

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

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

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

C Name of organization
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Doing business as
LEHIGH VALLEY HOSPITAL-HAZLETON

Number and street (or P O box if mail is not delivered to street address) Room/suite
2100 MACK BLVD 4TH FLOOR FINANCE

City or town, state or province, country, and ZIP or foreign postal code
ALLENTOWN, PA 18103

D Employer identification number
23-2421970

E Telephone number
(484) 884-0130

G Gross receipts \$ 157,756,956

F Name and address of principal officer
BRIAN A NESTER
2100 MACK BLVD 4TH FLOOR FINANCE
ALLENTOWN, PA 18103

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: ▶ HTTP //HAZLETON LVHN ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1985

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE 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 CLINICAL 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)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	885
6 Total number of volunteers (estimate if necessary)	6
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	167,559	52,581
9 Program service revenue (Part VIII, line 2g)	123,841,280	118,830,015
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,235,071	2,474,036
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,572,307	2,721,102
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,816,217	124,077,734
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,634	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	60,932,540	49,386,049
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,086,839	68,005,543
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	123,068,013	117,391,592
19 Revenue less expenses Subtract line 18 from line 12	4,748,204	6,686,142

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	168,330,401	176,023,021
21 Total liabilities (Part X, line 26)	59,129,088	53,857,920
22 Net assets or fund balances Subtract line 21 from line 20	109,201,313	122,165,101

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2019-05-14
THOMAS MARCHOZZI EXEC VP & CFO
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: _____

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

WE 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 CLINICAL 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 \$ 92,959,139 including grants of \$) (Revenue \$ 121,861,327)
See Additional Data

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

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

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

4e Total program service expenses ▶ 92,959,139

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (9), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (PA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (THE ORGANIZATION 2100 MACK BLVD 4TH FLOOR FINANCE ALLENTOWN, PA 18103 (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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY CUSATIS VICE CHAIR	1 00 0 25	X						0	0	0
(2) ANTONETTE M FRITZ BOARD MEMBER	0 50 0 25	X						0	0	0
(3) JOHN R FLETCHER PRESIDENT, EX OFFICIO	42 00 18 00	X		X				500,108	0	8,571
(4) LINDA L LAPOS MD BOARD MEMBER	0 50 0 25	X						0	0	0
(5) MANN A SCHOFFNER BOARD MEMBER	0 50 0 25	X						0	0	0
(6) MARK J LOBITZ DO BOARD MEMBER	0 50 0 25	X						0	0	0
(7) MARY CELESTE KOSKO BOARD MEMBER	1 00 0 25	X						0	0	0
(8) MICHAEL J LEIB BOARD MEMBER	0 50 0 25	X						0	0	0
(9) ROBERT THOMAS ASSISTANT TREASURER	3 00 57 00	X		X				0	279,267	21,517
(10) SUSAN C YEE BOARD MEMBER	0 50 2 00	X						0	0	0
(11) THOMAS L KENNEDY ESQ CHAIR	1 00 0 50	X						0	0	0
(12) THOMAS MARCHOZZI TREASURER (AS OF 1/1/2018)	3 00 57 00	X		X				0	0	0
(13) BARBARA A FORTE ASSISTANT SECRETARY	28 00 12 00			X				63,218	0	1,833
(14) JANE DANISH SECRETARY	28 00 12 00			X				107,304	0	24,024
(15) ANTHONY VALENTE VP OF MEDICAL AFFAIRS	30 00				X			257,335	0	34,064
(16) JOHN M SWIM ADMIN HUMAN RESOURCES	40 00				X			220,207	0	26,628
(17) JOHN P AMENTLER PHYSICIAN	40 00				X			231,383	0	6,892

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) PAMELA M LANGDON FORMER EMPLOYEE	40 00					X		392,145	0	14,583	
(19) WILLIAM C BAUER FORMER VP FINANCE	32 00					X		300,074	0	35,248	
(20) EDWARD F O'DEA FORMER TREASURER	3 00 57 00						X	0	1,005,610	36,088	
(21) JAMES ROTHERHAM FORMER ASSISTANT TREASURER	3 00 57 00						X	0	317,933	25,898	
1b Sub-Total ▶											
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c) ▶								2,071,774	1,602,810		235,346

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 ▶ 39

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 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) Name and business address	(B) Description of services	(C) Compensation
HAZLETON ANESTHESIA SERVICES 10 COMMERCE DR NEW ROCHELLE, NY 10801	ANESTHESIA SERVICES	2,076,514
GE HEALTHCARE PO BOX 96483 CHICAGO, IL 60694	CONTRACT MAINTENANCE SERVICES	900,257
PHILIPS HEALTHCARE 22100 BOTHELL EVERETT HWY BOTHELL, WA 980218431	BIOMEDICAL EQUIP MAINTENANCE SERV	602,545
HOLOGIC INC 24506 NETWORK PLACE CHICAGO, IL 606731245	CONTRACT MAINTENANCE SERVICES	501,327
VADIM LOSHAKOV MD 1730 E BROAD ST HAZLETON, PA 18201	PHYSICIAN SERVICES	450,852

