | <b>8</b> Entertainment . . . . .   | 40,104                            |  | 9,525                      | 49,629   |
|                 | <b>9</b> Other direct expenses . . . . .   | 198,519                           | 51,336                                   |                            | 249,855  |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                                   |  |                            | 630,037  |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                   |  |                            | 747,735  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col.(a) through col.(c)) |
|-----------------|---|---|---|---|---|
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |   |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |   |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |   |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>11</b> Does the organization conduct gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>13</b> Indicate the percentage of gaming activity conducted in:  |                              |                             |
| <b>a</b> The organization's facility  | <b>13a</b>                   | %                           |
| <b>b</b> An outside facility  | <b>13b</b>                   | %                           |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

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](http://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

Employer identification number  
23-1689692

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.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><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.<br><br>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br>b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><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 _____ %<br><br>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.<br><br>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"? . . . . .<br><br>5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .<br><br>b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .<br><br>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? . . . . .<br><br>6a Did the organization prepare a community benefit report during the tax year? . . . . .<br><br>b If "Yes," did the organization make it available to the public? . . . . .<br><br>Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | 3a  | Yes |
|    |  | 3b  | Yes |
|    |  | 4   | Yes |
|    |  | 5a  | Yes |
|    |  | 5b  | No  |
|    |  | 5c  |     |
|    |  | 6a  | Yes |
|    |  | 6b  | Yes |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                    | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . . .                                  |   |                               | 12,983,438                          |                               | 12,983,438                        | 0.660 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .  |   |                               | 273,836,052                         | 155,369,275                   | 118,466,777                       | 6.060 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .     |   |                               |                                     |                               |                                   |                              |
| d Total Financial Assistance and Means-Tested Government Programs . . . . .                  |   |                               | 286,819,490                         | 155,369,275                   | 131,450,215                       | 6.720 %                      |
| Other Benefits   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4). |   |                               | 9,097,904                           |                               | 9,097,904                         | 0.470 %                      |
| f Health professions education (from Worksheet 5) . . . . .                                  |   |                               | 35,068,817                          | 10,706,176                    | 24,362,641                        | 1.250 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                    |   |                               | 19,587,855                          | 4,578,173                     | 15,009,682                        | 0.770 %                      |
| h Research (from Worksheet 7) . . . . .  |   |                               | 2,675,339                           |                               | 2,675,339                         | 0.140 %                      |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .          |   |                               | 338,043                             |                               | 338,043                           | 0.020 %                      |
| j Total. Other Benefits . . . . .  |   |                               | 66,767,958                          | 15,284,349                    | 51,483,609                        | 2.650 %                      |
| k Total. Add lines 7d and 7j . . . . .   |   |                               | 353,587,448                         | 170,653,624                   | 182,933,824                       | 9.370 %                      |

**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 |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| <b>2</b> Economic development                                      |   |                               |                                      |                               |                                    |                              |
| <b>3</b> Community support   |   |                               |                                      |                               |                                    |                              |
| <b>4</b> Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| <b>6</b> Coalition building  |   |                               |                                      |                               |                                    |                              |
| <b>7</b> Community health improvement advocacy                     |   |                               | 241,113                              |                               | 241,113                            | 0.010 %                      |
| <b>8</b> Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| <b>9</b> Other   |   |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>  |   |                               | 241,113                              |                               | 241,113                            | 0.010 %                      |

**Part III** **Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

**1** Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .

**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.

**2**

6,118,492

**3**

1,014,949

**1**

Yes

**No**

**Section B. Medicare**

**5** Enter total revenue received from Medicare (including DSH and IME) . . . . .

**6** Enter Medicare allowable costs of care relating to payments on line 5 . . . . .

**7** Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .

**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:  

☐ Cost accounting system      ☒ Cost to charge ratio      ☐ Other

**5**

430,482,003

**6**

454,079,593

**7**

-23,597,590

**Section C. Collection Practices**

**9a** Did the organization have a written debt collection policy during the tax year? . . . . .

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

**9a**

Yes

**9b**

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 % |
|--|---|--|--|---|
| <b>1</b> 1 LVHN RECIPROCAL RISK RETENTION GROUP              | MALPRACTICE INSURANCE                         | 20.000 %   | 0 %  | 0 %   |
| <b>2</b> 2 HEALTH NETWORK LABORATORIES LLC                   | LABORATORY SERVICES                           | 97.930 %   | 0 %  | 0 %   |
| <b>3</b> 3 HEALTH NETWORK LABORATORIES LP                    | LABORATORY SERVICES                           | 96.180 %   | 0 %  | 0 %   |
| <b>4</b> 4 LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC | HEALTH CARE SERVICES                          | 50.000 %   | 0 %  | 0 %   |
| <b>5</b>   |   |  |  |   |
| <b>6</b>   |   |  |  |   |
| <b>7</b>   |   |  |  |   |
| <b>8</b>   |   |  |  |   |
| <b>9</b>   |   |  |  |   |
| <b>10</b>  |   |  |  |   |
| <b>11</b>  |   |  |  |   |
| <b>12</b>  |   |  |  |   |
| <b>13</b>  |   |  |  |   |

Schedule H (Form 990) 2018

**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**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****Community Health Needs Assessment**

|   | Yes        | No  |
|---|------------|-----|
| <b>1</b> 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? . . . . .   | <b>1</b>   | No  |
| <b>2</b> 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. . . . .   | <b>2</b>   | No  |
| <b>3</b> 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. . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):   | <b>3</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b> <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  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b> <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)  |            |     |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>  |            |     |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | <b>5</b>   | Yes |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | Yes |
| <b>b</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 . . . . .  | <b>6b</b>  | Yes |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):   | <b>7</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.LVHN.ORG/ABOUT_US/</u>  |            |     |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____   |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |            |     |
| <b>8</b> 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. . . . .   | <b>8</b>   | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>  |            |     |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url): <u>WWW.LVHN.ORG/ABOUT_US/</u>   | <b>10</b>  | Yes |
| <b>a</b>  |            |     |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b> 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.  |            |     |
| <b>12a</b> 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)? . . . . .  | <b>12a</b> | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b> 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  |   |    |     |
| Name of hospital facility or letter of facility reporting group   |   |    |     |
| 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?<br>If "Yes," indicate the eligibility criteria explained in the FAP:<br><div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 %<br/>and FPG family income limit for eligibility for discounted care of 400.000000000000 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>  | 13 | Yes |
| 14  | Explained the basis for calculating amounts charged to patients?  | 14 | Yes |
| 15  | Explained the method for applying for financial assistance?<br>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):<br><div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><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</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>  | 15 | Yes |
| 16  | Was widely publicized within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):<br><div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br/>WWW.LVHN.ORG/OUR_SERVICES/KEY_SUPPORT_SERVICES/FINANCIAL_ASSISTANCE</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):<br/>WWW.LVHN.ORG/OUR_SERVICES/KEY_SUPPORT_SERVICES/FINANCIAL_ASSISTANCE</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url):<br/>WWW.LVHN.ORG/OUR_SERVICES/KEY_SUPPORT_SERVICES/FINANCIAL_ASSISTANCE</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><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)</div><div>f</div><div><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)</div><div>g</div><div><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</div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><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</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div> | 16 | Yes |

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

LEHIGH VALLEY HOSPITAL

**Name of hospital facility or letter of facility reporting group**

|  | Yes           | No |
|--|---------------|----|
| <b>17</b> 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? . . . . .  | <b>17</b> Yes |    |
| <b>18</b> 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:   |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <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<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input checked="" type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these actions or other similar actions were permitted                                  |               |    |
| <b>19</b> 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? . . . . .  | <b>19</b>     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged:   |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <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<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)  |               |    |
| <b>20</b> 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):   |               |    |
| <b>a</b> <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<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |               |    |

**Policy Relating to Emergency Medical Care**

|  |               |  |
|--|---------------|--|
| <b>21</b> 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? . . . . .  | <b>21</b> Yes |  |
| If "No," indicate why:   |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <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

**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 |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | 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) |
|------------------|-----------------------------|
| <b>1</b>         |                             |
| <b>2</b>         |                             |
| <b>3</b>         |                             |
| <b>4</b>         |                             |
| <b>5</b>         |                             |
| <b>6</b>         |                             |
| <b>7</b>         |                             |
| <b>8</b>         |                             |
| <b>9</b>         |                             |
| <b>10</b>        |                             |

**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 6A:        | THE COMMUNITY BENEFIT REPORT IS ISSUED BY LEHIGH VALLEY HEALTH NETWORK, EIN #22-2458317, THE SOLE CORPORATE MEMBER OF LEHIGH VALLEY HOSPITAL. |
| PART I, LINE 7:         | THE COSTING METHODOLOGY IS COST TO CHARGE RATIO FOR PROGRAMS WITH GROSS CHARGES AND DIRECT COSTS FOR PROGRAMS WITHOUT GROSS CHARGES.          |

**990 Schedule H, Supplemental Information**

| Form and Line Reference     | Explanation  |
|-----------------------------|--|
| PART I, LINE 7G:            | THE CLINICS SUBSIDY OF \$13,700,619 THAT IS INCLUDED IN SUBSIDIZED HEALTH SERVICES IS THE DIFFERENCE BETWEEN CLINIC PAYMENTS AND CLINIC COSTS. THE CLINICS SUBSIDY INCLUDES THE OPERATIONS OF THE MEDICAL AND SURGICAL CLINICS, CHILDREN'S CLINIC, THE DENTAL CLINIC, THE CENTER FOR WOMEN'S MEDICINE, THE FAMILY HEALTH CENTER, GERIATRICS, AND THE MENTAL HEALTH CLINIC. THE CLINICS SUBSIDY IS NOT INCLUDED IN THE MEDICAL ASSISTANCE SHORTFALL OR UNCOMPENSATED CHARITY CARE VALUE REPORTED ABOVE. |
| PART I, LINE 7, COLUMN (F): | THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 53,197,535.  |



**990 Schedule H, Supplemental Information**

| Form and Line Reference                 | Explanation   |
|---|---|
| PART II, COMMUNITY BUILDING ACTIVITIES: | LEHIGH VALLEY HOSPITAL'S SCHOOL HEALTH PROGRAM PROVIDES FREE ON-SITE CLINICAL SERVICES, IMMUNIZATIONS, AND HEALTH EXAMS FOR STUDENTS AT LOCAL ELEMENTARY, MIDDLE AND HIGH SCHOOLS. THE NET COST OF DIRECT SERVICES PROVIDED TO THESE STUDENTS IN FY19 WAS \$181,113. IN ADDITION, LEHIGH VALLEY HOSPITAL CONTRIBUTED \$35,000 FOR PHASE TWO OF THE DEVELOPMENT OF LINDBERG PARK IN SALISBURY TOWNSHIP, AND \$25,000 TO PARK DEVELOPMENT IN LOWER NAZARETH TOWNSHIP. |
| PART III, LINE 2:                       | PATIENT ACCOUNTS WRITTEN OFF AS BAD DEBT ARE IDENTIFIED. THE COST TO PROVIDE CARE TO THESE PATIENTS IS CALCULATED BY MULTIPLYING THE TOTAL CHARGES WRITTEN OFF AS BAD DEBT BY THE COST TO CHARGE RATIO.   |

**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. THE PROVISION FOR BAD DEBTS FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, WAS \$86,444,000 AND \$52,583,000 RESPECTIVELY. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation   |
|-------------------------|---|
| PART III, LINE 8:       | THE SOURCE OF THE MEDICARE ALLOWABLE COSTS RELATING TO REVENUE RECEIVED FROM MEDICARE IS THE FY '19 MEDICARE COST REPORT. THE ENTIRE SHORTFALL ON LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT. THE REVENUE AND EXPENSES ARE BOTH DETERMINED USING MEDICARE PRINCIPLES. THE HOSPITAL IS PROVIDING THE COMMUNITY A BENEFIT IN EXCESS OF MEDICARE PAYMENTS.        |
| PART III, LINE 9B:      | FINANCIAL COUNSELING STAFF WILL DETERMINE WHETHER PATIENTS MEET ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE. ACCOUNTS THAT DO NOT MEET THE ELIGIBLILTY REQUIREMENTS WILL BE REFERRED TO AN EXTERNAL RECEIVABLES FOLLOW UP AGENCY, AND IF NOT PAID, REFERRED TO A COLLECTION AGENCY AND SUBSEQUENTLY TRANSFERRED TO BAD DEBT STATUS IF THE ACCOUNTS REMAIN UNPAID. |

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 <a href="http://WWW.LVHN.ORG/ABOUT_US">WWW.LVHN.ORG/ABOUT_US</a> 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>CONSISTENT WITH THE MISSION AND VALUES OF LEHIGH VALLEY HEALTH NETWORK, IT IS THE POLICY TO PROVIDE MEDICAL CARE TO ALL INDIVIDUALS WITHOUT REGARD TO THEIR ABILITY TO PAY FOR SERVICES. THE FINANCIAL ASSISTANCE POLICY APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVHN SERVICES. PATIENTS ARE IDENTIFIED BY LVHN REGISTRATION, BENEFITS AND VERIFICATION, CUSTOMER SERVICE, AND FINANCIAL COUNSELORS AS BEING IN FINANCIAL NEED. THE FINANCIAL COUNSELORS HELP PATIENTS COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE. LVHN FOLLOWS THE FEDERAL POVERTY GUIDELINES TO EVALUATE ELIGIBILITY. PATIENTS WHOSE FAMILY INCOME FALLS BELOW 200% OF THE FEDERAL POVERTY GUIDELINE WILL HAVE THEIR ENTIRE BALANCE FORGIVEN FOR THEIR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER. PATIENTS WITH A FAMILY INCOME BELOW 400% OF THE FEDERAL POVERTY GUIDELINES WILL HAVE A PORTION OF THEIR BALANCE FORGIVEN FOR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER. PATIENTS ARE EVALUATED FOR NO COST OR REDUCED PREMIUM INSURANCE PLANS. THE LVHN FINANCIAL COUNSELORS WILL OFFER INFORMATION TO PATIENTS WHO ARE INTERESTED IN SEEING IF THEY QUALIFY FOR THESE PROGRAMS OFFERED BY COMMERCIAL INSURANCE COMPANIES. PATIENTS OFTEN EXPRESS FINANCIAL CONCERN OR NEED BY CONTACTING THE LVHN CUSTOMER SERVICE DEPARTMENTS. THE CUSTOMER SERVICE REPRESENTATIVES EXPLAIN THE PROGRAMS AVAILABLE; FINANCIAL ASSISTANCE AND SUPPORT IN APPLYING FOR MEDICAL ASSISTANCE OR INSURANCE THROUGH THE FEDERAL HEALTH INSURANCE EXCHANGE. PATIENTS WILL BE REFERRED TO THE FINANCIAL COUNSELORS WHO WORK WITH PATIENTS TO APPLY FOR PENNSYLVANIA MEDICAL ASSISTANCE. THE FINANCIAL COUNSELORS ARE LOCATED ONSITE. THE FINANCIAL COUNSELORS VISIT PATIENTS IN THEIR INPATIENT ROOMS, IN THE CANCER CENTER, AND IN THE EMERGENCY DEPARTMENT. IN ADDITION, LVHN ADVERTISES FINANCIAL ASSISTANCE IN THE LOCAL NEWSPAPER, ON OUR PUBLIC WEBSITE AND ON THE STATEMENTS SENT TO OUR PATIENTS.</p>  |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation  |
|-------------------------|--|
| PART VI, LINE 4:        | <p>LEHIGH VALLEY HOSPITAL, INC. (LVH) IS A PENNSYLVANIA NOT-FOR-PROFIT MEMBERSHIP CORPORATION EXEMPT FROM FEDERAL INCOME TAXES AS A CORPORATION DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE. THE PRIMARY SERVICE AREA OF LVH-CEDAR CREST (LVH-CC) CONSISTS OF LEHIGH, NORTHAMPTON, AND CARBON COUNTIES. BASED ON INFORMATION AVAILABLE FROM THE U.S. CENSUS BUREAU, FOR THE 2000 DECENNIAL CENSUS AND THE 2010 DECENNIAL CENSUS, THE POPULATION OF THE PRIMARY SERVICE AREA WAS APPROXIMATELY 637,958 PEOPLE IN 2000 AND WAS ESTIMATED TO BE 712,481 IN 2010. ACCORDING TO THE AMERICAN COMMUNITY SURVEY (U.S. CENSUS), THE ESTIMATED POPULATION FOR THE THREE-COUNTY AREA IN 2018 IS ESTIMATED AT 737,134. DURING THE CALENDAR YEAR 2018, 74.4% OF THE DISCHARGES FROM LVH-CC WERE RESIDENTS OF THE PRIMARY SERVICE AREA. THE SECONDARY SERVICE AREA CONSISTS OF BERKS, LUZERNE, MONROE, AND SCHUYLKILL COUNTIES AS WELL AS NORTHERN PORTIONS OF BUCKS AND MONTGOMERY COUNTIES. THE 2018 POPULATION OF THE SECONDARY SERVICE AREA WAS APPROXIMATELY 639,671. DURING THE CALENDAR YEAR 2018, 22.2% OF THE DISCHARGES FROM LVH WERE RESIDENTS OF THE SECONDARY SERVICE AREA. BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE CURRENT POPULATION OF THE COMBINED PRIMARY AND SECONDARY LVH SERVICE AREAS IS PROJECTED, TO INCREASE APPROXIMATELY 2.5% BY THE YEAR 2024. DURING THE CALENDAR YEAR 2018, 3.4% OF THE DISCHARGES FROM LVH-CC WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS. THE PRIMARY SERVICE AREA OF LVH-MUHLENBERG IS COMPRISED OF THE EASTERN PORTION OF LEHIGH COUNTY AND ALL OF NORTHAMPTON COUNTY. BASED ON U.S. CENSUS BUREAU DATA FOR THE YEAR 2010 CENSUS, THE POPULATION OF THE PRIMARY SERVICE AREA WAS APPROXIMATELY 413,156 PEOPLE. DURING THE CALENDAR YEAR 2018, ABOUT 91.4% OF THE DISCHARGES FROM LVH-MUHLENBERG 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 488,857. THE SECONDARY SERVICE AREA OF LVH-MUHLENBERG INCLUDES ALL OF CARBON COUNTY AND PORTIONS OF MONROE, SCHUYLKILL, BERKS, MONTGOMERY, AND BUCKS COUNTIES. THE 2010 POPULATION OF THE SECONDARY SERVICE AREA WAS ESTIMATED AT APPROXIMATELY 677,954. DURING THE CALENDAR YEAR 2018, ABOUT 6.3% OF THE DISCHARGES FROM LVH-MUHLENBERG WERE RESIDENTS OF THE SECONDARY SERVICE AREA. ACCORDING TO THE AMERICAN COMMUNITY SURVEY (U.S. CENSUS), THE ESTIMATED POPULATION FOR THE SECONDARY SERVICE AREA IN 2018 IS 678,213. BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE CURRENT POPULATION OF THE COMBINED PRIMARY AND SECONDARY LVH SERVICE AREAS IS PROJECTED, TO INCREASE APPROXIMATELY 2.5% BY THE YEAR 2024. DURING THE CALENDAR YEAR 2018, 2.3% OF THE DISCHARGES FROM LVH-MUHLENBERG WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS. DISCHARGES FROM THE SECONDARY SERVICE AREA ARE WIDELY DISPERSED FOR PATIENTS OF LVH-MUHLENBERG. SINCE THESE PATIENTS ARE RANDOMLY DISTRIBUTED, IT IS DIFFICULT TO DEFINE SECONDARY AND TERTIARY SERVICE AREAS. IT IS ASSUMED THE SECONDARY AND TERTIARY SERVICES AREA FOR LVH-MUHLENBERG WILL BE SIMILAR TO THOSE OF LVH-CC.</p> |
| PART VI, LINE 5:        | <p>LEHIGH VALLEY HOSPITAL QUALIFIES AS AN INSTITUTION OF PURELY PUBLIC CHARITY IN PENNSYLVANIA. THIS REGULATION IS REFERRED TO AS ACT 55. TO BE CONSIDERED A PURELY PUBLIC CHARITY, NONPROFITS MUST: (1) ADVANCE A CHARITABLE PURPOSE; (2) DONATE OR RENDER GRATUITOUSLY A SUBSTANTIAL PORTION OF ITS SERVICES; (3) BENEFIT A SUBSTANTIAL AND INDEFINITE CLASS OF PERSONS WHO ARE LEGITIMATE SUBJECTS OF CHARITY; (4) RELIEVE THE GOVERNMENT OF SOME BURDEN; AND (5) OPERATE ENTIRELY FREE FROM PRIVATE PROFIT MOTIVE. LVH IS REQUIRED TO REAPPLY FOR THIS CHARITABLE STATUS EVERY FIVE YEARS AND CURRENTLY QUALIFIES THROUGH OCTOBER 31, 2020.</p>  |

# 990 Schedule H, Supplemental Information

| Form and Line Reference                  | Explanation  |
|--|--|
| PART III, SECTION B. MEDICARE,<br>LINE 8 | MEDICARE PROGRAM COSTS INCLUDED IN THE ANNUAL LVHN COMMUNITY BENEFIT REPORT NOT INCLUDED OR ALLOWABLE IN THE MEDICARE COST REPORT TOTALED \$158,088,391. THIS INCLUDES COSTS OF MEDICARE MANAGED CARE, LVPG PRACTICE SUBSIDIES, NON-REIMBURSEABLE INTEREST EXPENSE, LVAS SUBSIDY, UNIVERSITY OF SOUTH FLORIDA SCHOOL COSTS, AND DISALLOWABLE RELATED ORGANIZATION COSTS. |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1689692

**Name:** LEHIGH VALLEY HOSPITAL

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

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe)             | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------------------|--------------------------|
| 1  | LEHIGH VALLEY HOSPITAL<br>1200 S CEDAR CREST BLVD<br>ALLENTOWN, PA 18103<br>WWW.LVHN.ORG<br>530201 | X                 | X                          | X                   | X                 |                          | X                 | X           | X        | ER - OTHER - PEDIATRIC<br>ER |                          |