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 ▶ 22

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	52,581				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		52,581				
Program Service Revenue			Business Code				
	2a OUTPATIENT REVENUE		621990	72,848,365	72,848,365		
	b INPATIENT REVENUE		621990	45,981,650	45,981,650		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		118,830,015					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,114,066		2,114,066	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			272,544				
		b Less rental expenses	66,429				
		c Rental income or (loss)	206,115				
	d Net rental income or (loss)			206,115	206,115		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			33,607,808	364,955			
		b Less cost or other basis and sales expenses	33,272,212	340,581			
		c Gain or (loss)	335,596	24,374			
	d Net gain or (loss)			359,970	359,970		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	49,760				
		b Less direct expenses	b	0			
c Net income or (loss) from fundraising events				49,760		49,760	
9a Gross income from gaming activities 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 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 OTHER OPERATING REVENUE		621990	1,556,798	1,556,798			
b CAFETERIA & GIFT SHOP REVENUE		900099	470,494	470,494			
c EQUITY IN AFFILIATES		900003	437,800	437,800			
d All other revenue			135	135			
e Total. Add lines 11a-11d			2,465,227				
12 Total revenue. See Instructions			124,077,734	121,861,327	0	2,163,826	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	35,248,922	31,117,842	4,131,080	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	617,585	573,126	44,459	
9 Other employee benefits.	10,941,023	10,039,595	901,428	
10 Payroll taxes.	2,578,519	2,355,409	223,110	
11 Fees for services (non-employees):				
a Management.				
b Legal.	20,369	20,369		
c Accounting.	5,000		5,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	28,962,587	17,693,591	11,268,996	
12 Advertising and promotion.	394,187	85,734	308,453	
13 Office expenses.	496,057	429,158	66,899	
14 Information technology.	1,104,823	273,157	831,666	
15 Royalties.				
16 Occupancy.	5,623,236	5,461,947	161,289	
17 Travel.	184,064	153,453	30,611	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	15,288	14,079	1,209	
20 Interest.	786,889		786,889	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,743,443	2,756,769	1,986,674	
23 Insurance.	1,495,542	16,257	1,479,285	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	12,968,392	13,090,108	-121,716	
b BAD DEBT EXPENSE	7,128,430	7,128,430		
c				
d				
e All other expenses	4,077,236	1,750,115	2,327,121	
25 Total functional expenses. Add lines 1 through 24e.	117,391,592	92,959,139	24,432,453	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,786	1	2,486
	2 Savings and temporary cash investments	2,187,893	2	3,150,137
	3 Pledges and grants receivable, net	7,634	3	38,656
	4 Accounts receivable, net	10,385,271	4	16,650,666
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	500,000	7	500,000
	8 Inventories for sale or use	1,835,117	8	1,571,583
	9 Prepaid expenses and deferred charges	1,119,358	9	693,659
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	57,263,834		
	b Less accumulated depreciation	20,810,357		
	11 Investments—publicly traded securities	111,013,934	11	114,877,056
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,178,465	15	2,085,301
16 Total assets. Add lines 1 through 15 (must equal line 34)	168,330,401	16	176,023,021	
Liabilities	17 Accounts payable and accrued expenses	11,838,856	17	19,491,619
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	22,265,000	23	20,410,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25,025,232	25	13,956,301
	26 Total liabilities. Add lines 17 through 25	59,129,088	26	53,857,920
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	108,438,781	27	121,380,489
	28 Temporarily restricted net assets	127,593	28	135,757
	29 Permanently restricted net assets	634,939	29	648,855
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	109,201,313	33	122,165,101
	34 Total liabilities and net assets/fund balances	168,330,401	34	176,023,021

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	124,077,734
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,391,592
3	Revenue less expenses Subtract line 2 from line 1	3	6,686,142
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,201,313
5	Net unrealized gains (losses) on investments	5	3,927,717
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,349,929
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,165,101

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-2421970

Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

Form 990 (2017)

Form 990, Part III, Line 4a:

LEHIGH VALLEY HOSPITAL-HAZLETON (LVH-H) PROVIDES HOSPITAL INPATIENT, OUTPATIENT, REHABILITATION CARE, MATERNITY CARE AND EMERGENCY ROOM SERVICES TO THE RESIDENTS OF GREATER HAZLETON REGARDLESS OF RACE, RELIGION OR ECONOMIC STATUS THE HOSPITAL PROVIDES A FULL RANGE OF MEDICAL CARE TO INPATIENTS AND OUTPATIENTS, INCLUDING THERAPEUTIC, DIAGNOSTIC, TELEHEALTH, IMAGING AND REHABILITATION SERVICES SOME OF THE INITIATIVES THAT SUPPORT THE MISSION OF LVH-H ARE AS FOLLOWS CONTINUED TO PURSUE OPPORTUNITIES TO PROVIDE AND/OR ENHANCE QUALITY SERVICES FOR THE COMMUNITY WE SERVE CONTINUED EXTENSIVE RESEARCH TO DETERMINE THE FEASIBILITY OF BUILDING A NEW ACUTE-CARE HOSPITAL THE CONCLUSION WAS REACHED NOT TO BUILD A NEW REPLACEMENT HOSPITAL, BUT TO RENOVATE AND MODERNIZE THE EXISTING HOSPITAL AND TO PURSUE AN AMBULATORY STRATEGY OF EXPANDING OUTPATIENT SERVICES IN A CENTRALIZED CAMPUS SETTING CONTINUED DEVELOPMENT AND IMPLEMENTATION OF THE EMR SYSTEM TO MEET MEANINGFUL USE REQUIREMENTS CONTINUED TO FULFILL COMMITMENT TO A THREE-YEAR FINANCIAL PLEDGE TO SUPPORT A COMMUNITY-BASED ORGANIZATION'S DEVELOPMENT OF A FREE CLINIC FOR THE UNINSURED CONTINUED IMPLEMENTATION OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT PLAN BASED ON COMMUNITY NEEDS CONTINUED IMPLEMENTATION OF OUR STRATEGIC PLAN TO REDUCE OUTMIGRATION, BY SUCCESSFULLY RECRUITING PRIMARY AND SPECIALTY CARE PHYSICIANS TO MEET THE NEEDS OF OUR COMMUNITY DEVELOPED A MEDICAL STAFF DEVELOPMENT PLAN TO SUPPORT AND FURTHER THE MISSION OF THE HOSPITAL BECAME DESIGNATED AS LEVEL IV TRAUMA WITH THREE-YEAR CERTIFICATION DEVELOPED A MUSCULOSKELETAL SERVICE LINE TO PROVIDE PATIENTS WITH MEDICALLY APPROPRIATE CONTINUUM OF CARE DEVELOPED AN INTERVENTIONAL RADIOLOGY PROGRAM A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED IN 2016 BASED ON THE RESULTS OF THIS ASSESSMENT, WE BEGAN THE PROCESS OF DEVELOPING A PLAN/IMPLEMENTATION FOR THE NEXT THREE YEARS CONTINUED TO INCREASE MEMBERSHIP IN THE COMMUNITY AMBASSADOR BOARD OF ASSOCIATES PROGRAM WHICH IS MADE UP OF BUSINESS AND CIVIC LEADERS, FORMER PATIENTS, FORMER EMPLOYEES AND OTHERS THE PURPOSE OF THE BOARD IS FOR THE HOSPITAL TO PROVIDE INFORMATION ON HEALTH RELATED MATTERS TO THE GROUP AND THE GROUP IN TURN PROVIDES FEEDBACK FROM THE COMMUNITY TO THE HOSPITAL-ALL IN AN EFFORT TO ENHANCE CARE AND PATIENT SATISFACTION CONTINUED TO INCREASE THE PURCHASE OF AND USE OF LANGUAGE INTERPRETATION VIDEO IPADS TO MORE EASILY COMMUNICATE WITH PATIENTS WITH LIMITED ENGLISH PROFICIENCY DEVELOPED A TELE-NEUROLOGY AND TELE-ICU PROGRAM COMPLETED MEDICAL STAFF INTEGRATION WHEREBY THE LVH-HAZLETON MEDICAL STAFF BECAME PART OF THE LVHN MEDICAL STAFF DEVELOPED A CONCUSSION MANAGEMENT PROGRAM TO IDENTIFY AND TREAT CONCUSSIONS MADE OUTPATIENT PET/CT SERVICES AVAILABLE IN THE AREA THROUGH A MOBILE CONTRACTOR REESTABLISHED A BARIATRIC WEIGHT LOSS MANAGEMENT SURGICAL PROGRAM DEVELOPED A LUNG CANCER SCREENING PROGRAM FOR HIGH RISK PATIENTS DEVELOPED A REHAB PROGRAM SPECIFIC TO PARKINSON'S DISEASE OFFERED ON AN OUTPATIENT BASIS A PARKINSON'S DISEASE SUPPORT GROUP WAS ALSO DEVELOPED DEVELOPED AN OPIOID MANAGEMENT EDUCATION PROGRAM FOR PHYSICIANS AND ADVANCED HEALTH CARE PROVIDERS ENTITLED "PAIN TOOLKIT BEST PRACTICES FOR OPIOID MANAGEMENT "DEVELOPED A SECOND NUCLEAR MEDICINE IMAGING ROOM AT THE HOSPITAL'S OUTPATIENT FACILITY TO MEET PATIENT DEMANDS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number

23-2421970

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-2421970

Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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2017
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization NORTHEASTERN PENNSYLVANIA HEALTH CORP	Employer identification number 23-2421970
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		
j Total. Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LEHIGH VALLEY HOSPITAL - HAZLETON IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP). A PERCENTAGE OF THE DUES PAID TO THESE ORGANIZATIONS GOES TOWARDS LOBBYING EFFORTS. THEIR MISSION IS TO ADVANCE THE HEALTH OF INDIVIDUALS AND COMMUNITIES TO LEAD, REPRESENT, AND SERVE HEALTH CARE PROVIDER ORGANIZATIONS THAT ARE ACCOUNTABLE TO THE COMMUNITY AND COMMITTED TO HEALTH IMPROVEMENT. THE MEMBERSHIP DUES FOR AHA AND HAP ARE PAID BY LEHIGH VALLEY HOSPITAL, INC. THEREFORE, THE LOBBYING PORTION OF THE DUES ARE REFLECTED ON THE LEHIGH VALLEY HOSPITAL, INC. FORM 990, SCHEDULE C.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number
23-2421970

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,410,000		8,410,000
b Buildings		27,984,009	7,953,424	20,030,585
c Leasehold improvements				
d Equipment		19,977,256	12,856,933	7,120,323
e Other		892,569		892,569
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				36,453,477

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PENSION LIABILITIES	7,207,668
INSURANCE LIABILITY	2,168,700
INTERCOMPANY PAYABLE	4,579,933
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-2421970

Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

Supplemental Information

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

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

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
 NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number
 23-2421970

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

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)			166,285		166,285	0 150 %
b Medicaid (from Worksheet 3, column a)			26,322,034	15,499,714	10,822,320	9 810 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			26,488,319	15,499,714	10,988,605	9 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			859,203		859,203	0 780 %
f Health professions education (from Worksheet 5)			83,565		83,565	0 080 %
g Subsidized health services (from Worksheet 6)			2,869,432		2,869,432	2 600 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			69,200		69,200	0 060 %
j Total. Other Benefits			3,881,400		3,881,400	3 520 %
k Total. Add lines 7d and 7j			30,369,719	15,499,714	14,870,005	13 480 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			24,314		24,314	0.020 %
6 Coalition building			32,694		32,694	0.030 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			57,008		57,008	0.050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 1,578,558	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 717,928	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5 39,178,247
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 39,536,224
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -357,977
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BELTWAY HEALTH LP	MEDICAL OFFICE SPACE RENTAL	43.780 %	0 %	0 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

See Additional Data Table	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

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)
 NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW LVHN ORG/ABOUT_US</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW LVHN ORG/ABOUT_US</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP //HAZLETON LVHN ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>HTTP //HAZLETON LVHN ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>HTTP //HAZLETON LVHN ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

NORTHEASTERN PENNSYLVANIA HEALTH CORPORA

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	LEHIGH VALLEY HOSPITAL-HAZLETON ALSO USES AN ASSET TEST TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE THE ONLY ASSETS THAT ARE USED FOR THIS TEST ARE CASH BALANCES IN BANK ACCOUNTS
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT IS ISSUED BY LEHIGH VALLEY HEALTH NETWORK - EIN 22-2458317, THE PARENT COMPANY OF LEHIGH VALLEY HOSPITAL-HAZLETON

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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
PART I, LINE 7G	THE SUBSIDIZED HEALTH SERVICES AMOUNT OF \$2,869,432 IS THE DIFFERENCE BETWEEN PAYMENTS AND COSTS FOR ANESTHESIA SERVICES, TELEMEDICINE, AND HOSPITALIST SERVICES THESE SERVICE EXPENSES ARE NOT INCLUDED IN THE MEDICAL ASSISTANCE SHORTFALL OR UNCOMPENSATED CARE VALUES REPORTED ABOVE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 \$ 7,128,430
PART II, COMMUNITY BUILDING ACTIVITIES	OUR COMMUNITY BUILDING ACTIVITIES INCLUDE THE FOLLOWING COMMUNITY SUPPORT INCLUDES PATIENT ADVOCATES, INTERPRETATION SERVICES AND PATIENT SATISFACTION SURVEYS COALITION BUILDING INCLUDES ACTIVITIES RELATED TO COMMUNITY BOARDS SUCH AS UNITED WAY AND THE YMCA COMMUNITY HEALTH IMPROVEMENT ADVOCACY INCLUDES EMPLOYEE TIME VOLUNTEERING FOR THE FREE CLINIC WORKFORCE DEVELOPMENT INCLUDES RECRUITMENT COSTS, JOB SHADOWING AND STUDENT CLINICAL ADVISORS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	AMOUNTS REPORTED AS BAD DEBT EXPENSE ARE REPORTED NET OF APPLICABLE PATIENT PAYMENTS, INSURANCE PAYMENTS AND CONTRACTUAL ALLOWANCES AS WELL AS OTHER HOSPITAL DISCOUNTS FOR WHICH THE PATIENT IS DEEMED ELIGIBLE THE RATIO OF COSTS-TO-CHARGES (RCC) IS APPLIED TO THE NET AMOUNT TO DETERMINE THE BAD DEBT EXPENSE
PART III, LINE 3	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, 2018 AND 2017, WAS \$5,275,000 AND \$5,092,000 RESPECTIVELY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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
PART III, LINE 8	THE MEDICARE PROGRAM COSTS REPORTED IN THE ANNUAL LVHN COMMUNITY BENEFIT REPORT INCLUDE \$10,333,873 IN COSTS THAT ARE CONSIDERED DISALLOWED COSTS ON THE MEDICARE COST REPORT THESE DISALLOWED COSTS ARE PRIMARILY FOR LVPG-H PRACTICE SUBSIDIES, PHYSICIAN COSTS AND OTHER COSTS DISALLOWED BY THE MEDICARE PROGRAM FOR COST REPORTING PURPOSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	FINANCIAL COUNSELING STAFF ASSISTS PATIENTS IN APPLYING FOR MEDICAID, CHIP, AS WELL AS FINANCIAL ASSISTANCE UNDER OUR FINANCIAL ASSISTANCE POLICY ACCOUNTS THAT DO NOT MEET THE ELIGIBILITY REQUIREMENTS WILL BE FOLLOWED UP IN-HOUSE OR 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
PART VI, LINE 2	THE OBJECTIVE OF THIS ASSESSMENT IS TO ANALYZE TRADITIONAL HEALTH-RELATED INDICATORS, AS WELL AS SOCIAL, DEMOGRAPHIC, ECONOMIC, AND ENVIRONMENTAL FACTORS THIS PROJECT WAS DEVELOPED AND IMPLEMENTED TO MEET THE INDIVIDUAL PROJECT GOALS AS DEFINED BY THE PROJECT OVERSIGHT COMMITTEE, WHICH INCLUDED (1) ASSURING THAT COMMUNITY MEMBERS, INCLUDING UNDER-REPRESENTED RESIDENTS AND THOSE WITH BROAD-BASED RACIAL, ETHNIC, CULTURAL AND LINGUISTIC BACKGROUNDS ARE INCLUDED IN THE NEEDS ASSESSMENT PROCESS IN ADDITION, PERSONS WITH SPECIAL KNOWLEDGE OF, OR EXPERTISE IN PUBLIC HEALTH, FEDERAL, TRIBAL, REGIONAL, STATE OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES, WITH CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, AND LEADERS, REPRESENTATIVES OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WITH CHRONIC DISEASE NEEDS, IN THE COMMUNITY SERVED BY THE HOSPITAL FACILITY ARE INCLUDED IN THE NEEDS ASSESSMENT PROCESS THROUGH DATA COLLECTION AND KEY STAKEHOLDER INTERVIEWS (2) OBTAINING STATISTICALLY VALID INFORMATION ON THE HEALTH STATUS AND SOCIO-ECONOMIC AND ENVIRONMENTAL FACTORS RELATED TO THE HEALTH OF RESIDENTS IN THE COMMUNITY AND SUPPLEMENTING THE GENERAL POPULATION SURVEY DATA THAT IS CURRENTLY AVAILABLE (3) DEVELOPING ACCURATE COMPARISONS TO BASELINE HEALTH MEASURES UTILIZING THE MOST CURRENT VALIDATED DATA (4) DEVELOPING A CHNA DOCUMENT AS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) THE CURRENT THREE-YEAR ASSESSMENT COMPLETED IN 2013, ESTABLISHED THE FOLLOWING PRIORITIES (1) IMPROVING ACCESS TO AFFORDABLE HEALTHCARE (2) HEALTH EDUCATION AND COMMUNICATION (3) BEHAVIORS THAT IMPACT HEALTH VISIT WWW.LVHN.ORG/ABOUT_US TO VIEW THE SIGNIFICANT NEEDS IDENTIFIED IN OUR MOST RECENTLY CONDUCTED CHNA AND HOW WE ARE ADDRESSING THOSE NEEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 PATIENT FINANCIAL ASSISTANCE PROGRAM APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVH-H SERVICES. THE FINANCIAL COUNSELORS HELP PATIENTS COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE. LVH-H 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 LVH-H. PATIENTS WITH A FAMILY INCOME BELOW 400% OF THE FEDERAL POVERTY GUIDELINES WILL HAVE A PORTION OF THEIR BALANCE FORGIVEN FOR QUALIFYING SERVICES AT LVH-H. PATIENTS OFTEN EXPRESS FINANCIAL CONCERN OR NEED BY CONTACTING LVH-H PATIENT FINANCIAL COUNSELING DEPARTMENT. THE COUNSELOR EXPLAINS THE AVAILABLE PROGRAMS, SUCH AS PENNSYLVANIA MEDICAL ASSISTANCE, CHIP, THE FEDERAL INSURANCE EXCHANGE AND PATIENT FINANCIAL ASSISTANCE. PATIENTS WILL BE REFERRED TO THE FINANCIAL COUNSELORS WHO WORK WITH UNINSURED AND UNDER-INSURED PATIENTS TO APPLY FOR PENNSYLVANIA MEDICAL ASSISTANCE. THE FINANCIAL COUNSELORS ARE LOCATED ONSITE. THE FINANCIAL COUNSELORS VISIT INPATIENTS IN THEIR ROOMS AND OUTPATIENTS IN THE EMERGENCY DEPARTMENT (ED). INFORMATION REGARDING FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS VIA SIGNAGE IN THE REGISTRATION AREAS AS WELL AS THE ED WAITING ROOM. ALSO, WHEN THE FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING A MEDICAL ASSISTANCE UNINSURED AND UNDER-INSURED APPLICATION, THEY ALSO INFORM THE PATIENT ABOUT THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM. IN ADDITION, LVH-H ADVERTISES OUR FINANCIAL ASSISTANCE PROGRAM ON OUR PUBLIC WEBSITE, AS WELL AS ON ALL BILLING STATEMENTS SENT TO OUT PATIENTS.</p>
PART VI, LINE 4	<p>NORTHEASTERN PENNSYLVANIA HEALTH CORP, D/B/A LEHIGH VALLEY HOSPITAL-HAZLETON (LVH-H) IS A PENNSYLVANIA NOT-FOR-PROFIT 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-H CONSISTS OF LUZERNE, SCHUYLKILL AND CARBON COUNTIES. DURING THE FISCAL YEAR 2018, 97.6% AND 0.9% OF THE DISCHARGES FROM LVH-H WERE RESIDENTS OF THE PRIMARY SERVICE AND SECONDARY SERVICE AREA, RESPECTIVELY. DURING THE FISCAL YEAR 2018, 1.4% OF THE DISCHARGES FROM LVH-H WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY AREAS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	LEHIGH VALLEY HOSPITAL-HAZLETON QUALIFIES AS AN INSTITUTE 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-H IS REQUIRED TO REAPPLY FOR THIS CHARITABLE STATUS EVERY FIVE YEARS AND CURRENTLY QUALIFIES THROUGH JULY 31, 2023