**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  | <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  | <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 LEHIGH AND NORTHAMPTON COUNTY, WHERE LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG ARE LOCATED, LVHN PARTNERED WITH TWO FACULTY MEMBERS FROM CEDAR CREST COLLEGE. SIX FOCUS GROUPS AND FOUR INTERVIEWS WERE CONDUCTED BETWEEN JUNE AND AUGUST 2018 WITH A TOTAL OF 58 PARTICIPANTS IN LEHIGH COUNTY, WHILE FOUR FOCUS GROUPS AND FIVE INTERVIEWS WERE CONDUCTED WITH 35 TOTAL PARTICIPANTS DURING THE SAME TIME PERIOD IN NORTHAMPTON COUNTY.BELOW IS A SUMMARY OF THE ORGANIZATIONS REPRESENTED IN LEHIGH AND NORTHAMPTON COUNTIES' FOCUS GROUPS AND IN INTERVIEWS 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.ORGANIZATIONS REPRESENTED IN LEHIGH COUNTY:ALLENTOWN HEALTH BUREAUALLENTOWN SCHOOL DISTRICTCOMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEYCOUNTRY MEADOWS RETIREMENT COMMUNITIESEAST PENN SCHOOL BOARDLANTA BUS COMPANYRIPPLE COMMUNITY, INC.WHITEHALL COMMUNITIES THAT CAREWILD CHERRY KNOLL HOUSING DEVELOPMENTDEMOGRAPHICS OF LEHIGH COUNTY:GENDER: 64% FEMALE, 36% MALEAVERAGE AGE: 64.7; AGE RANGE: 16-96RACE: 88.7% WHITE, 5.7% BLACK, 3.8% MULTIRACIALETHNICITY: 72% NON-HISPANIC, 28% HISPANIC (OF ANY RACE)EDUCATION: 83% HAD AT LEAST SOME COLLEGE OR HIGHER, 15% HAD A HIGH SCHOOL DIPLOMA OR G.E.D.EMPLOYMENT: 50% RETIRED OR NOT EMPLOYED, 45% EMPLOYEDORGANIZATIONS REPRESENTED IN NORTHAMPTON COUNTY:BETHLEHEM AREA SCHOOL DISTRICTBETHLEHEM HEALTH BUREAU EASTON COMMUNITY CENTERLEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF PSYCHIATRYMORAVIAN VILLAGENAZARETH FOOD BANKNORTHAMPTON COUNTY DEPARTMENT OF CORRECTIONS NORTHAMPTON COUNTY MENTAL HEALTHSLATE BELT CHAMBER OF COMMERCEDEMOGRAPHICS OF NORTHAMPTON COUNTY:GENDER: 73.3% FEMALE, 27.7% MALEAVERAGE AGE: 70.4; AGE RANGE: 33-88RACE: 93.3% WHITE, 3.3% BLACK, 3.3% OTHERETHNICITY: 76.7% NON-HISPANIC, 23.3% HISPANIC (OF ANY RACE)EDUCATION: 76.6% HAD AT LEAST SOME COLLEGE OR HIGHER, 23.3% HAD A HIGH SCHOOL DIPLOMA OR G.E.D.EMPLOYMENT: 67% RETIRED OR NOT EMPLOYED, 30% 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  | 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  | PART V, SECTION B, LINE 6B: REPRESENTATIVES OF THE COMMUNITY IN LEHIGH COUNTY<br>INCLUDED:ALLENTOWN HEALTH BUREAUALLENTOWN SCHOOL DISTRICTCOMMUNITY ACTION COMMITTEE<br>OF THE LEHIGH VALLEYCOUNTRY MEADOWS RETIREMENT COMMUNITIESEAST PENN SCHOOL BOARDLANTA<br>BUS COMPANYRIPPLE COMMUNITY, INC.WHITEHALL COMMUNITIES THAT CAREWILD CHERRY KNOLL<br>HOUSING DEVELOPMENTREPRESENTATIVES OF THE COMMUNITY IN NORTHAMPTON COUNTY<br>INCLUDED:BETHLEHEM AREA SCHOOL DISTRICTBETHLEHEM HEALTH BUREAUEASTON COMMUNITY<br>CENTERLEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF PSYCHIATRYMORAVIAN VILLAGENAZARETH<br>FOOD BANKNORTHAMPTON COUNTY DEPARTMENT OF CORRECTIONS NORTHAMPTON COUNTY MENTAL<br>HEALTHSLATE BELT CHAMBER OF COMMERCE |

|  |   |
|--|---|
| Form 990 Part V Section C Supplemental Information for Part V, Section B.  |   |
| <b>Section C. Supplemental Information for Part V, Section B.</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   | 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  | <p>PART V, SECTION B, LINE 11: COMMUNITY ENGAGEMENT1.1 CONNECT WITH LOCAL FEDERALLY QUALIFIED HEALTH CENTER (NHCLV), COMMUNITY AND FAITH-BASED ORGANIZATIONS TO SUPPORT THE DIVERSE HEALTH NEEDS OF OUR COMMUNITIES.IN FY18, 14 MEETINGS WERE HELD WITH COMMUNITY AND FAITH-BASED ORGANIZATIONS TO SHARE THE WORK THAT LVHN IS DOING, LEARN ABOUT WHAT KEY COMMUNITY AGENCIES ARE WORKING ON, AND DETERMINING IF THERE ARE ANY POINTS OF INTERSECTION WITH OUR CHNAPRIORITIES.IN FY19, THE DEPARTMENT OF COMMUNITY HEALTH BEGAN A STRATEGIC PLANNING PROCESS TO FURTHER DEFINE THE PRIORITY AREAS WITHIN THE SOCIAL DETERMINANTS OF HEALTH THAT THE NETWORK SHOULD FOCUS ON. AS A PART OF THAT PROCESS, THE DEPARTMENT INTERVIEWED 52 KEY STAKEHOLDERS BOTH INTERNAL LEADERS AND EXTERNAL COMMUNITY AND FAITH-BASED PARTNERS TO IDENTIFY PERCEIVED AREAS OF STRENGTH OF THE DEPARTMENT'S WORK AND AREAS OF OPPORTUNITY. FROM THAT PROCESS, COMMUNITY HEALTH IDENTIFIED 4 CORE AREAS THAT WILL BE THE FOCUS OF IT'S WORK: HOUSING , EDUCATION, MENTAL &amp; SOCIAL WELL-BEING, AND FOOD &amp; NUTRITION. THE NEXT STEP IS TO IDENTIFY WHO KEY PARTNERS WILL BE IN EACH OF THOSE FOCUS AREAS AND DETERMINE THE STRATEGIES THAT THE NETWORK WILL BE A PARTICIPANT IN.1.2 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. IN FY17, 150 RESOURCES WERE UPDATED ON THE PA211 EAST WEBSITE, THERE WERE 2,326 VISITS TO THE PA211 EAST WEBSITE AND 5,015 PHONE CALLS WERE MADE WITHIN LEHIGH AND NORTHAMPTON COUNTIES.IN FY18, 109 RESOURCES WERE UPDATED ON THE PA211 EAST WEBSITE THROUGH OUTREACH FROM LVHN DEPARTMENT OF COMMUNITY HEALTH. OVER THE COURSE OF THE YEAR, THERE WERE 4,024 VISITS TO THE PA211 EAST WEBSITE AND 8,521 PHONE CALLS WERE MADE TO PA 211, WITHIN LEHIGH AND NORTHAMPTON COUNTIES.IN FY19, 132 RESOURCES WERE UPDATED ON THE PA211 EAST WEBSITE THROUGH OUTREACH FROM LVHN DEPARTMENT OF COMMUNITY HEALTH. OVER THE COURSE OF THE YEAR, THERE WERE 3,976 VISITS TO THE PA211 EAST WEBSITE, AND 8,114 PHONE CALLS WERE MADE TO PA 211, WITHIN LEHIGH AND NORTHAMPTON COUNTIES.1.3 EDUCATE AND SUPPORT PATIENTS, CAREGIVERS AND COMMUNITY MEMBERS AROUND ADVANCE CARE PLANNING (ACP). HOST COMMUNITY BASED CONVERSATIONS TO EDUCATE ABOUT ADVANCE CARE PRINCIPLES, SHARE DECISION-MAKING. ENCOURAGE COMPLETION OF ACP DOCUMENTS. IN FY17, A STRATEGIC PLAN WAS ESTABLISHED TO FOCUS YEARLY EFFORTS FOR ENGAGING THE COMMUNITY.370 COMMUNITY MEMBERS PARTICIPATED IN FOUR CONVERSATION GAMES, TWO VIDEO AND DISCUSSION EVENTS, AND TWO INFORMATION TABLES IN PARTNERSHIP WITH FIVE LOCAL ORGANIZATIONS TO DISCUSS FUTURE ADVANCE HEALTHCARE PLANS. DUE TO STAFF CHANGES IN FY18, THE WORK HAS TAKEN ON A DIFFERENT DIRECTION AND IS FOCUSED MORE AROUND INTERNAL CONVERSATIONS WITH LVHN STAFF AND CREATING WORKFLOWS TO SUPPORT STAFF'S ABILITY TO COMPLETE ADVANCED DIRECTIVES WITH PATIENTS IN THE OFFICE. FY18 WORK INCLUDES CREATION OF TEMPLATES IN</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  | <p>LVHN'S ELECTRONIC MEDICAL RECORD. TO CAPTURE ACP DOCUMENTATION, PROCESSES ARE BEING DEVELOPED TO HAVE STAFF BEGIN TRACKING ACP CONVERSATIONS IN PATIENT CHARTS. IN FY19, PROCESSES WERE ROLLED OUT IN THE LVPG PRACTICES WHICH INCLUDE FAMILY MEDICINE, INTERNAL MEDICINE, GERIATRIC MEDICINE, AND OB/GYN. AS OF JUNE 30TH, 2019, 14.7% OF THE 48,998 PATIENTS OVER THE AGE OF 65 IN THESE PRACTICES HAVE AN ADVANCED DIRECTIVE DOCUMENTED IN THEIR EPIC PATIENT RECORD. 2.1 PROMOTE LVHN COMMUNITY EXCHANGE (CE) TIME-BANKING PROGRAM TO INCREASE SOCIAL CONNECTIONS. IN FY17, 110 MEMBERS EXCHANGED 1,150 HOURS. AN ANNUAL MEMBER SATISFACTION SURVEY WAS ADMINISTERED AND APPROXIMATELY 75% OF MEMBERS SURVEYED FELT THAT THEIR PARTICIPATION IN COMMUNITY EXCHANGE INCREASED THEIR INVOLVEMENT IN THE COMMUNITY. IN SPRING 2017, THIS PROGRAM ENDED, AND A SMALLER GROUP HAS CONTINUED THIS EFFORT THROUGH THE LOCAL FEDERALLY QUALIFIED HEALTH CENTER. 3.1 LVHN'S STREET MEDICINE PROGRAM PROVIDES MEDICAL CARE WITHIN DEFINED SHELTER-BASED CLINICS AND ON "STREET ROUNDS" TO THE UNSHELTERED. THE STREET MEDICINE TEAM SAW 537 PATIENTS IN FY17, 462 PATIENTS IN FY18, AND 552 PATIENTS IN FY19 IN THE OUTPATIENT SETTING AT CLINICS IN HOMELESS SHELTERS. FOR PATIENTS SEEN IN ANY OF THE OUTPATIENT SETTINGS, THEY VISITED THE EMERGENCY DEPARTMENT 1,170 TIMES IN FY17, 916 TIMES IN FY18, AND 875 IN FY19. IN ADDITION, THE STREET MEDICINE TEAM COMPLETED 282 CONSULTS IN FY17 FOR 230 INDIVIDUALS WHO WERE HOSPITALIZED AND AT-RISK FOR HOMELESSNESS, 303 CONSULTS FOR 241 INPATIENTS IN FY18, AND 347 CONSULTS FOR 187 INPATIENTS IN FY19. 3.2 STREET MEDICINE COLLABORATES WITH LVHN CASE MANAGEMENT, COMMUNITY COLLABORATORS TO PROVIDE CASE MANAGEMENT SERVICES, IMPROVE ACCESS TO INSURANCE, AND INTRODUCE PATIENTS TO A MEDICAL HOME WHEN READY. IN FY17, STREET MEDICINE PATIENT INSURANCE BREAKDOWN WAS AS FOLLOWS: AMONG PATIENTS SEEN IN THE OUTPATIENT SETTING, 43% WERE SELF-PAY, 40% HAD MEDICAID, 12% HAD MEDICARE, 2.7% HAD COMMERCIAL INSURANCE, AND 2% HAD BLUES CROSS PLANS. IN FY18, STREET MEDICINE PATIENT INSURANCE BREAKDOWN WAS AS FOLLOWS: AMONG PATIENTS SEEN IN THE OUTPATIENT SETTING, 28.2% WERE SELF-PAY, 56.6% HAD MEDICAID, 13.6% HAD MEDICARE, 1.7% HAD COMMERCIAL INSURANCE, AND 2.1% HAD BLUES CROSS PLANS. IN FY19, STREET MEDICINE PATIENT INSURANCE BREAKDOWN WAS AS FOLLOWS: AMONG PATIENTS SEEN IN THE OUTPATIENT SETTING, 28.4% WERE SELF-PAY, 49.3% HAD MEDICAID, 14.9% HAD MEDICARE, 4.2% HAD COMMERCIAL INSURANCE, AND 2.5% HAD BLUES CROSS PLANS. 3.3 HOST AND/OR PARTICIPATE IN A MULTI-SECTOR DISCUSSION ON HOUSING AND HEALTH WITH AREA STAKEHOLDERS. IN RESPONSE TO THE 2016 CHNA, REPRESENTATIVES FROM LEHIGH VALLEY HEALTH NETWORK (LVHN)'S DEPARTMENT OF COMMUNITY HEALTH, THE DOROTHY RIDER POOL HEALTH CARE TRUST, AND DESALES UNIVERSITY CAME TOGETHER TO CREATE A SYMPOSIUM EXPLORING THE INTERSECTION OF HOUSING AND HEALTH. THE FORUM WAS DESIGNED FOR KEY LEADERS IN THE LEHIGH VALLEY TO LEARN, CONNECT, AND ACT TO IMPROVE THE QUALITY OF LIFE IN THE</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  | <p>HE LEHIGH VALLEY.THE EVENT WAS HELD ON SEPTEMBER 16, 2016 AT DESALES UNIVERSITY AND 158 PEOPLE WERE INVITED. THE KEYNOTE SPEAKER, JOHN T. COOK, PHD, MAED FROM CHILDREN'S HEALTHWATC H IN BOSTON, CHALLENGED ATTENDEES TO CONSIDER "HOUSING AS A VACCINE" THAT CAN PREVENT A WI DE RANGE OF FUTURE PROBLEMS. LOCAL EXPERTS FROM EDUCATION (JOSEPH J. ROY, EDD, BETHLEHEM A REA SCHOOL DISTRICT), YOUTH SERVICES (LISA WEINGARTNER LSW, MSW, VALLEY YOUTH HOUSE), AND LEGAL SERVICES (LORI MOLLOY, ESQ, NORTH PENN LEGAL SERVICES), SHARED THEIR EXPERIENCE REGA RDING HOW HOUSING AND HEALTH AFFECT THEIR WORK IN THE LEHIGH VALLEY.THIS WORK HAS CONTINUE D IN A VARIETY OF ITERATIONS, INCLUDING THROUGH A CROSS-SECTOR, COLLABORATIVE WORKING GROU P LOOKING AT HOUSING QUALITY AND AFFORDABILITY, A CROSS-SECTOR GROUP THAT PARTICIPATED IN THE 100 DAY CHALLENGE TO ELIMINATE HOMELESSNESS, AND CURRENTLY THERE ARE ON-GOING CONVERSA TIONS ABOUT PARTICIPATING IN THE NATIONAL PURPOSE-BUILT MODEL INITIATIVE.</p> <p>4.1 HEALTH ADVOCA CY PROGRAM: PROVIDE SUPPORT, NAVIGATION AND PROBLEM-SOLVING ASSISTANCE FOR PATIENTS WITH S OCIAL NEEDS, USING SPECIALLY TRAINED UNIVERSITY STUDENTS INTERESTED IN THE HEALTH PROFESSI ON OR SOCIAL SCIENCES.IN FY17, 153 PATIENTS WERE ENROLLED IN THE HEALTH ADVOCACY PROGRAM. OF THOSE PATIENTS, THERE WERE 89 SUCCESSFUL CONNECTIONS TO RESOURCES. STARTING IN SEPTEMBE R 2016, HAP BEGAN ADMINISTERING A PERCEIVED STRESS SCALE. THERE WAS AN 8.84% DECREASE IN P ERCEIVED STRESS FOR ENGLISH SPEAKERS WHO HAD A PRE- AND A POST-TEST (N = 35) AND A 5.57% D ECREASE IN PERCEIVED STRESS FOR SPANISH SPEAKERS WHO HAD A PRE- AND A POST-TEST (N = 14). IN FY18, 167 PATIENTS WERE REFERRED TO THE HEALTH ADVOCACY PROGRAM RESULTING IN 82 SUCCESS FUL CONNECTIONS TO RESOURCES. IN FY19, 152 PATIENTS WERE REFERRED TO THE HEALTH ADVOCACY P ROGRAM WHICH RESULTED IN 86 SUCCESSFUL CONNECTIONS TO COMMUNITY RESOURCES. THE THREE MOST COMMONLY REFERRED TO RESOURCES WERE HOUSING, FOOD ASSISTANCE, AND LEGAL ASSISTANCE.</p> <p>4.2 PIL OT A CIVIL LEGAL ASSISTANCE PROGRAM IN COLLABORATION WITH NORTH PENN LEGAL SERVICES FOR PA TIENTS WITH LEGAL ISSUES THAT AFFECT THEIR HEALTH AND WELL-BEING.IN FY17, 266 REFERRALS WE RE MADE TO NORTH PENN LEGAL SERVICES RESULTING IN 199 OPEN CASES. THE TOP THREE REASONS FO R REFERRAL WERE HOUSING, CUSTODY, AND PUBLIC UTILITIES.IN FY18, 458 REFERRALS WERE MADE TO NORTH PENN LEGAL SERVICES RESULTING IN 274 OPEN CASES. 29% OF CASES WERE HOUSING RELATED WITH A SUCCESSFUL OUTCOME, INCLUDING PREVENTING EVICTION, PRESERVING CURRENT HOUSING, AND OVERCOMING UTILITY SHUT-OFFS. IN FY19, 360 REFERRALS WERE MADE TO NORTH PENN LEGAL SERVES WHICH RESULTED IN 166 OPEN CASES. THEY RESOLVED 178 CASES IN FY19.</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  | 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 PATIENTS 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<br>(CONTINUATION A) | <p>5.1 HEALTHY CORNER STORE INITIATIVE (HCSI): SEVERAL LOCAL CORNER STORES IN LOW INCOME COMMUNITIES HAVE BEEN IDENTIFIED AND ENCOURAGED TO ADD &gt; 4 HEALTHY FOOD ITEMS TO THEIR STORE INVENTORY AFTER BASELINE ASSESSMENT. STORE OWNERS RECEIVE TRAINING BY STAFF ON HOW TO DISPLAY AND SELL HEALTHY FOOD ITEMS. FOLLOW-UP ASSESSMENTS DETERMINE ADHERENCE TO RECOMMENDATIONS.THE HEALTHY CORNER STORE INITIATIVE IN THE LEHIGH VALLEY ENROLLED AT TOTAL OF 55 CORNER STORES IN THE 3 MAJOR CITIES, ALLENTOWN (31), BETHLEHEM (17), AND EASTON (7). ADDITIONALLY, 100% OF THE ENROLLED CORNER STORES IN ALLENTOWN ADDED 4 NEW HEALTHY FOOD PRODUCTS TO THEIR INVENTORY. THE PROGRAM ALSO IMPLEMENTED HEART SMARTS, WHICH INCLUDED ADULT NUTRITION LESSONS IN THE STORES USING THE SNAP-ED APPROVED HEART SMARTS CURRICULUM, A SERIES OF 8 LESSONS ON VARYING NUTRITION TOPICS. IN ADDITION, FUNDING FROM THE PA DEPARTMENT OF HEALTH PROVIDED EACH PARTICIPANT WITH \$4 IN HEART BUCKS, COUPONS THAT COULD BE USED IN STORE TO PURCHASE HEALTHY ITEMS. THESE COUPONS ALLOWED SHOPPERS TO TRY SOME OF THE PROMOTED HEALTHY FOODS WITH NO RISK TO THEIR GROCERY BUDGET. FREE BLOOD PRESSURE SCREENINGS WERE ALSO ADDED, AND NEARLY 120 PARTICIPANTS WERE SCREENED FOR HIGH BLOOD PRESSURE; 2 OUT OF 3 PARTICIPANTS WERE MEN. NEARLY 52% OF THE PARTICIPANTS WERE FOUND TO HAVE HIGH BLOOD PRESSURE AND WERE PROVIDED EDUCATION ON HEALTHY EATING AND ENCOURAGED TO VISIT THEIR PHYSICIANS. FUNDING FOR THIS INITIATIVE ENDED IN FY19; HOWEVER, THE WORK AROUND PROMOTING GREATER ACCESS TO HEALTHY FOODS CONTINUES. LVHN CONTINUES TO PARTNER WITH THE KELLYN FOUNDATION AROUND COMMUNITY CANVAS, PROVIDING IN-SCHOOL EDUCATION AND SCHOOL GARDENS (SEE BELOW). IN ADDITION, IN FY19 LVHN PARTNERED WITH THE RODALE INSTITUTE TO HAVE A MOBILE MARKET ROTATE THROUGH LVHN CAMPUSES. THIS MARKET ACCEPTED DOUBLE SNAP FOR INDIVIDUALS RECEIVE SNAP BENEFITS, MEANING PATIENTS WHO PURCHASED FRUITS AND VEGETABLES AT THE MOBILE MARKET COULD GET DOUBLE THE AMOUNT FOR THEIR SNAP DOLLARS. IN ADDITION, THROUGH PROGRAMS SUCH AS THE ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PROJECT AND THE HEALTH ADVOCACY PROGRAM, PATIENTS WHO SCREENED POSITIVE FOR FOOD INSECURITY OR WHO WERE RECEIVING SNAP BENEFITS WERE PROVIDED INFORMATION ABOUT THE DOUBLE SNAP PROGRAM AND A LIST OF THE STORES WHERE THEY COULD UTILIZE THEM. LVHN 17TH STREET IS ALSO A SITE FOR THE SUMMER MEALS PROGRAM, PROVIDING MEALS TO CHILDREN IN THE DISTRICT DURING SUMMER DAYS AT NO COST.5.2 PARTICIPATION IN THE REGIONAL FOOD POLICY COUNCIL WHICH SEEKS TO IMPROVE FOOD SECURITY IN THE LEHIGH VALLEY AND TO SUPPORT GROWTH IN THE LOCAL FOOD ECONOMY.LVHN PARTICIPATED IN AT LEAST 75% OF FOOD POLICY COUNCIL MEETINGS AND EVENTS. THE MISSION OF LVFPC IS TO PROMOTE AN ENVIRONMENTALLY HEALTHY FOOD SYSTEM BY STRENGTHENING THE LOCAL FOOD ECONOMY, INCREASING ACCESS TO FRESH FOODS FOR EVERYONE, REDUCING FOOD INSECURITY, AND SUPPORTING LOCAL FARMING IN THE LEHIGH VALLEY. WE FOCUS ON FOOD ACCESS WHICH IS ONE OF THE THREE LVFPC PRIORITIES.</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<br>(CONTINUATION A) | <p>RITY STRATEGIES (FOOD AGGREGATION AND LAND USE BEING THE OTHER TWO PRIORITIES). OUR ROLE I S TO CO-CHAIR THE CONSUMER EDUCATION WORKING GROUP, WHICH WILL WORK TOWARD A COMPREHENSIVE , CONSISTENT NUTRITION EDUCATION EFFORT IN THE LEHIGH VALLEY, WORKING TO INFLUENCE EACH OF THE LEVELS OF THE SOCIO-ECOLOGICAL PUBLIC HEALTH MODEL (I.E. INDIVIDUAL, INTERPERSONAL, O RGANIZATIONAL, COMMUNITY, AND PUBLIC POLICY). 5.3 FOOD COLLECTION DRIVES: NONPERISHABLE FO OD IS COLLECTED AT LVHN'S DRIVE-THROUGH FLU VACCINE EVENTS AND BY EMPLOYEES THROUGHOUT THE YEAR TO ASSIST LOCAL FOOD CUPBOARDS.IN FY17, 12,960 POUNDS OF FOOD WERE COLLECTED AND DON ATED DURING LVHN'S DRIVE THROUGH FLU VACCINE EVENTS. IN FY18, 12,400 POUNDS OF FOOD WERE C OLLECTED AND DONATED DURING LVHN'S DRIVE THROUGH FLU VACCINE EVENTS. IN FY19, 14,000 POUN D S OF FOOD WERE COLLECTED AND DONATED DURING LVHN'S DRIVE THROUGH FLU VACCINE EVENTS.6.2 IM PLEMENT PARENTING CLASSES WITHIN ACHIP AND IN COLLABORATION WITH OTHER LOCAL AGENCIES; PIL OT STRATEGIES TO INCREASE ENGAGEMENT.IN FY17, A TOTAL OF 22 PARENTS PARTICIPATED IN PARENT ING CLASSES OFFERED IN DOWNTOWN ALLENTOWN. FIVE PARENTS COMPLETED THE ENTIRE 8 WEEK PROGRA M. EFFORTS ARE UNDERWAY TO INCREASE ENGAGEMENT IN THE CLASSES AND PARENTS' ABILITY TO COMP LETE ALL SESSIONS.IN FY18, A TOTAL OF 23 PARENTS PARTICIPATED IN PARENTING CLASSES OFFERED IN DOWNTOWN ALLENTOWN AND SHOWED A SIGNIFICANT INCREASE IN PARENTING SKILLS FROM THE BEGI NNING TO THE END OF THE PROGRAM.THIS WORK EVOLVED TO PROVIDE THE EDUCATION IN-HOME DURING ACHIP HOME VISITS AS OPPOSED TO GROUP PARENTING CLASSES IN FY19.AT-RISK POPULATIONS1.1 DEP RESSION SCREENING: WITHIN PRACTICES USING EPIC ELECTRONIC HEALTH RECORD, IMPLEMENT ANXIETY /DEPRESSION SCREENING USING PHQ-2/9 (A STANDARDIZED TOOL); PROVIDE FEEDBACK TO CLINICIANS REGARDING THEIR SCREENING RATES.IN FY17, 58% OF PATIENTS, AGE 12 YEARS AND OLDER WITHOUT A N ACTIVE DIAGNOSIS OF DEPRESSION OR BIPOLAR DISORDER, WERE SCREENED FOR DEPRESSION, AND, I F POSITIVE, HAD A FOLLOW UP PLAN BETWEEN JULY AND DECEMBER 2016. THIS PERCENTAGE INCREASED TO 60% BETWEEN JANUARY AND JUNE OF 2017.65% OF PATIENTS, AGE 12 YEARS AND OLDER WITHOUT A N ACTIVE DIAGNOSIS OF DEPRESSION OR BIPOLAR DISORDER, WERE SCREENED FOR DEPRESSION, AND, I F POSITIVE, HAD A FOLLOW UP PLAN IN FY18. THIS NUMBER INCREASED TO 70% IN FY19. 1.2 ASSESS AND IMPROVE TREATMENT AND REFERRAL WORKFLOWS FOR PATIENTS WHO SCREEN POSITIVE FOR DEPRESS ION WITH PHQ-9 WITHIN SELECTED PRIMARY CARE PRACTICES; PHQ SCORE &gt;9 IN ADULTS, &gt;5 IN CHILD REN AND ADOLESCENTS IN ORDER TO IMPROVE TREATMENT AND REFERRAL WORKFLOWS FOR PATIENTS, LVH N CREATED A BEHAVIORAL HEALTH REFERRAL SPECIALIST ROLE AT THE END OF FY18. THIS ROLE CURRE NTLY PROVIDES SUPPORT TO PROVIDERS, PRACTICES AND PATIENTS SEEKING ACCESS TO MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES. SUPPORT BY THIS ROLE IS PROVIDED ON THREE LEVELS: 1. PRO VIDE PRACTICES WITH THE NECESSARY RESOURCE INFORMATION TO ENABLE THEM TO MAKE BEHAVIORAL H EALTH AND SUBSTANCE ABUSE REFE</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 A) | RRALS. TO ACCOMPLISH THIS GOAL, A DATABASE, THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT, OF MENTAL HEALTH, SUBSTANCE ABUSE AND OTHER RELATED RESOURCES AND SERVICES HAS BEEN CREATED AND IS MAINTAINED SO THE INFORMATION IS ALWAYS CURRENT AND ACCURATE. IN ADDITION, TO THIS DATABASE THE BEHAVIORAL HEALTH REFERRAL SPECIALIST HAS BEEN PROVIDING EDUCATION ON HOW TO EFFECTIVELY REFER A PATIENT FOR MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES TO THE FOLLO WING: PEDIATRIC PRIMARY CARE, ADULT SPECIALTY PROGRAMS, INPATIENT CASE MANAGEMENT, LVHN LE ADERSHIP AND ADDITIONAL OUTSIDE PROGRAMS AND SERVICES.2. PROVIDE CONSULTATION TO PROVIDERS SEEKING SERVICES FOR THEIR PATIENTS WHEN THEY ARE UNABLE TO DO SO UTILIZING THE BEHAVIORA L HEALTH RESOURCES SHAREPOINT AND PAST REFERRAL EDUCATION. 3. DIRECT PATIENT CONTACT TO PR OVIDE SUPPORT AND RESOURCES IF THE FIRST TWO LEVELS OF SERVICE FAIL TO SUPPORT THE PATIENT . IN FY19, THERE WERE 620 REQUESTS FOR ASSISTANCE FROM THE BEHAVIORAL HEALTH REFERRAL SPEC IALIST.2.1 PUBLIC HEALTH INFORMATIONAL CAMPAIGN TO PROMOTE IMPORTANCE OF EARLY IDENTIFICAT ION OF DEPRESSION AND CONNECTING TO TREATMENT FOR BEHAVIORAL HEALTH ISSUES; EMPLOYEE ASSIS TANCE PROGRAMS. "TELL YOUR STORY CAMPAIGN."IN FY17, INITIAL CONVERSATIONS WERE HELD ABOUT THE IDEA OF A PUBLIC HEALTH CAMPAIGN TO REDUCE STIGMA AROUND MENTAL HEALTH. LVHN LEADERSHI P FROM MARKETING, COMMUNITY HEALTH, AND PSYCHIATRY ENGAGED IN THE PLANNING OF THIS CAMPAIG N. THE CAMPAIGN WILL BE ENTITLED "TELL YOUR STORY AND IS ALSO BEING DONE IN ALIGNMENT WITH THE LOCAL CHAPTER OF THE NATIONAL ASSOCIATION FOR MENTAL ILLNESS (NAMI) AND LOCAL DIGITAL STORYTELLING EFFORTS WITHIN ALLENTOWN. FY17 PRIMARILY INCLUDED PLANNING AND DEVELOPMENT A ND CONTINUES THROUGH FY18 WITH EXPANSION TO THE COUNTIES OUTSIDE OF THE LEHIGH VALLEY.IN F Y18, SIX DIGITAL STORIES WERE DEVELOPED TO HIGHLIGHT STORIES OF INDIVIDUALS WHO HAVE STRUG GLED WITH MENTAL HEALTH ISSUES, INCLUDING DEPRESSION. IN FY19, A COMMUNICATION PLAN WAS CO MPLETED TO SHARE THESE STORIES.4.1 INPATIENT BEHAVIORAL HEALTH UNIT TEAM PROVIDES SAFE ACU TE PSYCHIATRIC CARE FOR COMMUNITY FOCUSED ON SAFETY AND STABILIZATION. 6,022 PSYCHIATRIC E VALUATIONS WERE COMPLETED WITHIN THE EMERGENCY DEPARTMENT IN FY17. IN ADDITION, 2,454 PSYC HIATRIC INPATIENT ADMISSIONS OCCURRED IN FY17.IN FY18, 4,177 PSYCHIATRIC EVALUATIONS WERE COMPLETED WITHIN THE EMERGENCY DEPARTMENT. IN ADDITION, 2,384 PSYCHIATRIC INPATIENT ADMISS IONS OCCURRED IN FY18.IN FY19, THERE WERE 5,776 PSYCHIATRIC EVALUATIONS OCCURRED ACROSS 3 EMERGENCY DEPARTMENTS. IN ADDITION, 2,371 PSYCHIATRIC INPATIENT ADMISSIONS OCCURRED IN FY1 9. |

**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<br>(CONTINUATION B) | <p>4.2 PARTIAL/RESIDENTIAL PROGRAMS (ADULT AND ADOLESCENT TRANSITIONS, ALTERNATIVES AND TRANSITIONAL LIVING CENTER) PROVIDE INTENSIVE TREATMENT, EDUCATION AND SUPPORT, IMPROVING COMMUNITY FUNCTION AND AVOIDING UNNECESSARY HOSPITALIZATIONS.THERE WERE 1,558 ADMISSIONS TO PARTIAL/RESIDENTIAL PROGRAMS FOR A TOTAL OF 15,324 DAYS IN FY17.THERE WERE 1,483 ADMISSIONS TO PARTIAL/RESIDENTIAL PROGRAMS FOR A TOTAL OF 14,919 DAYS IN FY18.THERE WERE 1,508 ADMISSIONS TO PARTIAL/RESIDENTIAL PROGRAMS FOR A TOTAL OF 12,337 DAYS IN FY19.4.3 OUTPATIENT PSYCHIATRIC CARE: MULTIPLE PROGRAMS PROVIDE EVALUATION, DIAGNOSIS AND TREATMENT FOR MEMBERS OF OUR COMMUNITY.THERE WERE 1,806 NEW PATIENTS IN THE OUTPATIENT CLINICS FOR A TOTAL OF 58,245 VISITS ACROSS 7 CLINICAL SITES.IN FY18, THERE WERE 2,035 NEW PATIENTS IN THE OUTPATIENT CLINICS FOR A TOTAL OF 52,118 VISITS ACROSS 7 CLINICAL SITES.IN FY19, THERE WERE 2,300 NEW PATIENTS IN THE OUTPATIENT CLINICS FOR A TOTAL OF 59,151 VISITS ACROSS 7 CLINICAL SITES. 5.1 COMMUNITY ASTHMA EDUCATION PROGRAM (CAEP) FOR CHILDREN ENGAGES COMMUNITY HEALTH WORKERS TO CONDUCT INDIVIDUAL AND GROUP EDUCATION SESSIONS AND IN-HOME ASSESSMENTS FOR ASTHMA TRIGGER REMEDIATION THE CAEP PROGRAM ENDED IN APRIL 2017, DUE TO FUNDING CONSTRAINTS. AMONG 84 PATIENTS WHO COMPLETED THE PROGRAM BETWEEN JUNE AND DECEMBER OF 2016, STATISTICALLY SIGNIFICANT IMPROVEMENTS (<math>P &lt; .05</math>) WERE DEMONSTRATED IN THE FOLLOWING AREAS: ASTHMA-RELATED KNOWLEDGE, PARENTS' ABILITY TO PROPERLY ADMINISTER ASTHMA MEDICATION, THE NUMBER OF DAYS THE CHILD EXPERIENCED ANY ASTHMA SYMPTOMS, THE NUMBER OF NIGHTS THE CHILD WOKE UP DURING THE NIGHT DUE TO ASTHMA, THE NUMBER OF DAYS THE CHILD USED HIS OR HER RESCUE INHALER OR NEBULIZER TREATMENT. EMERGENCY DEPARTMENT VISITS AND IN-PATIENT HOSPITALIZATIONS ALSO DECREASED FROM 6 MONTHS BEFORE PARTICIPATION IN THE PROGRAM TO 6 MONTHS AFTER PARTICIPATION AMONG THE 84 FAMILIES WHO COMPLETED THE PROGRAM. WE CONTINUE TO EXPLORE NEW WAYS TO ADDRESS ASTHMA AMONG PEDIATRIC POPULATIONS AND TO CONTINUE TO PROVIDE EFFECTIVE SERVICES TO FAMILIES WHO ARE STRUGGLING TO MANAGE THEIR CHILD'S ASTHMA.5.2 GERIATRIC WORKFORCE ENHANCEMENT PROGRAM (GWEP) ENGAGES COMMUNITY HEALTH WORKERS (CHWS) TO PARTNER WITH NURSES IN CONDUCTING HOME VISITS TO GERIATRIC PATIENTS (AND THEIR CAREGIVERS) WITH CHRONIC ILLNESSES OR MEMORY-RELATED DISORDERS, INCLUDING ALZHEIMER'S DISEASE. CHWS ASSESS PATIENTS' SOCIAL NEEDS AND PROVIDE CONNECTIONS TO COMMUNITY RESOURCES.29 CLASSES ADDRESSING CHRONIC DISEASE SELF-MANAGEMENT, DEMENTIA, FALL PREVENTION, AND HOME SAFETY FOR COMMUNITY-DWELLING OLDER ADULTS WERE HELD DURING FY17. 205 INDIVIDUALS PARTICIPATED IN THOSE CLASSES.34 CLASSES ADDRESSING CHRONIC DISEASE SELF-MANAGEMENT, DEMENTIA, FALL PREVENTION, AND HOME SAFETY FOR COMMUNITY-DWELLING OLDER ADULTS WERE HELD DURING FY18. 453 INDIVIDUALS PARTICIPATED IN THOSE CLASSES.19 CLASSES ADDRESSING CHRONIC DISEASE SELF-MANAGEMENT, DEMENTIA, FALL PREVENTION, AND HOME SAFETY FOR COMMUNITY-DWELLING OLDER</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 B) | ADULTS WERE HELD DURING FY19. 197 INDIVIDUALS PARTICIPATED IN THOSE CLASSES.5.3 SEE ALLEN TOWN CHILDREN'S HEALTH IMPROVEMENT PROJECT IN COMMUNITY ENGAGEMENT SECTION (6.2).6.1 POPUL ATION HEALTH DEPARTMENT (COMMUNITY CARE TEAMS NURSE CASE MANAGER, SOCIAL WORKER, BEHAVIORA L HEALTH SPECIALIST, +/- PHARMACIST, TRANSITIONS OF CARE CALL CENTER AND CENTRALIZED PAYER RESOURCES) WILL ENGAGE AND MANAGE PATIENTS IN THEIR HEALTH AND ADDRESS BARRIERS TO CARE.I N FY17, OVER 2,500 PATIENTS WERE SERVED BY THE CCT. FOR THESE CCT MANAGED PATIENTS, THERE WAS AN AVERAGE DECREASE IN INPATIENT ENCOUNTERS OF 140 FROM 6 MONTHS PRIOR TO THE INTERVEN TION TO 6 MONTHS POST INTERVENTION. IN ADDITION, ED UTILIZATION DECREASED BY AN AVERAGE OF 156 VISITS FOR THIS PATIENT POPULATION FROM THE 6 MONTHS PRIOR TO BEING SERVED BY THE CCT TEAM TO THE 6 MONTHS AFTER WORKING WITH THE CCT TEAM. IN FY18, OVER 5,000 PATIENTS WERE S ERVED BY THE CCT. FOR THESE CCT MANAGED PATIENTS, THERE WAS AN AVERAGE DECREASE IN INPATIE NT ENCOUNTERS OF 108 FROM 6 MONTHS PRIOR TO THE INTERVENTION TO 6 MONTHS POST INTERVENTION . IN ADDITION, ED UTILIZATION DECREASED BY AN AVERAGE OF 96 VISITS FOR THIS PATIENT POPULA TION FROM THE 6 MONTHS PRIOR TO BEING SERVED BY THE CCT TEAM TO THE 6 MONTHS AFTER WORKING WITH THE CCT TEAM. IN FY19, OVER 7,100 PATIENTS WERE SERVED BY THE CCT. FOR THESE CCT MAN AGED PATIENTS, THERE WAS AN AVERAGE DECREASE IN INPATIENT ENCOUNTERS OF 475 FROM 6 MONTHS PRIOR TO THE INTERVENTION TO 6 MONTHS POST INTERVENTION. IN ADDITION, ED UTILIZATION DECRE ASED BY AN AVERAGE OF 872 VISITS FOR THIS PATIENT POPULATION FROM THE 6 MONTHS PRIOR TO BE ING SERVED BY THE CCT TEAM TO THE 6 MONTHS AFTER WORKING WITH THE CCT TEAM. 6.2 SOCIAL WOR KERS PLACED IN PRACTICES SERVED BY POPULATION HEALTH DEPARTMENT WILL ASSIST PATIENTS IN OB TAINING MEDICATIONS THEY CANNOT AFFORD.IN FY17, 1,515 MEDICATION ORDERS WERE PLACED ACROSS 34 PRACTICES, RESULTING \$2,546,363 WORTH OF MEDICATIONS OBTAINED.IN FY18, 2,362 MEDICATIO N ORDERS WERE PLACED ACROSS 41 PRACTICES, RESULTING IN \$3,991,739 WORTH OF MEDICATIONS OBT AINEDIN FY19, 2,697 MEDICATION ORDERS WERE PLACED ACROSS 41 PRACTICES, RESULTING IN \$4,639 ,570 WORTH OF MEDICATIONS OBTAINED.6.3 SOCIAL WORKERS PLACED IN PRACTICES SERVED BY POPULA TION HEALTH DEPARTMENT ASSIST ELIGIBLE PATIENTS IN APPLYING FOR SOCIAL SECURITY DISABILITY INCOME USING THE SOAR PROCESS.SOAR IS A PROGRAM DESIGNED TO INCREASE ACCESS TO SSI/SSDI F OR ELIGIBLE ADULTS WHO ARE EXPERIENCING, OR AT RISK OF, HOMELESSNESS AND HAVE A MENTAL ILL NESS. FOUR TOTAL SOAR APPLICATIONS WERE COMPLETED IN FY17; 3 APPROVED AND 1 WAS DENIED. IN FY18, 4 SOAR APPLICATIONS WERE COMPLETED, 2 WERE APPROVED, AND 2 WERE PENDING.IN FY19, 7 SOAR APPLICATIONS WERE COMPLETED, 3 WERE APPROVED, 3 ARE PENDING, AND 1 WAS DENIED.8.1 LV CHILDREN'S HOSPITAL CHILD ADVOCACY CENTER ADDRESSES NEEDS OF CHILDREN WHO ARE AT RISK FOR OR ARE VICTIMS OF VIOLENCE AND/OR NEGLECT. CHILD PROTECTION TEAM RESOURCES ARE AVAILABLE W ITHIN EMERGENCY DEPARTMENT, IN |