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 23-2421970**Name:** NORTHEASTERN PENNSYLVANIA HEALTH CORP**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	NORTHEASTERN PENNSYLVANIA HEALTH CORP 700 E BROAD ST HAZLETON, PA 18201 HTTP //HAZLETON LVHN ORG 083701	X	X					X			

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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	PART V, SECTION B, LINE 5 THE MISSION OF THE LEHIGH VALLEY HOSPITAL-HAZLETON (LVH-H) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS TO UNDERSTAND AND PLAN FOR THE CURRENT AND FUTURE HEALTH NEEDS OF THE RESIDENTS OF ITS COMMUNITY THE GOAL OF THE PROCESS IS TO IDENTIFY THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY LVH-H, WHILE DEVELOPING A DEEPER UNDERSTANDING OF COMMUNITY NEEDS AND IDENTIFYING COMMUNITY HEALTH PRIORITIES IMPORTANT TO THE SUCCESS OF THE COMMUNITY NEEDS ASSESSMENT PROCESS IS MEANINGFUL ENGAGEMENT AND INPUT FROM A BROAD CROSS-SECTION OF COMMUNITY BASED ORGANIZATIONS, WHO WERE PARTNERS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT REPRESENTATIVES OF THE COMMUNITY INCLUDED MEMBERS INVOLVED IN THE HAZLETON INTEGRATION PROJECT, PENN STATE UNIVERSITY, CITY OF HAZLETON POLICE DEPARTMENT, RESIDENTS OF THE LOCAL AREA, AS WELL AS REPRESENTATIVES FROM LVH-HAZLETON AND LVH-ALLENTOWN