**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 B) | <p>PATIENT UNITS AND IN AN OUTPATIENT SETTING FOR AGENCY AND COMMUNITY REFERRALS. FOLLOW-UP SERVICES, COMMUNITY OUTREACH AND PROFESSIONAL EDUCATIONAL PROGRAMS ARE ALSO AVAILABLE.AS PART OF THE FOUNDATIONAL WORK OF ESTABLISHING A CHILD ADVOCACY CENTER, A CLINICAL PATHWAY FOR CHILDREN WITH SUSPICIOUS BRUISING WAS APPROVED AND PUBLISHED BY THE NETWORK IN FEBRUARY 2017. A CLINICAL PATHWAY FOR SKELETAL SURVEYS IS ALSO BEING DEVELOPED. A NO HIT ZONE WAS APPROVED AND ROLLED OUT IN THE NETWORK IN JUNE 2017. A TRAINING WAS HELD FOR 17 TF-CBT THERAPISTS FOR 1 DAY IN MARCH 2017, AND 7 OF 22 TFCBT THERAPISTS HAVE ACHIEVED CERTIFICATION. IN FY18, THERE WERE 1,593 REPORTED CASES OF CHILD ABUSE, 131 SUBSTANTIATED CASES, 214 MEDICAL EXAMS AND 254 FORENSIC EXAMS WERE PERFORMED, AND 593 TOTAL CHILDREN WERE SERVED BY THE CHILDREN'S ADVOCACY CENTER (CAC)IN FY19, THERE WERE 1,480 REPORTED CASES OF CHILD ABUSE, 186 SUBSTANTIATED CASES, 220 MEDICAL EXAMS (THE CAC'S CHILD PROTECTION MEDICINE TEAM PERFORMED AN ADDITIONAL 294 MEDICAL AND FOLLOW-UP EXAMS ON CHILDREN IN NEIGHBORING COUNTIES), AND A TOTAL OF 368 CHILDREN WERE SERVED IN LEHIGH COUNTY.ACCESS TO CARE1.1 MAINTAIN AND BROADLY COMMUNICATE LEHIGH VALLEY HEALTH NETWORK'S FINANCIAL ASSISTANCE POLICY, PROVIDING FREE OR DISCOUNTED CARE FOR QUALIFYING PATIENTS.FOR THE LVH-CEDAR CREST, 17TH STREET, AND MUHLERBERG CAMPUSES, 17,349 APPLICATIONS (WHICH CAN INCLUDE MORE THAN ONE PATIENT IN A FAMILY ) WERE RECEIVED FOR THE FINANCIAL ASSISTANCE PROGRAM IN FY17. ALL APPLICATIONS WERE REVIEWED WITHIN 5 DAYS OF BEING RECEIVED, WHICH RESULTED IN 22,347 PATIENTS BEING APPROVED FOR FINANCIAL ASSISTANCE AND 4,042 PATIENTS BEING DENIED.IN FY18, 31,246 APPLICATIONS WERE RECEIVED FOR THE FINANCIAL ASSISTANCE PROGRAM. THIS RESULTED IN 22,426 PATIENTS APPROVED FOR FINANCIAL ASSISTANCE AND 2,135 PATIENTS BEING DENIED. IN FY19, 33,455 APPLICATIONS WERE RECEIVED FOR THE FINANCIAL ASSISTANCE PROGRAM. THIS RESULTED IN 24,200 PATIENTS APPROVED FOR FINANCIAL ASSISTANCE, 3,405 BEING DENIED, AND 5,851 ARE PENDING.</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<br>(CONTINUATION C) | <p>2.3 IMPROVEMENT IN TIMELY ACCESS TO PRIMARY CARE CLINICIAN SERVICES.25 VIRTUAL EXPRESSCARE VISITS OCCURRED AT BANGOR HEALTH CENTER IN FY17 (LVH-MUHLENBERG SPECIFIC). THE GOAL IS TH AT NEW PATIENTS IN PRIMARY CARE WILL BE SCHEDULED WITHIN 7 DAYS OF REQUESTED APPOINTMENT; NEW PATIENT APPOINTMENT IN SPECIALTY SERVICES WILL BE SCHEDULED WITHIN 14 DAYS OF A REQUES TED APPOINTMENT. AT START OF FY17, LVPG TOTAL NEW PATIENT APPOINTMENT LAG WAS 48.37% (THIS IS THE TOTAL PERCENTAGE OF PATIENTS THAT WERE SCHEDULED WITHIN THE 7/14 DAY TIME FRAME AS NOTED ABOVE) 46.05% FOR PRIMARY CARE AND 49.3% FOR SPECIALTY. AS OF FEBRUARY 2017, LVPG T OTAL NEW PATIENT APPOINTMENT LAG IS 51.44%, WITH 53.13% OF APPOINTMENTS FOR PRIMARY CARE A ND 50.79% FOR SPECIALTY CARE SCHEDULED WITHIN THE 7/14 DAY TIME FRAME. VACANT CLINICIAN PO SITIONS (INCLUDING CLINICIAN FMLAS) ARE CONTRIBUTING TO THIS LAG. STRATEGIES TO HELP IMPRO VE THIS LAG INCLUDE DIRECT SCHEDULING AND ONE CALL/ONE CLICK AND OPEN SCHEDULING. IN FY18, 58,952 PRIMARY CARE VISITS OCCURRED ACROSS ALL MUHLENBERG PRACTICES. TRACKING OF LAG TIME S IS IN TRANSITION AND WILL BE REVISITED IN FY19.7.1 PROVIDE LVHN COLLEAGUES WITH CULTURAL , LINGUISTIC TRAINING VIA VARIETY OF DELIVERY MECHANISMS.ONGOING CULTURAL AND LINGUISTIC T RAINING IS PROVIDED FOR ALL CAMPUSES AT LVHN THROUGH NEW EMPLOYEE ORIENTATION AS WELL AS T HE LEARNING CURVE (TLC) QUARTERLY E-LEARNING EDUCATION BUNDLES. IN ADDITION, CAMPUSES-SPEC IFIC CULTURAL AND LINGUISTIC TRAINING OPPORTUNITIES ARE PROVIDED AS NEEDED. IN FY19, A TOT AL OF 91 PRESENTATIONS WERE PROVIDED THROUGHOUT THE NETWORK, REACHING A TOTAL 4,740 EMPLOY EES.IN THE LEHIGH VALLEY, DURING FISCAL YEAR (FY) 17, A CULTURAL AWARENESS E-LEARNING MODU LE ENTITLED: PATIENT VOICES (ETIQUETTE FOR THE CARE OF PEOPLE WITH DISABILITIES) WAS INCLU DED IN THE TLC BUNDLES. PART 1 HAD 12,056 COURSE COMPLETIONS (A 98.77% COMPLETION RATE) AN D PART 2 HAD 11,779 COURSE COMPLETIONS (A 97.66% COMPLETION RATE). THIS E-LEARNING MODULE WAS ALSO OFFERED IN FY18 WITH 98% COMPLETION RATE AMONG COLLEAGUES AT LVH-CEDAR CREST, 17T H STREET, MULHENBERG). IN ADDITION, 64 IN-PERSON EDUCATIONS SESSIONS WERE OFFERED. THE NUM BER OF PRESENTATION HELD INCREASED TO 78. IN APRIL OF 2019, AN EXTERNAL GUEST, ROBBIN CHAP MAN, 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".7.2 PATIENT'S PREFERRED LANGUAGE FOR HEALTH CARE DISCUSSIONS IS RECORDED AT TIME OF REGISTRATION.IN FY 1 7 THROUGH FY 19, OVER 700,000 PATIENTS HAD A PREFERRED LANGUAGE DOCUMENTED. 91.4% OF PATIE NTS PREFERRED ENGLISH, 5% PREFERRED SPANISH, .2% PREFERRED ARABIC WITH THE REMAINING POPUL ATION PREFERRING OTHER LANGUAGES OR ARE UNSPECIFIED. 89 LANGUAGES ARE DOCUMENTED IN TOTAL. 7.3 ASSESS AVAILABILITY OF LANGUAGE ASSISTANCE RESOURCES IN ALL CARE DELIVERY SITES TO MEE T NEEDS OF PATIENTS WITH LIMIT</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<br>(CONTINUATION C) | ED ENGLISH PROFICIENCY.IN FY 17, THERE WERE 9,011 LIVE ENCOUNTERS WITH INTERPRETERS AT CED AR CREST, 17TH STREET, AND MUHLENBERG TOTALING 180,318 INTERPRETING MINUTES. AT LVH - CEDA R CREST AND 17TH STREET CAMPUSES, 39,300 INTERPRETING ENCOUNTERS OCCURRED VIA IPAD AND 22, 757 ENCOUNTERS VIA PHONE. AT MUHLENBERG, 3,478 INTERPRETING ENCOUNTERS OCCURRED VIA IPAD A ND 1,036 ENCOUNTERS VIA PHONE. INCLUDING LVPG AS WELL, THE TOTAL FOR PHONE ENCOUNTERS FOR FY 17 WAS 31,616.IN FY18, 12,974 LIVE ENCOUNTERS WITH INTERPRETERS OCCURRED TOTALING 319,7 79 INTERPRETING MINUTES. AT LVH- CEDAR CREST AND 17TH STREET THERE WERE 28,843 ENCOUNTERS VIA IPAD AND 19,607 ENCOUNTERS VIA PHONE. AT MUHLENBERG THERE WERE 3,962 ENCOUNTERS VIA IP AD AND 1,649 ENCOUNTERS VIA PHONE. INCLUDING LVPG, THERE WERE A TOTAL OF 43,631 INTERPRETI NG ENCOUNTERS VIA PHONE.IN FY19, THERE WERE 19,392 LIVE ENCOUNTERS WITH INTERPRETERS AT LV H - CEDAR CREST, 17TH STREET, AND MUHLENBERG TOTALING 526,626 INTERPRETING MINUTES. IN ADD ITION, THERE WERE 25,084 INTERPRETING ENCOUNTERS VIA PHONE AT LVH-CEDAR CREST AND 17TH STR EET CAMPUSES, TOTALING 245,545 MINUTES. AT MUHLENBERG, THERE WERE 1,821 INTERPRETING ENCOU NTERS BY PHONE FOR A TOTAL OF 18,368 MINUTES. INCLUDING LVPG AS WELL, THE TOTAL FOR PHONE ENCOUNTERS FOR FY19 WAS 57,480. AT THE LVH - 17TH STREET CAMPUS THERE WAS A TOTAL OF 222,2 32 MINUTES OF INTERPRETING PROVIDED THROUGH AN IPAD. AT LVH - CEDAR CREST, THE TOTAL WAS 3 03,361 INTERPRETING MINUTES VIA IPADS, AND AT LVH-MUHLENBERG THE TOTAL WAS 46,248 MINUTES IN FY19. THE COST OF ALL VENDORS THAT SUPPORT INTERPRETING SERVICES WAS OVER \$1.1 MILLION. PREVENTION AND WELLNESS1.1 CAPTURE (BMI) DATA FOR LVHN PATIENTS THROUGH EPIC (LVHN'S ELECT RONIC HEALTH RECORD); ANALYZE AGGREGATED DATA TO IDENTIFY OPPORTUNITIES FOR PRACTICE-BASED OR PROGRAMATIC INTERVENTIONS.1.2 IDENTIFY AND REFER PATIENTS IDENTIFIED AS "HIGH RISK" ( BY VIRTUE OF LIFESTYLE ISSUES OR CO-MORBID CONDITIONS) TO LVHN AND COMMUNITY RESOURCES TO ASSIST WITH PATIENT ENGAGEMENT, EDUCATION, MOTIVATION AND SUPPORT FOR MANAGEMENT OF THEIR CONDITION.DATA BELOW REFERS TO 1.1 AND 1.2:BETWEEN JULY AND DECEMBER OF 2016, OUT OF A TOT AL OF 207,377 PATIENTS 18 YEARS AND OLDER, 75% HAD A BMI DOCUMENTED, AND IF OUTSIDE NORMAL PARAMETERS, A FOLLOW UP PLAN IS DOCUMENTED. OUT OF A TOTAL OF 186,673 PATIENTS 18 YEARS A ND OLDER, 76% HAD A BMI DOCUMENTED, AND IF OUTSIDE NORMAL PARAMETERS, A FOLLOW UP PLAN IS DOCUMENTED BETWEEN JANUARY AND JUNE OF 2017. IN FY18, OUT OF A TOTAL OF 232,842 PATIENTS 1 8 YEARS AND OLDER, 74% HAD A BMI DOCUMENTED, AND IF OUTSIDE NORMAL PARAMETERS, A FOLLOW UP PLAN IS DOCUMENTED.IN FY19, OUT OF A TOTAL OF 256,852 PATIENTS 18 YEARS AND OLDER, 79% HA D A BMI DOCUMENTED AND IF OUTSIDE NORMAL PARAMETERS, A FOLLOW UP PLAN IS DOCUMENTED.1.3 CO MMUNITY CANVAS: A SCHOOL- AND COMMUNITY-BASED EDUCATIONAL PROGRAM THAT INCLUDES IN-SCHOOL INSTRUCTION AND EVENING PROGRAMS FOR FAMILIES OF ELEMENTARY STUDENTS AND EMPHASIZES WELLNE SS THROUGH HEALTHY HABITS AND |



**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 C) | GOOD NUTRITION. IN 201617 SCHOOLS IN EASTON AND WHITEHALL ARE INCLUDED IN THE PROGRAM.IN T HE 2016-2017 SCHOOL YEAR, THE COMMUNITY CANVAS PROGRAM ENGAGED SIX ELEMENTARY SCHOOLS IN T HE EASTON AND WHITEHALL SCHOOL DISTRICTS. 2,225 UNIQUE STUDENTS PARTICIPATED WITH A TOTAL OF 8,725 TOTAL REACHES ACROSS THE SCHOOLS. COMMUNITY CANVAS UTILIZED A PRE AND POST-TEST T O ASSESS LEARNINGS FROM THE PROGRAM. SOME KEY FINDINGS INCLUDE: BETWEEN 67% AND 72% OF STU DENTS KNEW YOU SHOULD HAVE AT LEAST 5 SERVINGS OF FRUIT AND VEGETABLES PER DAY. ALSO, 72.9 % OF THE STUDENTS KNEW THAT ALL THE FAST FOOD RESTAURANTS SHOWN HAVE SOME HEALTHY FOOD AVA ILABLE AND SOME "HEALTHIER" FAST FOOD RESTAURANTS HAD SOME VERY UNHEALTHY FOOD. OVERALL, T HERE WAS A SIGNIFICANT INCREASE IN KNOWLEDGE GAINED IN-CLASSROOM AND REINFORCED AT HOME VI A HANDOUTS PROVIDED.IN THE 2017-2018 SCHOOL YEAR, COMMUNITY CANVAS EXPANDED TO 8 SCHOOLS. THE PROGRAM ENGAGED 2,730 UNIQUE STUDENTS AND TEACHERS ACROSS 105 UNIQUE CLASSROOMS. 66 CL ASSROOMS PARTICIPATED IN "GARDEN IN A CLASSROOM."IN THE 2018-2019 SCHOOL YEAR, COMMUNITY C ANVAS OPERATES IN 39 SCHOOLS IN 9 SCHOOL DISTRICTS IN THE LEHIGH VALLEY, REACHING MORE THA N 9,400 STUDENTS. AS A PART OF THIS WORK 26 SCHOOL GARDENS WERE CREATED IN 8 OF THE 9 SCHO OL DISTRICTS. THROUGH THE IN-SCHOOL PRESENTATIONS, OVER 3,000 UNIQUE STUDENTS AND TEACHERS WERE ENGAGED IN HEALTHY LIFESTYLE PRESENTATIONS. STUDENTS SHOWED IMPROVEMENTS ON THEIR KN OWLEDGE OF WHAT IS CONSIDERED HEALTHY AND NON-HEALTHY FOODS; ON THEIR KNOWLEDGE ABOUT THE MINIMUM NUMBER OF FRUITS AND VEGETABLES PER DAY THEY SHOULD EAT; AND ON THEIR UNDERSTANDIN G OF FRUIT VERSUS FRUIT JUICE, THE COLORS AND NUTRIENTS OF VEGETABLES, AND HOW TO DETERMIN E THE AMOUNT OF SUGAR IN FOODS. MOREOVER, 29 CLASSROOMS PARTICIPATED IN THE VEGETABLE CHAL LENGE WHICH RESULTED IN 2 OUT OF 3 STUDENTS CHANGING THEIR EATING BEHAVIORS AROUND VEGETAB LES. |

**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 D) | <p>1.4 SURGICAL WEIGHT MANAGEMENT INFORMATION SESSIONS: INFORMATION EVENTS HELD MONTHLY, FACI LITATED BY THE WEIGHT MANAGEMENT CENTER'S REGISTERED NURSE PATIENT NAVIGATOR. PARTICIPANTS ARE PROVIDED WITH OPTIONS AVAILABLE AT THE CENTER FOR MEDICALLY SUPPORTED, NONSURGICAL WE IGH T MANAGEMENT. ATTENDEES LEARN HOW THE TEAM OF PHYSICIANS, RN PATIENT NAVIGATOR, REGISTE RED DIETITIANS AND BEHAVIORAL HEALTH SPECIALISTS CAN TAILOR AN INDIVIDUALIZED, SAFE AND EF FECTIVE PROGRAM OF DIET, NUTRITION, EXERCISE AND LIFESTYLE CHANGES.IN FY17, 2,124 INDIVIDU ALS SIGNED UP FOR FREE INFORMATION EVENTS ABOUT NONSURGICAL WEIGHT MANAGEMENT SERVICES. 1, 552 PEOPLE ATTENDED THE EVENTS, 75% OF WHOM WERE POTENTIAL SURGERY CANDIDATES. 546 INDIVID UALS WHO ATTENDED AN EVENT, ALSO SCHEDULED A PHYSICAL. IN FY18, 1,680 INDIVIDUALS SIGNED U P FOR FREE INFORMATION EVENTS ABOUT NONSURGICAL WEIGHT MANAGEMENT SERVICES. 1,276 PEOPLE A TTENDED THE EVENTS, 58% OF WHOM WERE POTENTIAL SURGERY CANDIDATES. 656 INDIVIDUALS WHO ATT ENDED AN EVENT, ALSO SCHEDULED A PHYSICAL.IN FY19, 1,992 INDIVIDUALS SIGNED UP FOR FREE IN FORMATION EVENTS ABOUT NONSURGICAL WEIGHT MANAGEMENT SERVICES. 1,702 PEOPLE ATTENDED THE E VENTS, 76% OF WHOM WERE POTENTIAL SURGERY CANDIDATES. 886 INDIVIDUALS WHO ATTENDED AN EVEN T, ALSO SCHEDULED A PHYSICAL.3.1 FREE MASS INFLUENZA IMMUNIZATION "DRIVE-THROUGH" PROGRAM HELD AT TWO MAJOR VENUES IN THE LEHIGH VALLEY REGION.10,254 COMMUNITY MEMBERS RECEIVED THE FLU VACCINE THROUGH THE DRIVE-THRU PROGRAM IN 2017. OVER \$300,000 PROVIDED IN FREE CARE F OR FLU VACCINE AND SUPPLIES. ALSO, 12,960 POUNDS OF FOOD WERE DONATED DURING THE DRIVEIN F Y18, 9,022 COMMUNITY MEMBERS RECEIVED THE FLU VACCINE THROUGH THE DRIVE-THRU PROGRAM. OVER \$420,000 PROVIDED IN FREE CARE FOR FLU VACCINE AND SUPPLIES AND 12,400 POUNDS OF FOOD WAS DONATED.IN FY19, 10,017 COMMUNITY MEMBERS RECEIVED THE FLU VACCINE THROUGH THE DRIVE-THRU PROGRAM. OVER \$470,000 PROVIDED IN FREE CARE FOR FLU VACCINE AND SUPPLIES AND APPROXIMATE LY 14,000 POUNDS OF FOOD WAS DONATED.3.2 FREE INFLUENZA VACCINE CLINICS WITHIN REGIONAL SO UP KITCHENS AND HOMELESS SHELTERS TO REACH VULNERABLE PATIENTS AT RISK FOR INFLUENZA.IN FY 17, 64 FLU VACCINES WERE ADMINISTERED ACROSS 6 CLINICAL SITES.IN FY18, 162 PATIENTS WERE V ACCINATED.DUE TO A CHANGE IN THE ELECTRONIC MEDICAL RECORD, THIS INFORMATION COULD NOT BE CAPTURED ACCURATELY IN FY19.4.1 DENTAL SEALANT PROGRAM; PROVIDES SECOND AND THIRD-GRADE CH ILDREN FROM LOWER-INCOME COMMUNITIES IN BOTH ALLENTOWN AND EASTON SCHOOL DISTRICTS ACCESS TO DENTAL SEALANTS, AN EVIDENCE BASED FORM OF PREVENTIVE ORAL HEALTH CARE. CHILDREN ALSO R ECEIVE A TOOTHBRUSH AND INSTRUCTION IN HOW TO USE.IN ALLENTOWN SCHOOL DISTRICT IN FY17, 1, 447 STUDENTS RETURNED THEIR CONSENT FORMS, 733 RECEIVED AN EXAM, AND 567 STUDENTS HAD THEI R TEETH SEALED. IN EASTON AREA SCHOOL DISTRICT, 618 STUDENTS RETURNED THEIR CONSENT FORMS, 233 RECEIVED AN EXAM, AND 186 RECEIVED SEALANTS. IN TOTAL 2,214 SEALANTS WERE PLACED IN F Y17. THIS PROGRAM WAS DISCONTI</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<br>(CONTINUATION D) | <p>NUED IN FY18.4.2 BUILDING 21 OF ALLENTOWN SCHOOL DISTRICT HEALTH CARE CAREER DISCOVERY PRO GRAM EXPOSES STUDENTS TO A WIDE VARIETY OF HEALTH CARE CAREERS AND POSITIVE ADULT ROLE MOD ELS IN AUTHENTIC, REAL-WORLD SETTINGS. YEAR 1 PILOT COMPLETE WITH GOAL OF CREATING AN EVID ENCE BASED, FOUR-YEAR MODEL. YEAR 2 PILOT WITH PROGRAM EXPANSION TO TWO OTHER HIGH SCHOOLS IN ALLENTOWN SCHOOL DISTRICT. THE LEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF EDUCATION PR OVIDED SEVERAL YOUTH PROGRAMMING OPPORTUNITIES THROUGHOUT FY17. A CURRICULUM WAS OFFERED A T THE BETHLEHEM AREA VOCATIONAL TECHNICAL SCHOOL WHICH WAS DESIGNED TO PROVIDE STUDENTS WI TH THE NECESSARY INFORMATION AND SKILLS TO BE CONSIDERED SAFE IN A CLINICAL ENVIRONMENT. I T FOCUSED ON SEVERAL CLINICAL COMPONENTS FOR A MULTIFOCAL OVERVIEW OF PROFESSIONAL HEALTH CAREERS. THERE WERE 38 GRADUATES FROM THE PROGRAM, AND 100% OF THE GRADUATES ENROLLED IN P OST-SECONDARY EDUCATION.LVHN ALSO PARTNERED WITH LEHIGH CAREER AND TECHNICAL INSTITUTE, PE NN STATE LEHIGH VALLEY, AND LEHIGH CARBON COMMUNITY COLLEGE TO OFFER A DUAL-ENROLLMENT PRO GRAM TO STUDENTS WHICH COMBINES COLLEGE LEVEL SCIENCE COURSES, HONORS HEALTH CURRICULA, AN D OBSERVATION IN A HEALTHCARE SETTING. THERE WERE 49 GRADUATES FROM THE PROGRAM, AND 100% OF THE GRADUATES ENROLLED IN POST-SECONDARY EDUCATION.LVHN ALSO OFFERED A HEALTH CARE CARE ER DISCOVERY DAY WHICH EXPOSES STUDENTS TO A WIDE VARIETY OF HEALTH CARE CAREERS AND POSIT IVE ADULT ROLE MODELS IN AUTHENTIC, REAL-WORLD SETTINGS. 329 STUDENTS PARTICIPATED IN HEAL TH CARE CAREER DISCOVERY PROGRAMMING. A SIMILAR PROGRAM WAS ALSO OFFERED TO THE CHILDREN O F LVHN STAFF (9TH-12TH GRADE) WHICH EXPOSED CHILDREN TO A WIDE VARIETY OF CAREERS, FIELDS OF STUDY, AND POSITIVE ADULT ROLE MODELS WHO DEMONSTRATE PROFESSIONALISM. 64 STUDENTS PART ICIPATED.IN FY18, AT THE BETHLEHEM AREA VOCATIONAL TECHNICAL SCHOOL, 41 STUDENTS GRADUATED FROM THE PROGRAM, 98% OF WHOM WENT ON TO POST-SECONDARY EDUCATION. AT THE LEHIGH CAREER A ND TECHNICAL INSTITUTE, 58 STUDENTS GRADUATED FROM THE PROGRAM, 100% OF WHICH WENT ON TO P OST-SECONDARY EDUCATION. AT LVHN'S HEALTHCARE CAREER DISCOVERY DAY, 407 STUDENTS PARTICIPA TED WITH 41 LVHN DEPARTMENTS PARTICIPATING.IN FY19, AT THE BETHLEHEM AREA VOCATIONAL TECHN ICAL SCHOOL, 39 STUDENTS WERE ENROLLED IN THE PROGRAM. AT THE LEHIGH CAREER AND TECHNICAL INSTITUTE, 55 STUDENTS WERE ENROLLED IN THE PROGRAM. AT LVHN'S HEALTHCARE CAREER DISCOVERY DAY, 356 STUDENTS PARTICIPATED.4.3 PROVISION OF SCHOOL-BASED HEALTH SERVICES TO ELEMENTAR Y, MIDDLE AND HIGH SCHOOL STUDENTS, ADDRESSING DEFICIENT PHYSICALS AND VACCINES.IN FY17, P LANNING MEETINGS WERE HELD, AN MOU WAS DRAFTED, AND APPROVAL WAS RECEIVED FOR BEHAVIORAL H EALTH SERVICES AND WELLNESS EDUCATION IN THE ALLENTOWN SCHOOLS. SCHOOL-BASED HEALTH SERVIC ES ARE PRESENT AT FIVE SCHOOLS: SOUTH MOUNTAIN MIDDLE SCHOOL, LINCOLN LEADERSHIP ACADEMY, MOSSER ELEMENTARY SCHOOL, CENTRAL ELEMENTARY SCHOOL, AND EXECUTIVE EDUCATION ACADEMY CHART ER SCHOOL. 128 STUDENTS HAD NO</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<br>(CONTINUATION D) | <p>T COMPLETE PHYSICALS AND IMMUNIZATIONS. OF THOSE 128, 44 RETURNED CONSENTS AND 21 COMPLETE D THE REQUIREMENTS. IN FY18, SCHOOL-BASED HEALTH SERVICES WERE PRESENT AT FIVE SCHOOLS: SO UTH MOUNTAIN MIDDLE SCHOOL, LINCOLN LEADERSHIP ACADEMY, MOSSER ELEMENTARY SCHOOL, CENTRAL ELEMENTARY SCHOOL, AND EXECUTIVE EDUCATION ACADEMY CHARTER SCHOOL. 275 STUDENTS RETURNED C ONSENTS AND OF THOSE 275, 105 RECEIVED PHYSICALS. IN FY19, SCHOOL-BASED HEALTH SERVICES WE RE PROVIDED IN 22 SCHOOLS. 430 STUDENTS RETURNED CONSENTS AND OF THOSE STUDENTS, 225 RECEI VED PHYSICALS, AND 281 RECEIVED IMMUNIZATIONS5.1 ENSURE ALL CHWS WORKING WITHIN LVHN RECEI VE TRAINING IN CHW COMPETENCIES.100% OF CHWS WHO HAVE BEEN WORKING AT LVHN FOR MORE THAN 3 MONTHS DURING FY17 COMPLETED THE AHEC TRAINING (N = 9). COMMUNITY HEALTH WORKERS ARE AN E XPANDING WORKFORCE IN HEALTH CARE IN THE LEHIGH VALLEY. IT IS IMPORTANT FOR ALL CHWS TO BE ABLE TO DEMONSTRATE CERTAIN COMPETENCIES IN ORDER FOR THEM TO BE SUCCESSFUL IN THEIR JOB ROLES. NO ADDITIONAL CHWS WERE HIRED IN FY18, BUT TWO ADDITIONAL CHWS WERE HIRED IN FY19.5 .2 DEPLOY CHWS IN PROGRAMS AND PRACTICES THAT SERVE INDIVIDUALS AND FAMILIES WITH SOCIAL A ND ECONOMIC NEEDS.IN FY17, 9 CHWS WERE WORKING AT LVHN. ALL PROVIDE PATIENTS OR COMMUNITY RESIDENTS WITH LINKS TO COMMUNITY BASED SERVICES AND SOCIAL SUPPORT. TARGET POPULATIONS IN CLUDE FAMILIES WITH YOUNG CHILDREN, ELDERLY INDIVIDUALS, AND FAMILIES IN THE SCHOOL SYSTEM . CHWS ARE BEST SUITED TO WORK WITH PATIENTS AND FAMILIES WHO ARE STRUGGLING WITH THE BURD ENS OF SOCIAL DETERMINANTS OF HEALTH. THEY CAN HELP TO ALLEVIATE THESE BURDENS, ENABLING P ATIENT AND FAMILIES TO BETTER MANAGE THEIR HEALTH AND IMPROVE THE QUALITY OF THEIR LIVES. THESE 9 CHWS CONTINUED TO WORK WITH THE SAME TARGET POPULATIONS AS FY17 IN FY18. IN FY 19, THREE OF THE 9 WERE INTEGRATED INTO THE POPULATION HEALTH INFRASTRUCTURE IN THE NETWORK. WORKFORCE DEVELOPMENT FOR COMMUNITY HEALTH WORKERS CONTINUES TO BE A PRIORITY, SPECIFICALL Y UNDER THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL.6.1 GUIDELINE DEVELOPMENT FOR ACUTE A ND CHRONIC PAIN MANAGEMENT, PATIENT SCREENING FOR SAFE PRESCRIBING OF OPIOID ANALGESICS; P HYSICIAN OUTREACH AND EDUCATION.23 SMALL GROUP/PRACTICE SESSIONS AND 11 LARGE GROUP EDUCAT ION SESSIONS WERE HELD IN FY 17 REACHING OVER 350 PROVIDERS, CLINICAL AND OFFICE STAFF, AN D RESIDENTS.43 SMALL GROUP/PRACTICE SESSIONS AND 15 LARGE GROUP EDUCATION SESSIONS WERE HE LD IN FY 18 REACHING OVER 3,000 PROVIDERS, CLINICAL AND OFFICE STAFF, AND RESIDENTS.IN FY1 9, 3 SMALL GROUP/PRACTICE SESSIONS REACHING 41 STAFF AND 9 LARGE GROUP EDUCATION SESSIONS WERE HELD REACHING OVER 670 PROVIDERS, CLINICAL AND OFFICE STAFF, AND RESIDENTS.</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<br>(CONTINUATION E) | 7.2 MAKE D & A RESOURCE LISTINGS AVAILABLE TO CLINICAL SETTINGS, CASE MANAGERS, SOCIAL WORKERS. LISTINGS OF DRUG AND ALCOHOL RESOURCES ARE COMPILED FOR 7 COUNTIES IN THE AREA. THE PROVIDERS IN THE RESOURCE LIST ARE THE AGENCIES THAT LVHN PROVIDERS REFER TO FOR SUBSTANCE ABUSE/ADDICTION SERVICES. LVHN PSYCHIATRY DEPARTMENT DEVELOPED A CENTRAL LOCATION THAT HOUSES ALL OF THE RESOURCE LISTINGS FOR PROVIDERS.8.1 HOST AND SPONSOR COMMUNITY-BASED OPIOID -ABUSE PREVENTION PRESENTATIONS TARGETED TO SCHOOLS, PARENTS; INCLUDE OUTREACH TO FAMILIES EXPERIENCING ADDICTION. AN OPIOID TASK FORCE WAS ESTABLISHED AND A CHARTER WAS DRAFTED. THE TEAM MET MONTHLY IN PREPARATION FOR A SUBSTANCE USE DISORDERS SYMPOSIUM TO BE HELD IN THE FALL OF 2017. COLLEAGUES FROM LVHN DEPARTMENT OF EDUCATION WERE ENGAGED IN MONTHLY MEETINGS, AS WAS LVHN MARKETING. LEADERS FROM THE ACO, EMERGENCY DEPARTMENT, AND TOXICOLOGY WERE ALSO PRESENT AT THE MEETINGS TO PROVIDE FEEDBACK AND ALIGN EFFORTS WITH NETWORK SUBSTANCE USE INITIATIVES ALREADY UNDERWAY. IN FY18, A 3 SESSION SYMPOSIUM, ENTITLED, "SAVING LIVES THROUGH INTERVENTION: SUBSTANCE USE DISORDERS" WAS OFFERED TO LVHN PROVIDERS. IT OFFERED CME CREDITS AT THE LVHN CEDAR CREST CAMPUS FOR MORE THAN 100 ATTENDEES. IN FY19, ANOTHER 3 COMMUNITY-BASED PRESENTATIONS WERE HELD IN THE LEHIGH VALLEY, IN PARTICULAR A SPEAK UP FOR BEN COMMUNITY FORUM WITH 200 ATTENDEES, A PRESENTATION AT NORTHAMPTON COMMUNITY COLLEGE WITH 25 ATTENDEES, AND PRESENTATION FOR MARYWOOD UNIVERSITY WITH 70 ATTENDEES. THERE WAS ALSO A PRESENTATION AT CATASAUQUA HIGH SCHOOL IN SEPTEMBER 2018. IN ADDITION, LVHN HAD STRONG REPRESENTATION AT RALLY IN THE VALLEY IN MAY 2019 WITH CPR AND NARCAN TRAINING AND OTHER EDUCATIONAL OFFERINGS AROUND STIGMA, AND DRUG AND ALCOHOL USE. LVHN ALSO CONDUCTED 16 OPIOID USE DISORDER SIMULATIONS SERVING 265 HIGH SCHOOL AND UNDERGRADUATE NURSING STUDENTS.9.1 PROVIDE EDUCATIONAL OUTREACH TO VULNERABLE POPULATIONS IN URBAN AREAS ABOUT COLON CANCER SCREENING AND ASSIST WITH ACCESS TO SCREENING OPTIONS.10 COMMUNITY MEMBERS PARTICIPATED IN 5 PATIENT AND STAKEHOLDER ADVISORY COMMITTEE MEETINGS IN FY 17. IN ADDITION, ONE COMMUNITY HEALTH FAIR WAS HELD WITH 253 ATTENDEES, 2 PATIENT FOCUS GROUPS WERE HELD WITH 12 ATTENDEES, AND 3 NETWORK STAKEHOLDER INTERVIEWS WERE CONDUCTED. NO ADDITIONAL ACTIVITIES TOOK PLACE IN FY18 OR FY19.9.2 ENGAGE COMMUNITY MEMBERS, PATIENTS, PAYERS, EMPLOYERS AND HEALTH CARE SYSTEMS THROUGH A LEARNING COMMUNITY MODEL DESIGNED TO DEVELOP COMMON AGENDA FOR REDUCING COLORECTAL (CRC) AND LUNG CANCER (LCA) SCREENING DISPARITIES AMONG MINORITY POPULATIONS. FUNDED BY THE PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI), THE REDUCING CANCER DISPARITIES BY ENGAGING STAKEHOLDERS (RCADES) PROJECT BEGAN ON NOVEMBER 1, 2015. THE RCADES PROJECT AIMS TO FORM A NEW "COLLECTIVE IMPACT LEARNING COMMUNITY" TO ADVANCE THE IDENTIFICATION, ADAPTATION, AND USE OF EVIDENCE-BASED INTERVENTIONS THAT REDUCE CANCER SCREENING DISPARITIES IN HEALTH SYSTEM |

**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<br>(CONTINUATION E) | <p>S.THE RCADES LEARNING COMMUNITY INCLUDES A COORDINATING TEAM FROM THE CENTER FOR HEALTH DE CISIONS (CHD) AT THOMAS JEFFERSON UNIVERSITY (THE "BACKBONE ORGANIZATION"); A STEERING COM MITTEE; A LEHIGH VALLEY HEALTH NETWORK PATIENT AND STAKEHOLDER ADVISORY COMMITTEE (LVHN-PA SAC); A DELAWARE VALLEY ACCOUNTABLE CARE ORGANIZATION PATIENT AND STAKEHOLDER ADVISORY COM MITTEE (DVACO-PASAC); AND OTHER KEY STAKEHOLDERS, INCLUDING PATIENTS, CLINICIANS, HEALTH S YSTEM ADMINISTRATORS, INSURERS, EMPLOYERS, AND OTHER KEY STAKEHOLDERS. THE GOAL OF THIS LE ARNING COMMUNITY IS TO EXPLORE MOVING EVIDENCE-BASED INTERVENTIONS INTO PRACTICE AND POPUL ATION HEALTH MANAGEMENT. IN FY 17 AND FY18, 72 COMMUNITY MEMBERS PARTICIPATED IN A SERIES OF 14 SESSIONS FOR THE LVHN-PASAC; ALL REPORTED THAT PARTICIPATION HELPED THEM BETTER UNDE RSTAND THE IMPLEMENTATION PROCESS. NO ADDITIONAL ACTIVITIES TOOK PLACE IN FY19.10.1 PUBLIC HEALTH MESSAGING CAMPAIGN TO ENCOURAGE EARLY PREGNANCY CARE.INITIAL STEPS HAVE BEEN TAKEN TO COLLECT DEMOGRAPHIC INFORMATION TO BETTER UNDERSTAND THE APPROPRIATE TARGET AUDIENCE F OR THIS CAMPAIGN. THE WORK WILL CONTINUE INTO FY18. A NEW TOWER OPENED UP IN FY18 FOR LABO R AND DELIVERY AT OUR MUHLENBERG CAMPUS. CEDAR CREST/17TH STREET-SPECIFIC TACTICS:COMMUNIT Y ENGAGEMENT6.1 OUTREACH TO YOUNG MOTHERS, CHILDREN AND FAMILIES IN THE ALLENTOWN PROMISE NEIGHBORHOOD, USING COMMUNITY HEALTH WORKERS AND A NURSE NAVIGATOR TO PROVIDE EDUCATION, S UPPORT, CONNECTION TO HEALTH CARE AND SOCIAL SERVICES GOALS INCLUDE SUPPORTING FAMILIES, E ARLY CHILDHOOD EDUCATION, IMPROVING HEALTH AND HEALTH CARE UTILIZATION.FROM JANUARY 2017 T HROUGH JUNE 2019, 338 FAMILIES ENROLLED IN THE ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PRO JECT. MORE THAN 800 CONNECTIONS MADE BY CHWS TO COMMUNITY RESOURCES, THE TOP THREE BEING H OUSING, SOCIAL SUPPORT, AND CHILD EDUCATION. 52 PARENTS PARTICIPATED IN GROUP-BASED EDUCAT ION SESSIONS AND 27 PARENTS COMPLETED A KNOWLEDGE AND SKILLS SURVEY AT THE BEGINNING AND E ND. THE 27 PARENTS WHO PARTICIPATED IN THE PRE AND POST TEST SHOWED A STATISTICALLY SIGNIF ICANT IMPROVEMENT IN THEIR PARENTING SKILLS. FAMILIES WHO PARTICIPATED IN ACHIP DEMONSTRAT ED IMPROVEMENTS IN FOOD INSECURITY RISK, PARENTING STRESS, STABLE HOUSING, AND ABILITIES T O PAY THEIR UTILITY BILLS. THE PERCENT OF PARENTS WHO WERE AT-RISK FOR FOOD INSECURITY DEC REASED BY 30% (42% AT BASELINE TO 12% AT 9 TO 12 MONTHS LATER). PARENTS' REPORTS OF FEELIN G EXTREME STRESS DECREASED BY 36% (58% AT BASELINE TO 22% 9 TO 12 MONTHS LATER). THE PERCE NT OF FAMILIES REPORTING BEING UNSTABLY HOUSED DECREASED BY 14% (31% AT BASELINE TO 17% AT 9 TO 12 MONTHS LATER).6.3 EARLY HEAD START SAFESTART PROGRAM PROVIDES QUALITY EARLY CHILD HOOD EDUCATION TO YOUNG CHILDREN OF FAMILIES INVOLVED WITH PA'S OFFICE OF CHILDREN AND YOU TH. GOALS INCLUDE; ADDRESSING HEALTH PROBLEMS, DEVELOPMENTAL DELAYS AND EMOTIONAL TRAUMA. IN SCHOOL YEAR 2016-2017, 29 CHILDREN AGES 9-36 MONTHS WERE SERVED IN THE EARLY HEAD START /SAFESTART PROGRAM. IN 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<br>(CONTINUATION E) | <p>YEAR 2017-2018, 36 CHILDREN AGES 9-36 MONTHS WERE SERVED IN THE PROGRAM. ALL AGE GROUPS OF THE CHILDREN SHOWED IMPROVEMENT IN AREAS OF SOCIAL AND EMOTIONAL DEVELOPMENT AND PHYSICAL DEVELOPMENT DURING BOTH SCHOOL YEARS. THEY ALSO SHOWED IMPROVEMENTS IN HEALTH OUTCOMES IN CLUDING PHYSICALS, DENTAL EXAMS, AND IMMUNIZATIONS.AT-RISK POPULATIONS7.1 IMPROVE CAPACITY BY OFFERING ADDITIONAL STI CLINIC SERVICES AT 17TH ST. CAMPUS (INCLUDING EVENING HOURS) T O ADDRESS COMMUNITY NEED AND TO SUPPLEMENT SERVICES OFFERED BY ALLENTOWN HEALTH BUREAU (AH B).A CONTRACT WITH THE STATE HAS NOT BEEN EXECUTED, AND THE NETWORK IS WORKING THROUGH BAR RIERIS WITH THE PA ATTORNEY GENERAL'S OFFICE. THE LAUNCH OF THE STI CLINIC WILL BE DELAYED UNTIL FY18.THE PROGRAM RECEIVED A FULLY EXECUTED PREFERRED PROVIDER AGREEMENT FROM THE STA TE OF PENNSYLVANIA AND THE STAFF IS NOW IN THE PROCESS OF DEVELOPING A BUSINESS PLAN WITH THE HOPES OF LAUNCHING THE PROGRAM IN FALL 2018.PREVENTION AND WELLNESS2.1 HEALTHY LATINAS PILOT PROGRAM: HEALTHY LATINAS IS A COMMUNITY-BASED, MULTICOMPONENT INTERVENTION TARGETIN G OVERWEIGHT AND OBESE HISPANIC ADOLESCENT FEMALES AND THEIR MOTHERS OR CAREGIVERS. AIM OF THIS PROGRAM IS TO PROMOTE HEALTHY HABITS, PHYSICAL ACTIVITY AND BODY IMAGE AS WELL AS DE CREASE UNHEALTHY WEIGHT GAIN. HEALTHY LATINAS IS A PILOT PROGRAM BASED ON A SUCCESSFUL MOD EL, HEALTHY CHICAS, IMPLEMENTED IN MIAMI, FLA.THE HEALTHY LATINAS PILOT PROJECT WAS IMPLEM ENTED IN FY18. 11 PARTICIPANTS CONSENTED TO THE PROGRAM ATTENDING AN AVERAGE OF 6.83 CLASS ES (OUT OF TEN POSSIBLE CLASSES) WITH 4 PARTICIPANTS COMPLETING THE PROGRAM. WHILE A SMALL SAMPLE, THESE 4 SHOWED INCREASED KNOWLEDGE IN HEALTHY FOOD CHOICE, INCREASED PHYSICAL ACT IVITY, AND IMPROVED BODY IMAGE AND SELF-ESTEEM.4.4 ELECT PREGNANT AND PARENTING PROGRAM FO R AT-RISK POPULATION: COMMUNITY HEALTH STAFF TEACHES HEALTH-RELATED TOPICS AT WILLIAM ALLE N HS EACH MONTH.IN OCTOBER 2016 THROUGH APRIL 2017 THERE WERE 22 PARTICIPANTS IN THE ELECT PROGRAM. THE PROGRAM ENDED IN APRIL 2017 DUE TO A LOSS OF PROGRAM FUNDING AND A CHANGE OF DIRECTION FOR THE ALLENTOWN SCHOOL DISTRICT</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<br>(CONTINUATION F) | <p>7.1 IMPROVE COMMUNICATION PROCESS FOR REFERRALS FOR ASSESSMENT BY COUNTY DRUG &amp; ALCOHOL (D &amp; A) PROVIDERS. PILOT LIAISON IN ED FOR "WARM HAND-OFFS" TO D &amp; A FROM LVHN CLINICIANS.FR OM JANUARY 2017 THROUGH JUNE 2018, 101 PATIENTS WERE SCREENED BY AN ADDICTION RECOVERY SPE CIALIST IN THE EMERGENCY DEPARTMENT. OF THOSE REFERRALS, ALCOHOL WAS THE MAIN SUBSTANCE US ED (37.5%) AND THE REMAINDER USED WERE NARCOTICS (62.5%) AFTER SCREENING, 63% OF THE REFER RALS WERE SENT BACK HOME WITH A REFERRAL TO OUTPATIENT TREATMENT, AND 27% WERE REFERRED DI RECTLY TO AN INPATIENT REHABILITATION FACILITY. THE HOST PROGRAM BEGAN AT LVH CEDAR CREST, MUHLENBERG, AND 17TH STREET IN JANUARY 2017. 153 REFERRALS WERE MADE TO THE HOST PROGRAM FROM JANUARY 2017 THROUGH JUNE 2018. THERE WERE 982 REFERRALS MADE TO THE HOST PROGRAM IN FY19.MUHLENBERG-SPECIFIC TACTICS:AT-RISK POPULATIONS3.1 BEHAVIORAL HEALTH INTEGRATION PILO T: CO-LOCATED MEDICAL AND BEHAVIORAL HEALTH CARE SAMHSA GRANT SITE. IMPLEMENTATION OF A RE VERSE CO-LOCATION MODEL OF CARE FOR SERIOUSLY MENTALLY ILL PATIENTS TO INCLUDE NURSE CARE COORDINATION AND PARTICIPATION IN WELLNESS EVENTS. IN FY17, 92 PATIENTS WERE REFERRED BY T HE CO-LOCATED PRIMARY CARE CLINICIAN AT THE WHOLE HEALTH CONNECTIONS CLINIC AND SUCCESSFUL LY SEEN BY THE SPECIALIST OR RECEIVED NECESSARY SERVICES. 53 PATIENTS PARTICIPATED IN WELL NESS ACTIVITIES AT THE WHOLE HEALTH CONNECTIONS CLINIC. WELLNESS ACTIVITIES INCLUDE SUPPOR T GROUPS, TOBACCO CESSATION, YOGA, AND SOLUTIONS FOR WELLNESS, AN EVIDENCED BASED PROGRAM THAT PROMOTES ADOPTION OF HEALTHY BEHAVIORS AROUND PHYSICAL ACTIVITY AND DIET AMONG PATIEN TS WITH SERIOUS MENTAL ILLNESS.IN FY18, 136 PATIENTS WERE REFERRED AND 102 PATIENTS PARTIC IPATED IN WELLNESS ACTIVITIES.IN FY19, 79 SPECIALTY PRIMARY CARE RELATED REFERRALS WERE CO MPLETED AMONG CONSUMERS WITH SERIOUS MENTAL HEALTH ILLNESSES. CONSUMERS WERE REFERRED BY T HE CO-LOCATED PRIMARY CARE CLINICIAN AT THE MENTAL HEALTH CLINIC AND SUCCESSFULLY CONNECTE D TO SPECIALTY CARE AND NON-MEDICAL SERVICES.ACCESS TO CARE AND HEALTH EQUITY2.1 EXPANSION OF PRIMARY CARE SERVICES FOR VULNERABLE POPULATIONS.IN FY17, A TOTAL OF 62,288 PRIMARY CA RE AND 32,337 EXPRESSCARE VISITS OCCURRED IN NORTHAMPTON COUNTY. IN FY18, A TOTAL OF 77,74 0 PRIMARY CARE AND 39,279 EXPRESSCARE VISITS OCCURRED IN NORTHAMPTON COUNTY.IN FY19, A TOT AL OF 80,978 PRIMARY CARE AND 42,564 EXPRESSCARE VISITS OCCURRED IN NORTHAMPTON COUNTY. 2. 2 RECRUITMENT OF PRIMARY CARE CLINICIANS TO SUPPORT TIMELY ACCESS TO CARE.9 NEW PROVIDERS HAVE BEEN ADDED OVER THE COURSE OF FY17 IN PRIMARY CARE IN NORTHAMPTON COUNTY. THERE WERE 8 PROVIDERS AT THE BEGINNING OF FY17 AND 17 PROVIDERS AT THE END OF FY17 AND GOING INTO FY 18.3.1 PALMER TOWNSHIP AND EASTON HEALTH CENTERS (OPENED SUMMER 2017) WILL PROVIDE IMPROVE D FACE-TO-FACE AND TELEMEDICINE ACCESS TO COMPLEX DISEASE CARE.SIX NEW PROVIDERS HAVE BEEN ADDED OVER THE COURSE OF FY17 IN SPECIALTY CARE IN NORTHAMPTON COUNTY. THERE WERE 4 PROVI DERS AT THE BEGINNING OF FY17</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 F) | <p>AND 10 PROVIDERS AT THE END OF FY17. A TOTAL OF 2,123 VISITS OCCURRED IN SPECIALTY CARE, A ND 1,444 UNIQUE PATIENTS WERE SEEN. SEVEN OF THE 10 SPECIALTY CARE AREAS ONLY BEGAN SEEING PATIENTS IN JUNE OF 2017.IN FY18, A TOTAL OF 13,167 VISITS OCCURRED IN SPECIALTY CARE IN NORTHAMPTON COUNTY AND 12,279 UNIQUE PATIENTS WERE SEEN.IN FY19, A TOTAL OF 23,015 VISITS OCCURRED IN SPECIALTY CARE IN NORTHAMPTON COUNTY AND 21,135 UNIQUE PATIENTS WERE SEEN.PREV ENTION AND WELLNESS2.2 REDEDICATION OF THE "HEALTH &amp; WELLNESS CENTER," WHICH OFFERS FITNES S, REHAB AND OTHER HEALTH PROMOTION SERVICES.THE REDEDICATION OF THE HEALTH &amp; WELLNESS CEN TER OCCURRED IN MAY OF 2014 AND CONTINUES TO BE IN OPERATION THROUGH FY 17 AND 18.10.2 DEV ELOPMENT OF NEW PAVILION ON LVHM CAMPUS THAT WILL IMPROVE ACCESS TO FAMILY BIRTH AND NEWBO RN CARE SERVICES1,314 PATIENTS RECEIVED OB CARE BETWEEN NOVEMBER 2016 (WHEN THE MATERNITY CARE PATHWAY WAS IMPLEMENTED) AND FEBRUARY 2017 WITH 4.6% RECEIVING INITIAL CARE AT 13 WEE KS OR LATER. 2,748 PATIENTS RECEIVED OB CARE BETWEEN JANUARY 2017 AND JUNE 2017 WITH 4.4% RECEIVING INITIAL CARE AT 13 WEEKS OR LATER. IN FY 18, A TOTAL OF 3,132 UNIQUE PATIENTS ST ARTED OB CARE. OF THIS NUMBER, THE NUMBER OF UNIQUE PATIENTS WHO ARE "NEW" TO THE NETWORK WAS 282. OF THOSE UNIQUE PATIENTS, THE PERCENTAGE OF PATIENTS WHO PRESENTED FOR OB CARE AT 13 WEEKS OR GREATER IN THIS TIME FRAME WAS NEARLY 6%. IN FY19, A TOTAL OF 4,937 UNIQUE PA TIENTS STARTED OB CARE. OF THIS NUMBER, THE NUMBER OF UNIQUE PATIENTS WHO ARE "NEW" TO THE NETWORK WAS 291. OF THOSE UNIQUE PATIENTS, THE PERCENTAGE OF PATIENTS WHO PRESENTED FOR O B CARE AT 13 WEEKS OF GREATER IN THIS TIME FRAME WAS NEARLY 6%.</p> |