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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	PART V, SECTION B, LINE 6A IN ACCORDANCE WITH THE ONGOING MISSION OF LEHIGH VALLEY HOSPITAL - HAZLETON TO UNDERSTAND AND PLAN FOR THE CURRENT AND FUTURE HEALTH NEEDS OF THE RESIDENTS OF ITS COMMUNITY, AND WITH THE REGULATIONS IN THE IRS FORM 990 H DESCRIBING THE CHNA PROCESS, LVHN ENGAGED 35TH ST CONSULTING TO CONDUCT A NEW COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR IMPLEMENTATION IN FY17, FY18 AND FY19 LEHIGH VALLEY HEALTH NETWORK STROVE TO INCLUDE LVH-HAZLETON IN ITS SYSTEM-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN LINE WITH ITS EMPHASIS ON COLLABORATION, LVHN HOSPITALS IN LEHIGH AND NORTHAMPTON COUNTIES WORKED TOGETHER WITH OTHER HEALTH PARTNERS IN THE LEHIGH VALLEY THROUGH THE HEALTH CARE COUNCIL OF THE LEHIGH VALLEY (HCC) TO CREATE A BROAD COMMUNITY HEALTH NEEDS ASSESSMENT HEALTH PROFILE FOR ALL FIVE NON-PROFIT HEALTH SYSTEMS AND THE TWO HEALTH BUREAUS IN LEHIGH AND NORTHAMPTON COUNTIES IN RECOGNIZING BOTH THE VALUE OF COLLABORATION AND THE REALITY OF REGIONAL DIFFERENCES, LVHN ENGAGED THE HCC PROJECT MANAGER TO CONDUCT THE SAME CHNA RESEARCH PROCESS AND TOOLS USED IN THE LEHIGH VALLEY TO CRAFT A CHNA HEALTH PROFILE FOR LVH-HAZLETON

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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	PART V, SECTION B, LINE 6B REPRESENTATIVES OF THE COMMUNITY INCLUDED MEMBERS INVOLVED IN THE HAZLETON INTEGRATION PROJECT, PENN STATE UNIVERSITY, CITY OF HAZLETON POLICE DEPARTMENT, RESIDENTS OF THE LOCAL AREA, AS WELL AS REPRESENTATIVES FROM LVH-HAZLETON AND LVH-ALLENTOWN