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

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://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

Employer identification number  
23-1689692

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance       | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) NURSING LOANS AND SCHOLARSHIPS    | 65                       | 815,649                  |                                  | BOOK  |                                       |
| (2) JIROLANO TUITION AIDE SCHOLARSHIP | 1                        | 600                      |                                  | BOOK  |                                       |
| (2)                                   |                          |                          |                                  |   |                                       |
| (3)                                   |                          |                          |                                  |   |                                       |
| (4)                                   |                          |                          |                                  |   |                                       |
| (5)                                   |                          |                          |                                  |   |                                       |
| (6)                                   |                          |                          |                                  |   |                                       |
| (7)                                   |                          |                          |                                  |   |                                       |

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

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2:  | <p>LOAN AGREEMENTS - LOAN AGREEMENTS WERE AWARDED TO SENIOR NURSING STUDENTS IN A BACHELOR OF SCIENCE NURSING PROGRAM. CRITERIA FOR LOAN AGREEMENTS TO STUDENTS IN A BSN GRADUATE NURSE PROGRAM ARE: A COMPLETED APPLICATION, 2 LETTERS OF RECOMMENDATION FROM THEIR MOST RECENT CLINICAL INSTRUCTORS, AN OFFICIAL TRANSCRIPT DEMONSTRATING AN OVERALL GPA OF 3.0 OR HIGHER AND A ONE PAGE ESSAY DESCRIBING THEIR MOTIVATION, LEADERSHIP AND ACADEMIC ACCOMPLISHMENTS IN NURSING. IF ABOVE INFORMATION IS SUBMITTED AND CONSIDERED FAVORABLE, TWO INTERVIEWS ARE SCHEDULED WITH SELECTION COMMITTEE MEMBERS. IF CONSIDERED FAVORABLE AFTER ALL INTERVIEWS HAVE BEEN CONDUCTED, A LOAN AGREEMENT IS OFFERED IN WRITING FOR THEM TO REVIEW. IF CANDIDATE VERBALLY ACCEPTS, WE INVITE THEM TO MAKE AN APPOINTMENT TO SIGN THE CONTRACT. WE NOTARIZE THE CONTRACT AFTER WE HAVE BOTH REVIEWED AND SIGNED. THEIR COMMITMENT BACK TO THE HOSPITAL IS FOR TWO YEARS FROM THE DATE OF HIRE IN THE NEW GRADUATE/RN POSITION. (SOME CANDIDATES ARE CURRENT EMPLOYEES IN OTHER POSITIONS, SO WE CONSIDER ONLY THE HIRE DATE OF THE REGISTERED NURSE POSITION TOWARD THE WORK COMMITMENT.) IF CANDIDATE DOES NOT FULFILL THEIR COMMITMENT, THE LOAN AGREEMENT DOLLARS ARE PRO-RATED AND REPAYMENT IS DUE IMMEDIATELY, PLUS INTEREST. WE HAD NO NEW DNP LOAN AGREEMENTS OFFERED IN FY'19. SCHOLARSHIPS - SCHOLARSHIPS ARE OFFERED TO CURRENT REGISTERED NURSE EMPLOYEES. AN APPLICATION IS COMPLETED ALONG WITH A LETTER OF RECOMMENDATION FROM THEIR DIRECT SUPERVISOR/DIRECTOR, A COPY OF THEIR MOST RECENT PERFORMANCE EVALUATION, DEMONSTRATING A PERFORMANCE EVALUATION SCORE OF 3.0 OR HIGHER FOR BSN, 3.0 OR HIGHER FOR MSN. IF RN IS CURRENTLY IN A PROGRAM, AN OFFICIAL COPY OF THEIR CURRENT TRANSCRIPT WOULD ALSO BE REQUIRED. EMPLOYEES MUST BE CURRENTLY ENROLLED IN A NURSING PROGRAM PRIOR TO APPLYING FOR THE SCHOLARSHIP. IF EMPLOYEE ACCEPTS AND SIGNS A "RECEIPT OF NURSING EDUCATION TUITION PAYMENTS PROGRAM NOTE, THERE IS NO PAYBACK OR WORK COMMITMENT REQUIRED UPON GRADUATION OR SEPARATION. THERE WERE A TOTAL OF 65 LOAN AGREEMENTS, 33 NEW RN-BSN SCHOLARSHIPS AND 24 MSN SCHOLARSHIPS AWARDED IN FY '19. THE TOTAL FUNDS USED FOR ALL LOAN AGREEMENTS AND SCHOLARSHIPS WAS \$815,649.00.</p> |

|  |   |  |
|--|---|--|
| Schedule J<br>(Form 990)                               | Compensation Information  | OMB No. 1545-0047                            |
|  |   | 2018   |
|  |   |  |
| Department of the Treasury<br>Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  |
| Name of the organization<br>LEHIGH VALLEY HOSPITAL     |   | Employer identification number<br>23-1689692 |

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

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

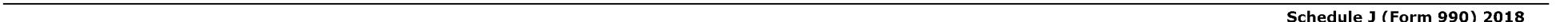
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

**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 SEVERENCE PAYMENT FROM LEHIGH VALLEY HOSPITAL IN CALENDAR YEAR 2018: DAVID SPRINGHETTI, FORMER SECRETARY - \$440,600 THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL IN CALENDAR YEAR 2018: DEBORAH BREN, DO, TRUSTEE - \$17,747 TERRY CAPUANO, PRESIDENT, LVH/TRUSTEE - \$150,869 JAMES F. GEIGER, FORMER TRUSTEE - \$44,323 WILLIAM M. KENT, MHA, TRUSTEE - \$167,815 ROBERT MURPHY, MD, CHIEF INTEGRATION OFFICER - \$99,609 BRIAN NESTER, DO, PRESIDENT/CEO, LVHN - \$302,869 JAMES ROTHERHAM, FORMER ASSISTANT TREASURER - \$2,835 DEBORAH SALAS-LOPEZ, MD, ASSOC. CHIEF MEDICAL OFFICER - \$103,349 THOMAS V. WHALEN, MD, MMM, ASSISTANT SECRETARY - \$139,213 THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY PHYSICIAN GROUP, A RELATED ORGANIZATION, IN CALENDAR YEAR 2018: GREGORY BRUSKO, DO, FORMER TRUSTEE - \$20,113 JOSEPH E. PATRUNO, MD, TRUSTEE - \$63,429 |



Additional Data

Software ID:

Software Version:

EIN: 23-1689692

Name: LEHIGH VALLEY HOSPITAL

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 |  |                         |                                 |   |
| ROBERT BEGLIOMINI<br>PRESIDENT,<br>LVH-M/TRUSTEE          | (i)  | 301,320  | 36,580                              | -5,544                              | 0  | 39,435                  | 371,791                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DEBORAH BREN DO<br>TRUSTEE                                | (i)  | 272,969  | 44,334                              | 10,763                              | 0  | 35,865                  | 363,931                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| TERRY CAPUANO<br>PRESIDENT, LVH/TRUSTEE                   | (i)  | 709,394  | 153,555                             | 165,580                             | 0  | 27,925                  | 1,056,454                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| WILLIAM M KENT MHA<br>TRUSTEE                             | (i)  | 533,455  | 49,500                              | 166,158                             | 0  | 28,436                  | 777,549                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| JOSEPH E PATRUNO MD<br>TRUSTEE                            | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 293,552  | 3,731                               | 136,259                             | 0  | 41,365                  | 474,907                         | 0   |
| THOMAS MARCHOZZI<br>TREASURER                             | (i)  | 599,135  | 139,923                             | -4,740                              | 0  | 18,584                  | 752,902                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| MATTHEW SORRENTINO<br>ESQ<br>SECRETARY                    | (i)  | 303,726  | 0                                   | 13,844                              | 0  | 19,147                  | 336,717                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| ROBERT THOMAS<br>ASSISTANT TREASURER                      | (i)  | 242,308  | 36,000                              | -1,605                              | 0  | 27,478                  | 304,181                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| THOMAS V WHALEN MD<br>MMM<br>ASSISTANT SECRETARY          | (i)  | 683,396  | 147,927                             | 160,082                             | 0  | 33,933                  | 1,025,338                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| BRIAN NESTER DO<br>PRESIDENT/CEO, LVHN                    | (i)  | 1,151,619  | 347,161                             | 312,789                             | 0  | 39,436                  | 1,851,005                       | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| RAYMOND SINGER<br>PHYSICIAN-IN-CHIEF,<br>SURGERY INSTITUT | (i)  | 696,308  | 129,000                             | 47,430                              | 0  | 41,361                  | 914,099                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DEBORAH SALAS-LOPEZ MD<br>ASSOC. CHIEF MEDICAL<br>OFFICER | (i)  | 568,111  | 98,374                              | 105,244                             | 0  | 22,933                  | 794,662                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| ROBERT MURPHY MD<br>CHIEF INTEGRATION<br>OFFICER          | (i)  | 554,310  | 110,867                             | 97,131                              | 0  | 39,436                  | 801,744                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| PAUL TIRJAN<br>PRESIDENT, ALLSPIRE<br>HEALTH PARTNERS     | (i)  | 525,400  | 156,000                             | -4,490                              | 0  | 34,886                  | 711,796                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| GREGORY BRUSKO DO<br>FORMER TRUSTEE                       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   | (ii) | 159,664  | 0                                   | 21,460                              | 0  | 15,260                  | 196,384                         | 0   |
| JAMES F GEIGER<br>FORMER TRUSTEE                          | (i)  | 384,239  | 51,000                              | 50,469                              | 0  | 33,933                  | 519,641                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| JAMES ROTHERHAM<br>FORMER ASST. TREASURER                 | (i)  | 75,139   | 30,152                              | 3,532                               | 0  | 10,488                  | 119,311                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| DAVID SPRINGHETTI<br>FORMER SECRETARY                     | (i)  | 176,346  | 66,420                              | 445,813                             | 0  | 8,382                   | 696,961                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |



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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LEHIGH VALLEY HOSPITAL

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number  
23-1689692

| 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 LEHIGH COUNTY GENERAL PURPOSE AUTHORITY | 91-1886539     | 52480GBG8   | 04-01-2011      | 169,745,000     | REFUND 9/12/96 & 4/21/99A ISSUES; REISSUANCE OF 7/7/05 AND 6/5/08 ISSUES   |              | X  |                         | X  |                    | X  |
| B LEHIGH COUNTY GENERAL PURPOSE AUTHORITY | 91-1886539     |             | 02-15-2012      | 18,665,000      | REFUND 4/15/01 & 10/17/01 ISSUES   |              | X  |                         | X  |                    | X  |
| C LEHIGH COUNTY GENERAL PURPOSE AUTHORITY | 91-1886539     |             | 06-01-2012      | 59,745,000      | REISSUANCE OF 6/6/08 ISSUE   |              | X  |                         | X  |                    | X  |
| D LEHIGH COUNTY GENERAL PURPOSE AUTHORITY | 91-1886539     | 52480GCB8   | 12-12-2012      | 154,924,763     | CONSTRUCT, RENOVATE & EQUIP FACILITIES; REFUND 10/17/01 AND 5/21/03 ISSUES |              | X  |                         | X  |                    | X  |

| Part II |  | Proceeds    |    |            |    |            |    |             |    |
|---------|--|-------------|----|------------|----|------------|----|-------------|----|
|         |  | A           |    | B          |    | C          |    | D           |    |
| 1       | Amount of bonds retired . . . . .  | 57,890,000  |    | 13,890,000 |    | 9,215,000  |    | 285,000     |    |
| 2       | Amount of bonds legally defeased . . . . .   |             |    |            |    |            |    |             |    |
| 3       | Total proceeds of issue . . . . .  | 169,745,000 |    | 18,665,000 |    | 59,745,000 |    | 154,924,763 |    |
| 4       | Gross proceeds in reserve funds . . . . .  |             |    |            |    |            |    |             |    |
| 5       | Capitalized interest from proceeds . . . . .   |             |    |            |    |            |    |             |    |
| 6       | Proceeds in refunding escrows . . . . .  | 169,505,000 |    | 18,330,782 |    | 59,745,000 |    | 74,558,690  |    |
| 7       | Issuance costs from proceeds . . . . .   | 240,000     |    | 334,218    |    |            |    | 1,860,390   |    |
| 8       | Credit enhancement from proceeds . . . . .   |             |    |            |    |            |    |             |    |
| 9       | Working capital expenditures from proceeds . . . . .   |             |    |            |    |            |    |             |    |
| 10      | Capital expenditures from proceeds . . . . .   |             |    |            |    |            |    | 78,500,000  |    |
| 11      | Other spent proceeds . . . . .   |             |    |            |    |            |    | 5,683       |    |
| 12      | Other unspent proceeds . . . . .   |             |    |            |    |            |    |             |    |
| 13      | Year of substantial completion . . . . .   | 2011        |    | 2012       |    | 2012       |    | 2012        |    |
|         |  | Yes         | No | Yes        | No | Yes        | No | Yes         | No |
| 14      | Were the bonds issued as part of a current refunding issue? . . . . .  | X           |    | X          |    | X          |    | X           |    |
| 15      | Were the bonds issued as part of an advance refunding issue? . . . . .   |             | X  | X          |    |            | X  | X           |    |
| 16      | Has the final allocation of proceeds been made? . . . . .  | X           |    | X          |    | X          |    | X           |    |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X           |    | X          |    | X          |    | 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)

|   | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |            | X         |            |           |            |           |            |           |
| <b>b</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?   |            |           |            |           |            |           |            |           |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |            | X         |            |           |            |           |            |           |
| <b>d</b> 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?   |            |           |            |           |            |           |            |           |
| <b>4</b> 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 . . . . . ▶  |            |           |            |           |            |           |            |           |
| <b>5</b> 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 . . . . . ▶ |            |           |            |           |            |           |            |           |
| <b>6</b> Total of lines 4 and 5 . . . . .   |            |           |            |           |            |           |            |           |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . .   |            | X         |            |           |            |           |            |           |
| <b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .   |            |           |            |           |            |           |            |           |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |            |           |            |           |            |           |            |           |
| <b>9</b> 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**

|   | <b>A</b>                      |           | <b>B</b>          |           | <b>C</b>   |           | <b>D</b>   |           |
|---|-------------------------------|-----------|-------------------|-----------|------------|-----------|------------|-----------|
|   | <b>Yes</b>                    | <b>No</b> | <b>Yes</b>        | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . |                               | X         |                   | X         |            | X         |            | X         |
| <b>2</b> If "No" to line 1, did the following apply? . . . .  |                               |           |                   |           |            |           |            |           |
| <b>a</b> Rebate not due yet? . . . . .  |                               | X         |                   | X         |            | X         |            | X         |
| <b>b</b> Exception to rebate? . . . . .   | X                             |           | X                 |           | X          |           | X          |           |
| <b>c</b> No rebate due? . . . . .   |                               | X         |                   | X         |            | X         |            | X         |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                               |                               |           |                   |           |            |           |            |           |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   | X                             |           | X                 |           | X          |           |            | X         |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?      | X                             |           | X                 |           |            | X         |            | X         |
| <b>b</b> Name of provider . . . . .   | MERRILL LYNCH & GOLDMAN SACHS |           | JPMORGAN CHASE    |           |            |           |            |           |
| <b>c</b> Term of hedge . . . . .  | 2000.0000000000 %             |           | 1040.0000000000 % |           |            |           |            |           |
| <b>d</b> Was the hedge superintegrated? . . . . .   |                               | X         |                   | X         |            |           |            |           |
| <b>e</b> Was the hedge terminated? . . . . .  |                               | X         |                   | X         |            |           |            |           |

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

|  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| 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          |           | X          |           | X          |           | X          |           |

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

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

▶ **Attach to Form 990.**  
▶ **Go to *www.irs.gov/Form990* for the latest information.**

|                                       |
|---------------------------------------|
| <b>Employer identification number</b> |
| 23-1689692                            |

|          | (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 |
| <b>A</b> | LEHIGH COUNTY GENERAL PURPOSE AUTHORITY | 91-1886539     | 52480GCF9   | 07-30-2015      | 147,969,788     | CONSTRUCT, RENOVATE & EQUIP FACILITIES |              | X  |                         | X  |                    | X  |
| <b>B</b> | LEHIGH COUNTY GENERAL PURPOSE AUTHORITY | 91-1886539     | 52480GCX0   | 09-15-2016      | 152,250,999     | REFUND 9/15/05 & 6/4/08 ISSUES         |              | X  |                         | X  |                    | X  |

|    |  | A           |    | B           |    | C   |    | D   |    |
|----|--|-------------|----|-------------|----|-----|----|-----|----|
| 1  | Amount of bonds retired . . . . .  |             |    | 3,795,000   |    |     |    |     |    |
| 2  | Amount of bonds legally defeased . . . . .   |             |    |             |    |     |    |     |    |
| 3  | Total proceeds of issue . . . . .  | 148,043,735 |    | 152,250,999 |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds . . . . .  |             |    |             |    |     |    |     |    |
| 5  | Capitalized interest from proceeds . . . . .   |             |    |             |    |     |    |     |    |
| 6  | Proceeds in refunding escrows . . . . .  |             |    | 150,509,413 |    |     |    |     |    |
| 7  | Issuance costs from proceeds . . . . .   | 1,764,000   |    | 1,741,586   |    |     |    |     |    |
| 8  | Credit enhancement from proceeds . . . . .   |             |    |             |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds . . . . .   |             |    |             |    |     |    |     |    |
| 10 | Capital expenditures from proceeds . . . . .   | 146,279,735 |    |             |    |     |    |     |    |
| 11 | Other spent proceeds . . . . .   |             |    |             |    |     |    |     |    |
| 12 | Other unspent proceeds . . . . .   |             |    |             |    |     |    |     |    |
| 13 | Year of substantial completion . . . . .   | 2017        |    | 2017        |    |     |    |     |    |
|    |  | Yes         | No | Yes         | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? . . . . .  |             | X  |             | X  |     |    |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue? . . . . .   |             | X  | X           |    |     |    |     |    |
| 16 | Has the final allocation of proceeds been made? . . . . .  | X           |    | X           |    |     |    |     |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X           |    | X           |    |     |    |     |    |

|   |  | 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  |     | X  |     |    |     |    |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | X  |     | X  |     |    |     |    |

**Part III Private Business Use** (Continued)

|   | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |            | X         |            | X         |            |           |            |           |
| <b>b</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?   |            |           |            |           |            |           |            |           |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |            | X         |            | X         |            |           |            |           |
| <b>d</b> 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?   |            |           |            |           |            |           |            |           |
| <b>4</b> 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 . . . . . ▶  |            |           |            |           |            |           |            |           |
| <b>5</b> 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 . . . . . ▶ |            |           |            |           |            |           |            |           |
| <b>6</b> Total of lines 4 and 5 . . . . .   |            |           |            |           |            |           |            |           |
| <b>7</b> Does the bond issue meet the private security or payment test? . . .   |            | X         |            | X         |            |           |            |           |
| <b>8a</b> 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         |            | X         |            |           |            |           |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .   |            |           |            |           |            |           |            |           |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |            |           |            |           |            |           |            |           |
| <b>9</b> 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          |           | X          |           |            |           |            |           |

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

|  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| 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          |           | X          |           |            |           |            |           |

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
LEHIGH VALLEY HOSPITAL

Employer identification number  
23-1689692

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

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

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

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

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

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total . . . . . ▶ \$          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization    | (c) Amount of transaction | (d) Description of transaction  | (e) Sharing of organization's revenues? |    |
|-------------------------------|--|---------------------------|---|---|----|
|                               |  |                           |   | Yes                                     | No |
| (1) SUSAN C YEE-TRUSTEE       | PARTNER IN 94 BROADHEAD ASSOCIATES - TRUSTEE OF LVHN/LVH/LVHH/HHWC | 118,444                   | 94 BROADHEAD ASSOCIATES LEASES OFFICE SPACE TO LVPG AT FAIR MARKET VALUE. |   | No |
|                               |  |                           |   |   |    |
|                               |  |                           |   |   |    |
|                               |  |                           |   |   |    |
|                               |  |                           |   |   |    |
|                               |  |                           |   |   |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
►Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
LEHIGH VALLEY HOSPITAL

Employer identification number  
23-1689692

Part I

Types of Property

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art . . . .   | X                             | 2  | 11,675  | FAIR MARKET VALUE  |
| 2 Art—Historical treasures . .   |                               |  |   |  |
| 3 Art—Fractional interests . .   |                               |  |   |  |
| 4 Books and publications . .   | X                             |  | 3,350   | FAIR MARKET VALUE  |
| 5 Clothing and household<br>goods . . . . .                                | X                             |  | 140,678   | FAIR MARKET VALUE  |
| 6 Cars and other vehicles . .  |                               |  |   |  |
| 7 Boats and planes . . . .   |                               |  |   |  |
| 8 Intellectual property . . . .  |                               |  |   |  |
| 9 Securities—Publicly traded .   |                               |  |   |  |
| 10 Securities—Closely held stock .   |                               |  |   |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . .              |                               |  |   |  |
| 12 Securities—Miscellaneous . .  |                               |  |   |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |   |  |
| 14 Qualified conservation<br>contribution—Other . . . .                    |                               |  |   |  |
| 15 Real estate—Residential . .   |                               |  |   |  |
| 16 Real estate—Commercial . .  |                               |  |   |  |
| 17 Real estate—Other . . . .   |                               |  |   |  |
| 18 Collectibles . . . . .  |                               |  |   |  |
| 19 Food inventory . . . .  | X                             | 133  | 28,268  | FAIR MARKET VALUE  |
| 20 Drugs and medical supplies .  |                               |  |   |  |
| 21 Taxidermy . . . . .   |                               |  |   |  |
| 22 Historical artifacts . . . .  |                               |  |   |  |
| 23 Scientific specimens . . .  |                               |  |   |  |
| 24 Archeological artifacts . . . .   |                               |  |   |  |
| 25 Other ► (<br>TOYS/ACTIVITIES )  | X                             | 154  | 125,139   | FAIR MARKET VALUE  |
| 26 Other ► (<br>SERVICES )   | X                             | 21   | 95,908  | FAIR MARKET VALUE  |
| 27 Other ► (<br>GIFT CARDS )   | X                             | 126  | 19,337  | COST   |
| 28 Other ► (<br>MEDICAL EQUIPMENT )  | X                             | 3  | 11,408  | FAIR MARKET VALUE  |

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

29

105

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

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

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

31

Yes

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

32a

Yes

No

b If "Yes," describe in Part II.