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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	<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 - MAINTAIN STAKEHOLDER LISTINGS AND AREAS OF COMMON INTEREST LVH-H STAFF PARTICIPATES IN THE COMMUNITY THAT CARES (CTC) COLLABORATIVE GROUP IN HAZLETON IN THE CTC MODEL, CROSS-SECTOR REPRESENTATIVES USE THE PENNSYLVANIA YOUTH SURVEY TO INFORM A PLAN TO ADDRESS THE BIGGEST CONCERNS THAT YOUTH EXPRESS ON THE SURVEY 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 UNITED WAY DOES SUPPORT A 211 SYSTEM IN HAZLETON TO COLLATE AN UP-TO-DATE LISTING OF COMMUNITY RESOURCES ALTHOUGH LVH-H PARTNERS WITH THE UW IN MANY AREAS, A COLLABORATION AROUND 211 HAS NOT YET BEEN ESTABLISHED 2 1 PROMOTE LVHN COMMUNITY EXCHANGE (CE) TIME BANKING PROGRAM TO INCREASE SOCIAL CONNECTIONS, NEIGHBORS HELPING NEIGHBORS THE COMMUNITY EXCHANGE PROGRAM WAS DISCONTINUED IN THE SPRING OF 2017, DUE TO A LOSS OF FUNDING THEREFORE, WE WERE NOT ABLE TO GROW THE PROGRAM TO THE LUZERNE COUNTY AREA 6 2 IMPLEMENT PARENTING CLASSES WITHIN ACHIP AND IN COLLABORATION WITH OTHER LOCAL AGENCIES, PILOT STRATEGIES TO INCREASE ENGAGEMENT EXPANSION OF THE ACHIP PARENTING CLASSES TO THE HAZLETON AREA HAS NOT YET BEEN POSSIBLE BUT OPPORTUNITIES FOR THIS WILL CONTINUE TO BE MONITORED AT-RISK POPULATIONS2 1 PUBLIC HEALTH INFORMATIONAL CAMPAIGN TO PROMOTE IMPORTANCE OF EARLY IDENTIFICATION OF DEPRESSION AND CONNECTING TO TREATMENT FOR BEHAVIORAL HEALTH ISSUES, EMPLOYEE ASSISTANCE PROGRAMS "TELL YOUR STORY CAMPAIGN "LVH-H HAS INITIATED A COLLABORATION WITH A PSYCHOLOGY PROFESSOR AT BUCKNELL UNIVERSITY WHO IS PLANNING TO DO FOCUS GROUPS IN THE COMMUNITY TO BETTER UNDERSTAND NEEDS IN THE COMMUNITY AROUND MENTAL HEALTH AND THEN DEVELOP COMMUNITY TRAININGS TO INCREASE CAPACITY OF COMMUNITY TO ADDRESS MENTAL HEALTH CONCERNS ACCESS TO CARE1 1 MAINTAIN AND BROADLY COMMUNICATE LEHIGH VALLEY HEALTH NETWORK'S FINANCIAL ASSISTANCE POLICY, PROVIDING FREE OR DISCOUNTED CARE FOR QUALIFYING PATIENTS FINANCIAL ASSISTANCE SERVICES BEGAN AT LVH-HAZLETON ON APRIL 1, 2017 IN FY18, 1,074 APPLICATIONS WERE APPROVED 64 WERE DENIED, AND 163 ARE PENDING 2 1 EXPANSION OF PRIMARY CARE SERVICES FOR VULNERABLE POPULATIONS IN FY17, TWO ADDITIONAL PROVIDERS WERE ADDED TO PEDIATRICS AND EXPRESS CARE BETWEEN JULY AND DECEMBER OF 2016, INCREASING THE NUMBER OF PROVIDERS FROM 9 TO 11 AN ADDITIONAL PROVIDER WAS ADDED IN MARCH OF 2017 A CONVERSATION WAS HELD IN FEBRUARY OF 2017 ABOUT EXPRESS CARE EXPANSION AND STAFFING THE SITE THE NUMBER OF PATIENTS SEEN PER MONTH RANGED BETWEEN 1,589 AND 2,829 IN FY 17 AND 72 ADDITIONAL HOURS OF CARE WERE PROVIDED 3 APC'S AND 2 PHYSICIANS WERE BROUGHT ON IN FY18 IN MAY 2017, EXPRESSCARE HOURS WERE EXPANDED BY 24 HOURS PER MONTH THOSE EXTENDED</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
<p>NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION</p>	<p>HOURS CONTINUED THROUGH THE END OF FY18 2 2 RECRUITMENT OF PRIMARY CARE CLINICIANS TO SUPPORT TIMELY ACCESS TO CARE A GROWTH GRID WAS COMPLETED IN FEBRUARY 2017 AND ACTIVE RECRUITMENT FOR APCS WAS APPROVED FOUR PRIMARY CARE CANDIDATES, FOR OB-GYN AND FAMILY MEDICINE, WERE INTERVIEWED BETWEEN FEBRUARY AND MAY OF 2017 NUMBER OF NEW PATIENTS SEEN PER MONTH RANGED BETWEEN 577 AND 714 IN FY 17 TRACKING OF THIS INFORMATION BECAME DIFFICULT DURING FY 18, BUT THERE IS A PLAN IN PLACE TO MAKE THIS INFORMATION AVAILABLE IN EPIC IN FEBRUARY 20 19 2 3 IMPROVEMENT IN TIMELY ACCESS TO PRIMARY CARE CLINICIAN SERVICES IN FY18, GOALS FOR TIMELY ACCESS AND LAG TIME WERE ESTABLISHED THIS INCLUDES HAVING PATIENTS SEEN WITHIN 7 DAYS FOR PRIMARY CARE AND 14 DAYS FOR SPECIALTY CARE ADDITIONALLY, IF APPOINTMENT IS NOT GIVEN WITHIN 7 OR 14 DAY TIMEFRAME, APPROPRIATE MANAGER WILL BE NOTIFIED BY EMAIL TO FACILITATE THE APPOINTMENT SCHEDULING THE NUMBER OF NOTICES WILL BE TRACKED AND DISCUSSED AT WEEKLY OPERATIONS MANAGERS MEETINGS 4 1 IMPROVE OUTPATIENT ACCESS FOR NEW PATIENTS SEEING A CARDIOLOGIST THE HAZLETON TEAM INTERVIEWED 1 CARDIOLOGIST BETWEEN JULY AND DECEMBER 2016, BUT NONE WERE SIGNED AN RN WAS HIRED TO TRIAGE PATIENTS AND BE A NAVIGATOR NEW PATIENTS RANGED BETWEEN 25 AND 98 WITH A DECREASING TREND OVER THE COURSE OF FY 17 BETWEEN AUGUST AND OCTOBER 2017, ONE CARDIOLOGIST AND 3 CRNP'S WERE INTERVIEWED ONE NURSE RESIGNED IN NOVEMBER 2017, A 75 FTE RN COORDINATOR FOR CHF PATIENTS WAS SIGNED A CRNP WAS HIRED IN FEBRUARY 2018 FOR INPATIENT AND 1 RADIOLOGY CANDIDATE WAS INTERVIEWED IN MARCH 2018, THE RADIOLOGY CANDIDATE WAS MADE AN OFFER 4 2 IMPROVE ACCESS TO DIABETES CARE AND EDUCATION BY ADDING ADDITIONAL DIABETES CARE CLINICIAN, NURSE EDUCATOR AND NUTRITIONIST TO CARE TEAM THE NEW ENDOCRINOLOGIST BEGAN IN MAY 2017 AND SEES PATIENTS ONCE PER WEEK THERE WAS A TOTAL OF 31 NEW PATIENTS DIAGNOSED WITH DIABETES IN THE FIRST TWO MONTHS OF THE CLINIC OVER THE COURSE OF FY18, 147 DIABETES PATIENTS WERE SEEN 4 3 IMPROVE OUTPATIENT ACCESS FOR NEW PATIENTS WITH PERIPHERAL VASCULAR DISEASE RADIOLOGIST WITHIN THE LEHIGH VALLEY BEGAN DOING OUTREACH IN HAZLETON FOR INTERVENTIONAL CARDIOVASCULAR CASES IN DECEMBER 2016 BETWEEN DECEMBER 2016 AND JUNE OF 2017, 36 NEW PATIENTS WERE SEEN, AND A TOTAL OF 6 PROCEDURES WERE DONE PROCEDURES INCLUDE CAROTID STENTING, ELECTIVE ANGIOGRAM, PERIPHERAL ANGIOGRAM/STENTING, AND ABLATION IN FY18, 31 NEW PATIENTS WERE SEEN AND 9 PROCEDURES WERE COMPLETED 5 1 PROVIDE COMMUNITY-BASED EDUCATION BY HOSTING COMMUNITY EVENTS SUCH AS HEALTH FAIRS, CPR CLASSES AND HEALTH SCREENINGS TO ASSESS CV RISK FACTORS IN FY18, 10 EVENTS WERE HELD INCLUDING HEALTH SCREENINGS, CPR DEMONSTRATIONS, AND HEART ATTACK EDUCATION FOR 540 COMBINED PATIENTS 6 1 IMPROVE OUTPATIENT ACCESS FOR NEW PATIENTS SEEING A CANCER CARE SPECIALIST 308 NEW PATIENTS SAW A CANCER CARE SPECIALIST IN FY18 ALL PATIENTS WERE SEEN WITHIN THE 5 DAY TARGET WINDOW 6 2 IMPROVE ACC</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
<p>NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION</p>	<p>ESS TO CLINICAL TRIALS FOR PATIENTS WITH CANCER WHO LIVE IN LUZERNE COUNTY STEPS ARE UNDER WAY TO BE ABLE TO BEGIN CANCER TRIALS IN LUZERNE COUNTY STAFF COMPLETED CITI TRAINING MOD ULES IN FEBRUARY 2017, AND CLINICAL TRIAL COORDINATOR WAS HIRED AND TRAINED LOCALLY IN FEB RUARY 2017 IN MAY 2017, CLINICAL TRIALS NURSE COMPLETED ALL CIGNA MODULES AND STARTED TRA INING IN ALLENTOWN TENTATIVE START DATE FOR TRIALS IN HAZLETON IS JULY 2017 IN FY 18, DE LAYS OCCURRED RELATING TO EQUIPMENT IN JANUARY 2018, THE FIRST CLINICAL TRIALS BILLING ME ETING WAS HELD WITH A RESTRUCTURING OF FINANCE ON THE LVPG SIDE 7 1 PROVIDE LVHN COLLEAGU ES WITH CULTURAL, LINGUISTIC TRAINING VIA VARIETY OF DELIVERY MECHANISMS LVHN'S CULTURAL A WARENESS LIAISON PROVIDED POWERPOINT MODULE, "EXPLORING CULTURAL AWARENESS" TO LVH-H TO BE UPLOADED INTO THEIR EDUCATION SOFTWARE LVH-H TEAM PROVIDED FEEDBACK ABOUT CHANGES THAT W OULD NEED TO BE MADE AND CONFERENCE CALL WAS HELD TO DISCUSS NEXT STEPS IN JUNE 2017 IN F Y18, A CULTURAL AWARENESS E LEARNING MODULE WAS COMPLETED BY 1,088 LVH-HAZLETON COLLEAGUES WHICH WAS 98% OF LEARNERS 7 2 PATIENT'S PREFERRED LANGUAGE FOR HEALTH CARE DISCUSSIONS IS RECORDED AT TIME OF REGISTRATION IN FY17, 80% OF PATIENTS HAD A PREFERRED LANGUAGE OF ENG LISH, FOLLOWED BY 11% SPANISH, 9% UNKNOWN, AND LESS THAN 1% A VARIETY OF OTHER LANGUAGES I NCLUDING FRENCH, VIETNAMESE, AND ROMANIAN IN FY18, 85% HAD A PREFERRED LANGUAGE OF ENGLIS H, 11% SPANISH, AND 4% UNKNOWN 7 3 ASSESS AVAILABILITY OF LANGUAGE ASSISTANCE RESOURCES IN ALL CARE DELIVERY SITES TO MEET NEEDS OF PATIENTS WITH LIMITED ENGLISH PROFICIENCY IN FY1 8, THE AVERAGE MINUTES PER MONTH OF VIDEO UTILIZATION WAS 6,858, AND THE AVERAGE NUMBER OF TRANSLATIONS THROUGH THE CALL CENTER WAS 743 EXCLUDING NOVEMBER AND DECEMBER OF FY18, AN AVERAGE OF 4313 BLUE PHONE MINUTES PER MONTH WERE USED BY PATIENTS AT LVH-H</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
NORTHEASTERN PENNSYLVANIA HEALTH CORPORATION	PART V, SECTION B, LINE 18E BILLING ACTIVITIES INCLUDE HOSPITAL SENDING FOUR STATEMENTS REQUESTING PAYMENT, ALONG WITH AN SPO-1 LETTER WHICH REQUESTS INSURANCE INFORMATION AND INCLUDES INFORMATION ON APPLYING FOR MEDICAL ASSISTANCE, BEFORE ANY COLLECTION ACTIONS OCCUR THE STATEMENTS INCLUDE INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, SOLICITING THE PATIENT'S PARTICIPATION IN THE FINANCIAL ASSISTANCE PROGRAM