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

**Part II****Supplemental Information.**

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

Return Reference

Explanation

|  |  |  |                                  |
|--|--|--|----------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                   |  | As Filed Data -                                  | DLN: 93493127021230              |
| <b>SCHEDULE O</b><br>(Form 990 or 990-EZ)              | <b>Supplemental Information to Form 990 or 990-EZ</b><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br>▶ Attach to Form 990 or 990-EZ.<br>▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information. |  | OMB No. 1545-0047                |
|  |  |  | <b>2018</b>                      |
| Department of the Treasury<br>Internal Revenue Service |  |  | <b>Open to Public Inspection</b> |
| Name of the organization<br>LEHIGH VALLEY HOSPITAL     |  | Employer identification number<br><br>23-1689692 |                                  |

# 990 Schedule O, Supplemental Information

| Return Reference  | Explanation  |
|---|--|
| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED): | <p>LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL (LVRCH OF LVHN AT LVH AND LVH-M) - INTRODUCED IN MAY 2012, OFFERS THE MOST WIDE-RANGING, SPECIALIZED HEALTH CARE SERVICES FOR CHILDREN OF A NY FACILITY IN THE REGION. IT HAS THE REGION'S ONLY CHILDREN'S ER, PEDIATRIC INTENSIVE CARE UNIT, LEVEL IV NICU, CHILDREN'S AMBULATORY SURGERY CENTER, AND CHILDREN'S CANCER AND INFUSION CENTER AT LVH-CEDAR CREST. WE ALSO HAVE THE REGION'S ONLY CHILD ADVOCACY CENTER AT LVH-17TH STREET. LVRCH OF LVHN IS THE REGION'S ONLY INSTITUTIONAL MEMBER OF THE CHILDREN'S HOSPITAL ASSOCIATION. LVHN ALSO HAS A LEVEL II NICU AND AN ADOLESCENT INPATIENT PSYCHIATRIC UNIT AT LVH-MUHLENBERG, WHICH ARE CONSIDERED PART OF OUR CHILDREN'S HOSPITAL. WE HAVE A PEDIATRIC SLEEP CENTER, AND A PEDIATRIC CYSTIC FIBROSIS CENTER. WE PROVIDE SERVICES TO CHILDREN WITH BLEEDING DISORDERS THROUGH THE LVHN HEMOPHILIA TREATMENT CENTER. WE HAVE A SCHOOL-BASED CLINIC IN PARTNERSHIP WITH THE ALLENTOWN SCHOOL DISTRICT AT THE SHERIDAN SCHOOL, AND PROVIDE DENTAL CARE TO STUDENTS AT MULTIPLE SCHOOLS USING A MOBILE VAN. OUR CLINIC FOR CHILDREN WITH MEDICAL COMPLEXITY IS AT OUR CHILDREN'S CLINIC AT 17TH &amp; CHEW. WE HAVE THE REGION'S ONLY CHILDREN'S EXPRESS CARE. IN FEBRUARY 2019 WE OPENED A NEW 30 BED INPATIENT PEDIATRIC UNIT AT THE CEDAR CREST SITE. IN FISCAL YEAR 2019 WE ADMITTED OVER 4,600 CHILDREN TO OUR CHILDREN'S HOSPITAL, AND SAW OVER 20,000 IN OUR CHILDREN'S ER. THE REILLY CHILDREN'S HOSPITAL AFFILIATED PROFESSIONALS AND STAFF ARE COMMITTED TO IMPROVING THE HEALTH OF CHILDREN IN THE REGION. WE ARE ACTIVE MEMBERS OF CHILDREN'S HOSPITALS' SOLUTIONS FOR PATIENT SAFETY, A NATIONAL ORGANIZATION OF OVER 130 CHILDREN'S HOSPITALS, WHICH PROMOTES PATIENT SAFETY THROUGH SHARING OF OUTCOMES AND PROCESS METRICS, AND COLLABORATIVE INNOVATION. WE HAVE DEVELOPED OVER A DOZEN CLINICAL PATHWAYS, WHICH DRIVE HIGH-QUALITY, EFFICIENT CARE. OUR MOST INNOVATIVE CLINICAL PATHWAY IS OUR AMBULATORY PEDIATRIC OBESITY PATHWAY. THE LVRCH FAMILY ADVISORY COUNCIL CONTINUES TO ASSIST US IN SHAPING FAMILY-CENTERED PROGRAMS, PROCESSES AND PLACES. LVRCH OF LVHN PROVIDES SPECIALIZED PEDIATRIC TRAUMA AND BURN CARE, PEDIATRIC CANCER CARE AND EXPERT INPATIENT CARE IN THE PEDIATRIC AND NEONATAL INTENSIVE CARE UNITS AND ON THE PEDIATRIC UNIT. LVHN'S BOARD-CERTIFIED PHYSICIANS PROVIDE CHILDREN'S CARE IN GREATER THAN 30 PEDIATRIC SPECIALTIES INCLUDING PEDIATRIC SURGERY, PEDIATRIC UROLOGY, PEDIATRIC ENT, PEDIATRIC PLASTIC SURGERY, PEDIATRIC ANESTHESIA, PEDIATRIC RADIOLOGY, PEDIATRIC HEMATOLOGY-ONCOLOGY, PEDIATRIC PULMONOLOGY, PEDIATRIC NEUROLOGY, PEDIATRIC ENDOCRINOLOGY, PEDIATRIC INFECTIOUS DISEASE, PEDIATRIC RHEUMATOLOGY, ADOLESCENT MEDICINE, PEDIATRIC GASTROENTEROLOGY, AND CHILD AND ADOLESCENT PSYCHIATRY. LVRCH CHILD PROTECTION TEAM AND THE CHILD ADVOCACY CENTER EVALUATE CHILDREN WHO MAY HAVE BEEN ABUSED OR NEGLECTED. THIS TEAM INCLUDES A BOARD-CERTIFIED CHILD ABUSE SPECIALIST. THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL IN PARTNERSHIP WITH THE POOL</p> |

990 Schedule O, Supplemental Information

| Return Reference   | Explanation  |
|--|--|
| <p>FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):</p> | <p>TRUST CREATED A PROGRAM CALLED THE ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PROJECT (ACHIP ), WHICH IS A COMMUNITY-BASED NEEDS ASSESSMENT, RESOURCE CONNECTION, AND FAMILY EMPOWERMEN T SERVICE FOR FAMILIES WITH WOMEN WHO ARE PREGNANT AND/OR CHILDREN UNDER 5 YEARS OLD. LVRC H OF LVHN PROVIDES AND SUPPORTS EDUCATIONAL SERVICES. OUR WELLER EDUCATION SERVICES PROVID E HIGHLY REGARDED PROGRAMS ADMINISTERED BY PROFESSIONAL EDUCATORS IN SCHOOLS ACROSS THE RE GION. LVHN PROMOTES SAFETY AND HEALTHY LIVING IN VARIOUS FORUMS THROUGHOUT THE YEAR. THE M OST NOTABLE IS OUR COMMUNITY CANVAS PROGRAM, WHICH IN PARTNERSHIP WITH THE KELLYN FOUNDATI ON PROVIDES PROGRAMS IN ELEMENTARY SCHOOLS THAT PROMOTE HEALTH LIVING, ESPECIALLY GOOD NUT RITION. IMAGING SERVICES - THE RADIOLOGY DEPARTMENT PROVIDES A VARIETY OF DIAGNOSTIC AND T HERAPEUTIC PROCEDURES FOR PATIENTS OF ALL AGES, 24 HOURS A DAY, SEVEN DAYS PER WEEK. RADIO LOGY SERVICES INCLUDE THE PROVISION OF EMERGENT, ACUTE, PREVENTATIVE, CONSULTATIVE, DIAGNO STIC AND THERAPEUTIC IMAGING TO PATIENTS IN THE EMERGENCY, SURGICAL, INPATIENT AND OUTPATI ENT SETTINGS OF LVHN. THE DEPARTMENT PERFORMS AN AVERAGE OF 1,174 PROCEDURES PER DAY. OUTP ATIENTS ACCOUNT FOR 75% OF THESE EXAMINATIONS, WHILE INPATIENTS ACCOUNT FOR THE REMAINING 25%. SERVICES ARE PROVIDED AT MULTIPLE SITES: AT LVH-CEDAR CREST THE FOLLOWING SERVICES AR E OFFERED: VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY, NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY AND NEURORADIOLOGY. IMAGE MANAGEMENT SERVICES, MAGNETIC RESONANCE IMAGING (MRI), DEXA, AND PET-CT SERVICES ARE PROVIDED THROUGH AN AFFILIATED PAR TNER. AT LVH-17TH STREET, THE FOLLOWING SERVICES ARE OFFERED: DIAGNOSTIC IMAGING, COMPUTER IZED TOMOGRAPHY, ULTRASOUND, VASCULAR LAB, AND IMAGE MANAGEMENT SERVICES. SERVICES AT LVH- M INCLUDE: VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY, NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY, SPECT-CT, AND MOBILE PET-CT, AS WELL AS IMAGE MANAGEME NT SERVICES. MAGNETIC RESONANCE IMAGING (MRI) SERVICES ARE PROVIDED AT LVH-MUHLENBERG FOR BOTH INPATIENT AND OUTPATIENT THROUGH AN AFFILIATED PARTNER. THE LVH-TILGHMAN CAMPUS OFFER S DIAGNOSTIC IMAGING SERVICES FOR THE EXPRESS CARE AND ORTHOPEDIC SURGERY DIVISION. LIMITE D ULTRASOUND/VASCULAR IMAGING IS ALSO PROVIDED FOR INPATIENTS. AT THE LVHN HEALTH CENTER L OCATIONS, THE DEPARTMENT OFFERS DIAGNOSTIC IMAGING AND ULTRASOUND AT THE HEALTH CENTER AT BETHLEHEM TOWNSHIP, HEALTH CENTER AT RICHLAND TOWNSHIP, HEALTH CENTER AT FOGELSVILLE, HEAL TH CENTER AT HAMBURG (DIAGNOSTIC ONLY), HEALTH CENTER AT MOSELEM SPRINGS, AND THE HEALTH C ENTER AT TREXLERTOWN. THE HEALTH CENTER AT BATH OFFERS DEXA, DIAGNOSTIC IMAGING, ULTRASOUN D SERVICES AND PHLEBOTOMY. THE HEALTH CENTER AT BANGOR OFFERS DEXA, DIAGNOSTIC IMAGING, AN D ULTRASOUND SERVICES. IMAGING SERVICES AT CETRONIA ROAD OFFERS COMPUTERIZED TOMOGRAPHY, D EXA, DIAGNOSTIC IMAGING, MRI, AND ULTRASOUND. PHARMACY SERVICES - HEALTH SPECTRUM PHARMACY SERVICES OFFERS A RANGE OF PH</p> |

## 990 Schedule O, Supplemental Information

| Return Reference   | Explanation  |
|--|--|
| <p>FORM 990, PART III,<br/>LINE 4C, PROGRAM<br/>SERVICE<br/>ACCOMPLISHMENTS<br/>(CONTINUED):</p> | <p>ARMACY SERVICES IN THREE CONVENIENT, PATIENT FOCUS LOCATIONS: ONE AT THE CEDAR CREST SITE, ONE AT THE 17TH &amp; CHEW SITE, AND ONE AT LVH-MUHLENBERG. OUR SPECIALTY PHARMACY AND HOME INFUSION PHARMACY, LOCATED AT 2024 LEHIGH STREET IN ALLENTOWN, PROVIDES HOME INFUSION AND SPECIALTY PHARMACY SERVICES TO RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA. PHARMACY SERVICES INCLUDE PRESCRIPTIONS, COMPOUNDING, SPECIALTY MEDICATIONS, VACCINATIONS, OVER-THE-COUNTER, HERBAL/ALTERNATIVE MEDICATIONS, PERSONAL CARE PRODUCTS, FIRST AID, WOUND CARE, OSTOMY, KNEE BRACES, ORTHOTICS, VASCULAR GARMENTS, POST-MASTECTOMY, BREAST PROSTHESES, DIABETIC SUPPLIES, AND HOME INFUSION. THE RETAIL PHARMACIES ARE ACCREDITED BY THE BOARD OF CERTIFICATION/ACCREDITATION INTERNATIONAL, AND THE HOME INFUSION PHARMACY IS ACCREDITED BY COMMUNITY HEALTH ACCREDITATION PROGRAM. THE RETAIL PHARMACIES ARE EQUIPPED WITH WORK FLOW, COUNTING CELL, AND BAR CODE SCANNING TECHNOLOGY. PILLS IN A POUCH COMPLIANCE PACKAGING, BEDSIDE DELIVERY, AND CONVENIENCE SHIPPING ARE ALSO OFFERED. IN FISCAL YEAR 2019, 393,601 PRESCRIPTIONS WERE FILLED AND 4,310 INFUSION PATIENTS WERE SERVICED. THE LEHIGH VALLEY HEALTH NETWORK INPATIENT PHARMACY SERVICES ARE NATIONALLY RECOGNIZED FOR EFFORTS IN MEDICATIONS SAFETY AND ADVANCES IN TECHNOLOGY. THE DEPARTMENT UTILIZES ADVANCED MEDICATION SAFETY TECHNOLOGIES INCLUDING CPOE, BEDSIDE BARCODING MEDICATION VERIFICATION, TWO MEDICATION DISPENSING ROBOTS, AND AUTOMATED DISPENSING CABINETS. THE STAFF HAS BOARD CERTIFIED CLINICAL PHARMACY SPECIALISTS IN THE AREAS OF ONCOLOGY, TRAUMA, BURN, PEDIATRICS, CARDIOLOGY, AND GENERAL MEDICINE AND USES A UNIT BASED MODEL TO PROVIDE PHARMACY SERVICES AT THE POINT OF CARE. GUIDED BY THE QUADRUPLE AIM, PHARMACY SERVICES CONTINUES TO INNOVATE, PROVIDING THE HIGHEST LEVEL OF CARE TO OUR PATIENTS THROUGH OUTSTANDING CLINICAL SERVICES, AND A DISTRIBUTION MODEL THAT PROVIDES SAFETY AND EFFICIENCIES LIKE NO OTHER.</p> |

# 990 Schedule O, Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED): | <p>COMMUNITY PRACTICES - LVHN COMMUNITY PRACTICES PROVIDE QUALITY, COMPASSIONATE CARE FOR ALL MEMBERS OF THE COMMUNITY, WITH THE MAJORITY OF PATIENTS EITHER QUALIFYING FOR MEDICAID OR HAVING NO INSURANCE. PATIENTS HAVE ACCESS TO PRIMARY CARE DOCTORS AND A FULL RANGE OF SPECIALISTS, AS WELL AS ACCESS TO BILINGUAL AND BICULTURAL CAREGIVERS. THE COMMUNITY PRACTICES SERVE OVER 150,000 PATIENT VISITS EACH YEAR, WITH THE MAJORITY OF THE POPULATION SERVED BEING OF LATINO DESCENT. THE FOLLOWING SERVICES ARE OFFERED AT THE 17TH &amp; CHEW SITE: (1) COMPREHENSIVE HEALTH SERVICES: SERVING PATIENTS INFECTED OR AFFECTED BY HIV; (2) LVPG GERIATRICS: SPECIALIZED GERIATRIC CARE AS A CONSULTATIVE SERVICE AND SKILLED NURSING FACILITY PRIMARY CARE PROVIDER; (3) THE FLEMING MEMORY CENTER WHICH PROVIDES SUPPORT AND GUIDANCE TO PATIENTS AND FAMILIES AFFECTED BY MEMORY LOSS; (4) CENTER FOR WOMEN'S MEDICINE: COMPREHENSIVE HEALTH CARE FOR WOMEN, IN ADDITION TO A RESIDENCY TEACHING PROGRAM, WHICH FOCUSES ON IMPROVED OUTCOMES FOR WOMEN WITH ROUTINE AND COMPLICATED OB/GYN CONCERNS; (5) CENTRO DE SALUD: BI-LINGUAL/BI-CULTURAL INTERNAL MEDICINE CARE FOR LATINO FAMILIES; (6) CHILDREN'S CLINIC: PRIMARY CARE FOR NEWBORNS THROUGH YOUNG ADULTS, INCLUDING A PEDIATRIC RESIDENCY PROGRAM; (7) CHILD PROTECTIVE SERVICES: CONSULTS PROVIDED INPATIENT AND OUTPATIENT BY A CHILD ABUSE PEDIATRICIAN, LICENSED SOCIAL WORKER AND CRNP, IN COLLABORATION WITH LOCAL COUNTY AGENCIES; (8) DENTAL CLINIC: FULL DENTAL CARE PROVIDED TO CHILDREN AND ADULTS IN THE HOSPITAL SETTING AND MOBILE UNIT, IN ADDITION TO A DENTAL RESIDENCY PROGRAM; (9) HEPATITIS CARE CENTER: SPECIALTY PRACTICE FOCUSED ON VIRAL HEPATITIS; (10) FAMILY HEALTH CENTER: PRIMARY MEDICAL CARE FOR EVERY FAMILY MEMBER IN ADDITION TO A FAMILY MEDICINE RESIDENCY TEACHING PROGRAM; (11) LEHIGH VALLEY PHYSICIANS PRACTICE: INTERNAL MEDICINE PRIMARY/MEDICAL SUBSPECIALTY AND GENERAL SURGICAL/SUBSPECIALTY CARE FOR ADULTS IN ADDITION TO BOTH AN INTERNAL MEDICINE RESIDENCY TEACHING PROGRAM AS WELL AS SURGICAL RESIDENCY TEACHING PROGRAM; (12) MARK J. YOUNG COMMUNITY HEALTH AND WELLNESS CENTER: TEACHING PATIENTS' SELF-MANAGEMENT FOR CHRONIC DISEASES SUCH AS DIABETES AND OBESITY. OFFERING A CENTRALIZED LOCATION FOR PATIENTS TO ACCESS RESOURCES THAT PROVIDE SOCIAL SUPPORT: FINANCIAL COUNSELORS, SOCIAL WORKERS, BEHAVIORAL HEALTH SPECIALIST, CARE MANAGERS AND LEGAL SUPPORT. POPULATION HEALTH COMMUNITY CARE TEAMS - IN 2014, LVHN ADOPTED A VISION STATEMENT, 'TO BECOME AN INNOVATIVE LEADER IN POPULATION HEALTH (PH) MANAGEMENT.' SINCE THEN, WE'VE BEEN BUILDING OUR CAPACITY AND COMPETENCIES SO THAT WE CAN ACCOMPLISH THIS. WE DEFINE POPULATION HEALTH AS 'THE HEALTH AND HEALTH OUTCOMES OF A GROUP OF INDIVIDUALS, INCLUDING HOW THOSE OUTCOMES ARE DISTRIBUTED ACROSS THE GROUP.' PH HAS GAINED SIGNIFICANT TRACTION IN OUR ORGANIZATION OVER THE LAST FEW YEARS, EVEN THOUGH CURRENTLY LESS THAN 10% OF OUR PAYMENT COMES THROUGH VALUE ARRANGEMENTS. NONETHELESS, WE HAVE DONE THE GROUNDWORK</p> |

# 990 Schedule O, Supplemental Information

| Return Reference  | Explanation   |
|---|---|
| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED): | <p>RK FOR THE EVENTUALITY THAT THE NATION'S FINANCING MODEL WILL NEED TO CHANGE TO SUPPORT THE EXECUTION OF A VALUE-DRIVEN, POPULATION HEALTH-BASED DELIVERY SYSTEM. IT IS WITH THIS IN MIND WE HAVE BEGUN TO CREATE A CULTURE OF DELIVERING THE RIGHT INTERVENTION FOR A SPECIFIC PATIENT IN THE LEAST COSTLY POINT IN THE CARE CONTINUUM AND CREATING VALUE FOR PATIENTS AND OUR PAYERS SO THAT WE ARE RECOGNIZED AND REIMBURSED FOR THAT KIND OF CARE. PH HAS RESOURCES THAT WE DEPLOY TO EXECUTE ON OUR GOALS. THE FOLLOWING IS AN OVERVIEW OF THE WORK THE SE RESOURCES COMPLETED IN FY19: COMMUNITY CARE TEAMS (CCT): CCT(S) WORK WITH HIGH-RISK PATIENTS BASED ON PREDETERMINED RISK STRATIFICATION, PAYER ARRANGEMENT AND PROVIDER CLINICAL JUDGMENT. CCT(S) HAVE A CARE MANAGER, A PHARMACIST, A BEHAVIORAL HEALTH SPECIALIST, A SOCIAL WORKER, AND/OR MEDICATION ASSISTANCE COORDINATORS. COMMUNITY HEALTH WORKERS WERE ADDED TO THE TEAM AT THE END OF THE FY. THEY COLLABORATE WITH LVPG AND MEDICAL ASSOCIATES OF THE LEHIGH VALLEY (MATLV) PRIMARY CARE AND SPECIALTY PRACTICES TO FACILITATE THE MANAGEMENT OF THE MOST COMPLEX PATIENTS (THESE ARE THE TOP 5% HIGH-RISK LVHN PATIENTS. CCT(S) COVER 50 PRIMARY CARE PRACTICES AND SPECIALTY PRACTICES ACROSS FIVE COUNTIES. NURSE DRIVEN PROTOCOLS AND SPECIALTY REFERRALS ALLOW FOR SEAMLESS COLLABORATION WITH OACIS, HOME CARE AND OTHER LVHN NETWORK SERVICES. IN FY19, CCT(S) TOUCHED OVER 40,000 UNIQUE PATIENTS AND OVER 117,000 TOTAL PATIENT CONTACTS BY PHONE, PORTAL COMMUNICATION, OR FACE TO FACE VISITS. CCT WORKFLOWS WERE REDESIGNED IN FY19 TO MATCH THE APPROPRIATE DELIVERY INTERVENTION TO MEET THE SPECIFIC CLINICAL NEED OF THE POPULATION AND PROVIDE CARE CLOSER TO HOME. UTILIZING A HUB- AND SPOKE MODEL, CCT(S) WERE CENTRALIZED IN 10 HUBS GEOGRAPHICALLY LOCATED IN OUR PATIENT'S COMMUNITIES. THIS REDESIGN ALLOWED THE CCT(S) TO EXPAND COVERAGE TO 12 ADDITIONAL LVPG FM/IM PRACTICES. IN ADDITION TO WORKING TO HELP PATIENTS GAIN INSURANCE, FOOD, SHELTER AND TRANSPORTATION, IN FY19 CCT(S) FACILITATED OVER \$4.6 MILLION DOLLARS IN FREE PRESCRIPTION MEDICATIONS. SECURING THESE MEDICATIONS REDUCES AMBULATORY CARE SENSITIVE ADMISSIONS AND UNNECESSARY EMERGENCY DEPARTMENT VISITS. OVER THE LAST SIX FISCAL YEARS, THIS PROGRAM HAS SECURED OVER \$13.6 MILLION DOLLARS IN FREE AND DISCOUNTED PATIENTS FOR LVHN PATIENTS. CCT GRANT COLLABORATIONS: A SAMSA WHOLE HEALTH CONNECTION GRANT IN THE AMOUNT OF \$1.6 MILLION DOLLARS AIMED AT INTEGRATING A PRIMARY CARE PRACTICE WITH THE MENTAL HEALTH CLINIC AT MUHL ENBERG. THE EMBEDDED CCT MODEL IS REPLICATED IN THIS LOCATION TO PROVIDE COMPLEX CARE COORDINATION TO CHRONICALLY ILL PATIENTS WITH CONFOUNDING MENTAL ILLNESS ISSUES. THIS PROGRAM ENROLLED 117 PATIENTS IN FY19 AND WILL SUNSET IN OCTOBER 2019. LVPG HAS AGREED TO MAINTAIN THE PRACTICE WITH THE SUPPORT OF CARE COORDINATION. CARE TRANSITIONS &amp; NAVIGATIONS: THE CARE TRANSITIONS &amp; NAVIGATIONS TEAM CONSISTS OF A CENTRALIZED CALL CENTER AND NAVIGATION TEAM. THE CENTRALIZED CALL CENTER</p> |



**990 Schedule O, Supplemental Information**

| Return Reference  | Explanation  |
|---|--|
| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED): | <p>R CALLED 20,632 PATIENTS DISCHARGED FROM AN LVHN INPATIENT, OBSERVATION, OR INPATIENT REHABILITATION UNIT IN FY19 THAT ARE ATTRIBUTED TO OUR PRIMARY CARE PRACTICES. THESE NUMBERS DO NOT REPRESENT THE CALLS MADE FOR DISCHARGES FROM LVH-S, LVH-P, OR LVH-H; THIS DATA WILL BE AVAILABLE BEGINNING OCTOBER 2019. THIS DEPARTMENT FUNCTIONS 7 DAYS/WEEK COVERING ALL OWNED (LVPG) PRIMARY CARE PRACTICES. CALL COMPLIANCE WITHIN 2 BUSINESS DAYS AVERAGES 93%. THE TRANSITION MODEL TEAM WAS ADDED TO THE CENTRALIZED CALL CENTER TO PROVIDE GAP COVERAGE FOR THOSE DISCHARGED PATIENTS WHO HAVE A PCP OUTSIDE OF LVHN. THIS TEAM OF RN CARE MANAGERS CALLS PATIENTS DISCHARGED WITH HEART FAILURE, SEPSIS, AMI, PNEUMONIA, COPD, AND CABG WITHIN 2 BUSINESS DAYS OF DISCHARGE. CARE MANAGEMENT SERVICES ARE THEN PROVIDED FOR UP TO 30 DAYS POST-DISCHARGE. THE SAME SERVICE IS ALSO PROVIDED FOR ALL HIGH-RISK PEDIATRIC PATIENTS, WHICH INCLUDES THOSE PEDIATRIC PATIENTS ADMITTED FOR DIABETES, ASTHMA, SICKLE CELL ANEMIA, SEIZURE DISORDERS, VPG SHUNTS, SUSPECTED ABUSE/NEGLECT, OR THAT HAVE HAD A NICU OR PICU STAY. IN FY2019, THIS TEAM WAS RESPONSIBLE FOR CALLING AN ADDITIONAL 9,500 PATIENTS POST-DISCHARGE. WITHIN THIS MODEL, THERE IS CLOSE COLLABORATION WITH THE HOSPITAL MEDICINE TEAM IN ORDER TO ENSURE CONTINUITY OF CARE POST-DISCHARGE FOR THESE POPULATIONS. THE NAVIGATION TEAM FORMED IN FY19, CONSISTING OF BOTH RN CARE NAVIGATORS AND PRE-ENGAGEMENT SPECIALISTS. THIS TEAM WAS CREATED IN RESPONSE TO LVHN'S JOURNEY WITH THE CMS BPCI-A PROGRAM. THE NAVIGATORS WORK WITH PATIENTS ADMITTED FOR TOTAL JOINT REPLACEMENT (UPPER AND LOWER), SPINAL SURGERY, COPD, AND CARDIAC DEVICE PLACEMENT. PATIENTS ARE FOLLOWED BY NAVIGATION SERVICES FOR 90 DAYS POST-DISCHARGE. IN THE SURGICAL CASES, ATTEMPTS TO ENGAGE THE PATIENT BEGIN PRIOR TO ADMISSION TO BEGIN DISCHARGE PLANNING ONE WEEK OUT. SINCE THE IMPLEMENTATION OF THIS PROGRAM IN OCTOBER 2019, THE TEAM HAS NAVIGATED 3,806 UNIQUE PATIENTS.</p> |

**990 Schedule O, Supplemental Information**

| Return Reference  | Explanation   |
|---|---|
| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED): | <p>MAGNET STATUS FOR NURSING EXCELLENCE - IN AUGUST 2002, THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) GRANTED MAGNET DESIGNATION TO LVH AND LVH-MUHLENBERG, THE FIRST FULL-SERVICE HOSPITALS IN PENNSYLVANIA TO RECEIVE THE RECOGNITION. DEVELOPED BY THE ANCC IN 1994, THE MAGNET DESIGNATION IS THE AMERICAN NURSES ASSOCIATION'S HIGHEST HONOR FOR EXCELLENCE IN NURSING AND RECOGNIZES BOTH HOSPITALS AS NATIONAL LEADERS IN NURSING EDUCATION, RESEARCH, PATIENT SATISFACTION, EVIDENCED-BASED CARE, IMPROVED PATIENT OUTCOMES, JOB RETENTION AND THE CENTRAL ROLE OF NURSING IN THE ORGANIZATION. MAGNET DESIGNATION IS FOR A PERIOD OF FOUR YEARS, AT WHICH TIME AN ORGANIZATION MUST REAPPLY. THE REAPPLICATION PROCESS IS INTENSE, NECESSITATING THAT HOSPITALS DEMONSTRATE INCREASINGLY HIGHER STANDARDS THAN PREVIOUS APPLICATIONS. IN 2006, 2011, AND 2016, LVH AND LVH-MUHLENBERG WERE RE-DESIGNATED AS MAGNET HOSPITALS, CONTINUING TO DEMONSTRATE THE REQUIRED EVIDENCE OF A PRACTICE ENVIRONMENT IN WHICH PROFESSIONAL NURSES AND INTERDISCIPLINARY COLLEAGUES LEAD THE REFORMATION OF HEALTH CARE AND THE CARE OF THE PATIENT, FAMILY, AND COMMUNITY. IN OCTOBER 2013, THE MAGNET DESIGNATED HOSPITALS WERE HONORED WITH THE PRESTIGIOUS MAGNET PRIZE FOR INNOVATIONS IN TELEHEALTH. THE MAGNET PRIZE RECOGNIZES INNOVATIVE NURSING PROGRAMS AND PRACTICES IN ANCC MAGNET-DESIGNATED ORGANIZATIONS. THE \$25,000 PURSE IS BEING USED TO CONTINUE, ADVANCE, AND DISSEMINATE THE WINNING INNOVATION. DEMONSTRATING OUR COMMITMENT TO NURSING EXCELLENCE AND QUALITY PATIENT CARE, IN 2020, LVH AND LVH-M WILL CONTINUE THE 'JOURNEY TO MAGNET EXCELLENCE' BY PURSUING OUR FIFTH MAGNET RE-DESIGNATION, TO DATE A FEAT ACCOMPLISHED BY LESS THAN 15 NATIONAL AND INTERNATIONAL HEALTHCARE FACILITIES.</p> |

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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 ORGAZINATION'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 AND THE LVHN CORPORATE LEGAL COUNSEL. 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<br>Reference                             | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>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.</p> |

# 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<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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. THEY 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 AMOUNTS 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<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 18 | LEHIGH VALLEY HOSPITAL'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.LVHN.ORG. IT IS ALSO AVAILABLE ON GUIDESTAR (ANOTHER'S WEBSITE) AND UPON REQUEST; PRINTED COPIES ARE HELD BY SENIOR MANAGEMENT AND BY THE MARKETING DEPARTMENT. THE ORGANIZATION'S FORM 990-T IS ONLY AVAILABLE UPON REQUEST. |

# 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 ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART IX,<br>LINE 11G | <p>ACQUISITION FEES: PROGRAM SERVICE EXPENSES 3,517,202. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,517,202. AMBULANCE &amp; MEDEVAC SERVICE FEES: PROGRAM SERVICE EXPENSES 1,341,390. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,341,390. BANK FEES: PROGRAM SERVICE EXPENSES 5,721,473. MANAGEMENT AND GENERAL EXPENSES 369,366. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,090,839. PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 45,432,678. MANAGEMENT AND GENERAL EXPENSES 41,000. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 45,473,678. CONSULTING FEES: PROGRAM SERVICE EXPENSES 4,507,347. MANAGEMENT AND GENERAL EXPENSES 39,226,637. FUNDRAISING EXPENSES 55,368. TOTAL EXPENSES 43,789,352. FREIGHT CHARGES: PROGRAM SERVICE EXPENSES 928,538. MANAGEMENT AND GENERAL EXPENSES 443,652. FUNDRAISING EXPENSES 17,781. TOTAL EXPENSES 1,389,971. INFECTIOUS WASTE DISPOSAL: PROGRAM SERVICE EXPENSES 33,712. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 33,712. INTERPRETER FEES: PROGRAM SERVICE EXPENSES 1,132,839. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,132,839. MAINTENANCE CONTRACTS: PROGRAM SERVICE EXPENSES 8,303,085. MANAGEMENT AND GENERAL EXPENSES 219,562. FUNDRAISING EXPENSES 57,552. TOTAL EXPENSES 8,580,199. MEDICAL ASSISTANCE SVCS: PROGRAM SERVICE EXPENSES -11,590. MANAGEMENT AND GENERAL EXPENSES 2,243,055. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,231,465. OUTSIDE LAB TEST FEES: PROGRAM SERVICE EXPENSES 78,847,257. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 78,847,257. STORAGE FEES: PROGRAM SERVICE EXPENSES 1,020,801. MANAGEMENT AND GENERAL EXPENSES 37,951. FUNDRAISING EXPENSES 241. TOTAL EXPENSES 1,058,993. TEMPORARY LABOR: PROGRAM SERVICE EXPENSES 4,077,128. MANAGEMENT AND GENERAL EXPENSES 297,152. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,374,280. BLOOD PROCESSING FEES: PROGRAM SERVICE EXPENSES 7,109,712. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,109,712.</p> |

# 990 Schedule O, Supplemental Information

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART XI,<br>LINE 9: | UNFUNDED PENSION -72,669,803. TRANSFERS TO AFFILIATES -80,910,557. |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://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

Employer identification number  
23-1689692

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes           | No |
|--|---------------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b> Yes |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b>     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b>     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> Yes |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> Yes |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b>     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b>     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b>     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> Yes |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> Yes |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b> Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b> Yes |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b> Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b>     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b>     | No |

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

| (a)<br>Name of related organization  | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------|----------------------------------|------------------------|--|
| (1) WESTGATE PROFESSIONAL CENTER INC | K                                | 50,275                 | FAIR MARKET VALUE                            |
|                                      |                                  |                        |  |
|                                      |                                  |                        |  |
|                                      |                                  |                        |  |
|                                      |                                  |                        |  |
|                                      |                                  |                        |  |



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

[illegible]

**Part VII**

**Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

Additional Data

Software ID:

Software Version:

EIN: 23-1689692

Name: LEHIGH VALLEY HOSPITAL

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

| (a)<br>Name, address, and EIN of related organization              | (b)<br>Primary activity         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity      | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|---------------------------------|--|----------------------------|---|---------------------------------------|---|----|
|  |                                 |  |                            |   |                                       | Yes   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>23-2349341 | PHYSICIAN PRACTICE ORGANIZATION | PA   | 501(C)(3)                  | LINE 3  | LEHIGH VALLEY PHYSICIAN GROUP         |   | No |
| 700 E BROAD STREET<br>HAZLETON, PA 182016835<br>23-2580968         | STAFFING SERVICES               | PA   | 501(C)(3)                  | LINE 12B, II  | NORTHEASTERN PENNSYLVANIA HEALTH CORP |   | No |
| 700 E BROAD STREET<br>HAZLETON, PA 182016835<br>20-5880364         | PHYSICIAN PRACTICE ORGANIZATION | PA   | 501(C)(3)                  | LINE 3  | LEHIGH VALLEY PHYSICIAN GROUP         |   | No |
| 700 E BROAD STREET<br>HAZLETON, PA 182016835<br>20-2038456         | SURGICAL SERVICES               | PA   | 501(C)(3)                  | LINE 3  | NORTHEASTERN PENNSYLVANIA HEALTH CORP |   | No |
| 1200 S CEDAR CREST BLVD<br>ALLENTOWN, PA 181036202<br>22-2458317   | PARENT COMPANY                  | PA   | 501(C)(3)                  | LINE 12C, III-FI                                    | N/A                                   |   | No |
| 1200 S CEDAR CREST BLVD<br>ALLENTOWN, PA 181036202<br>23-2586770   | REAL ESTATE HOLDING CO.         | PA   | 501(C)(2)                  |   | LEHIGH VALLEY HEALTH NETWORK          |   | No |
| 420 S JACKSON STREET<br>POTTSVILLE, PA 179013625<br>23-1352202     | HEALTH CARE ORGANIZATION        | PA   | 501(C)(3)                  | LINE 3  | LEHIGH VALLEY HEALTH NETWORK          |   | No |
| 1200 S CEDAR CREST BLVD<br>ALLENTOWN, PA 181036202<br>23-2700908   | PHYSICIAN PRACTICE ORGANIZATION | PA   | 501(C)(3)                  | LINE 3  | LEHIGH VALLEY HEALTH NETWORK          |   | No |
| 1200 S CEDAR CREST BLVD<br>ALLENTOWN, PA 181036202<br>23-2245513   | REAL ESTATE RENTALS             | PA   | 501(C)(3)                  | LINE 12C, III-FI                                    | LEHIGH VALLEY HEALTH NETWORK          |   | No |
| 700 E BROAD STREET<br>HAZLETON, PA 182016835<br>23-2421970         | HEALTH CARE ORGANIZATION        | PA   | 501(C)(3)                  | LINE 3  | LEHIGH VALLEY HEALTH NETWORK          |   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>23-2611474 | HEALTH CARE ORGANIZATION        | PA   | 501(C)(3)                  | LINE 3  | POCONO HEALTH SYSTEM                  |   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>23-2516451 | SUPPORT POCONO HEALTH SYSTEM    | PA   | 501(C)(3)                  | LINE 12A, I   | POCONO HEALTH SYSTEM                  |   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>23-2336285 | SUPPORT POCONO MEDICAL CENTER   | PA   | 501(C)(3)                  | LINE 12B, II  | LEHIGH VALLEY HEALTH NETWORK          |   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>20-6560453 | SELF-INSURANCE                  | PA   | 501(C)(3)                  | LINE 12A, I   | POCONO HEALTH SYSTEM                  |   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>23-3014006 | HEALTH CARE ORGANIZATION        | PA   | 501(C)(3)                  | LINE 3  | POCONO HEALTH SYSTEM                  |   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>24-0795623 | HEALTH CARE ORGANIZATION        | PA   | 501(C)(3)                  | LINE 3  | POCONO HEALTH SYSTEM                  |   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>23-2535297 | HEALTH CARE ORGANIZATION        | PA   | 501(C)(3)                  | LINE 10   | POCONO HEALTH SYSTEM                  |   | No |
| 700 E NORWEGIAN STREET<br>POTTSVILLE, PA 179012710<br>23-2866006   | PHYSICIAN PRACTICE ORGANIZATION | PA   | 501(C)(3)                  | LINE 10   | LEHIGH VALLEY PHYSICIAN GROUP         |   | No |
| 420 S JACKSON STREET<br>POTTSVILLE, PA 179013625<br>23-2440891     | HEALTH CARE ORGANIZATION        | PA   | 501(C)(3)                  | LINE 3  | LEHIGH VALLEY HEALTH NETWORK          |   | No |
| 206 E BROWN STREET<br>EAST STROUDSBURG, PA 183013006<br>23-2532377 | AMBULATORY MEDICAL SERVICES     | PA   | 501(C)(3)                  | LINE 10   | POCONO HEALTH SYSTEM                  |   | No |



| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                      |   |   |                                     |  |                                 |                                       |                                |  |    |
|--|---|---|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity   | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |   |   |                                     |  |                                 |                                       |                                | Yes  | No |
| (1)<br>AMERICAN PATIENT TRANSPORT SYSTEMS<br>INC<br>119 EAST HOLLY STREET<br>HAZLETON, PA 182015507<br>23-3022467              | EMS SERVICES  | PA  | N/A                                 | C  |                                 |                                       |                                |  | No |
| (1)<br>HAZLETON SAINT JOSEPH MEDICAL OFFICE<br>BUILDING INC<br>700 E BROAD STREET<br>HAZLETON, PA 182016835<br>23-2500981      | MEDICAL OFFICE<br>RENTAL  | PA  | N/A                                 | C  |                                 |                                       |                                |  | No |
| (2)<br>LEHIGH VALLEY ANESTHESIA SERVICES PC<br>2100 MACK BLVD<br>ALLENTOWN, PA 181035622<br>23-3906125                         | ANESTHESIA SERVICES   | PA  | N/A                                 | C  |                                 |                                       |                                |  | No |
| (3) LEHIGH VALLEY HEALTH SERVICES INC<br>2100 MACK BLVD<br>ALLENTOWN, PA 181035622<br>23-2263665                               | HEALTH CARE RELATED<br>SERVICES   | PA  | N/A                                 | C  |                                 |                                       |                                |  | No |
| (4)<br>LEHIGH VALLEY PHYSICIAN HOSPITAL<br>ORGANIZATION INC<br>2100 MACK BLVD<br>ALLENTOWN, PA 181035622<br>23-2750430         | HEALTH CARE RELATED<br>SERVICES   | PA  | LEHIGH VALLEY<br>HOSPITAL           | C  | 2,485,901                       | 19,972,744                            | 50.000 %                       |  | No |
| (5) POPULYTICS INC<br>2100 MACK BLVD<br>ALLENTOWN, PA 181035622<br>23-2539282  | HEALTH CARE RELATED<br>SERVICES   | PA  | N/A                                 | C  |                                 |                                       |                                |  | No |
| (6)<br>SCHUYLKILL HEALTH SYSTEM DEVELOPMENT<br>CORPORATION<br>700 E NORWEGIAN STREET<br>POTTSVILLE, PA 179012710<br>23-2432417 | PURSUES, IMPLEMENTS<br>& FURTHERS ACTIVITIES<br>& PURPOSES OF HEALTH<br>NETWORK | PA  | N/A                                 | C  |                                 |                                       |                                |  | No |
| (7)<br>SCHUYLKILL MEDICAL PLAZA -<br>CONDOMINIUM ASSOCIATION<br>420 S JACKSON STREET<br>POTTSVILLE, PA 179013625<br>23-2931821 | CONDOMINIUM<br>ASSOCIATION  | PA  | N/A                                 | C  |                                 |                                       |                                |  | No |
| (8) SPECTRUM HEALTH VENTURES INC<br>2100 MACK BLVD<br>ALLENTOWN, PA 181035622<br>23-2391479                                    | HEALTH CARE RELATED<br>SERVICES   | PA  | N/A                                 | C  |                                 |                                       |                                |  | No |
| (9) WESTGATE PROFESSIONAL CENTER INC<br>2100 MACK BLVD<br>ALLENTOWN, PA 181035622<br>23-1657333                                | REAL ESTATE RENTALS   | PA  | LEHIGH VALLEY<br>HOSPITAL           | C  |                                 | 5,162,516                             | 100.000 %                      |  | No |