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONT)	<p>PREVENTION AND WELLNESS 1 4 SURGICAL WEIGHT MANAGEMENT INFORMATION SESSIONS INFORMATION EV ENTS HELD MONTHLY, FACILITATED BY THE WEIGHT MANAGEMENT CENTER'S REGISTERED NURSE PATIENT NAVIGATOR PARTICIPANTS ARE PROVIDED WITH OPTIONS AVAILABLE AT THE CENTER FOR MEDICALLY SU PPORTED, NONSURGICAL WEIGHT MANAGEMENT ATTENDEES LEARN HOW THE TEAM OF PHYSICIANS, RN PAT IENT NAVIGATOR, REGISTERED DIETITIANS AND BEHAVIORAL HEALTH SPECIALISTS CAN TAILOR AN INDI Vidualized, SAFE AND EFFECTIVE PROGRAM OF DIET, NUTRITION, EXERCISE AND LIFESTYLE CHANGES DESPITE BARIATRIC SURGEON RESIGNING IN 2015, SURGICAL WEIGHT MANAGEMENT ALIGNED THEMSELVES WITH THE ALLENTOWN PROGRAM AND CONTINUED TO HOLD INFORMATION SESSIONS IN 2016 AND SENT PA TIENTS TO LVH-CC FOR SURGERY A NEW BARIATRIC SURGEON STARTED IN NOVEMBER 2016 AND IS WORK ING TO RESTORE THE PROGRAM ONE SURGERY WAS COMPLETED IN MAY 2017 23 PEOPLE ATTENDED SUPP ORT GROUPS BETWEEN JANUARY 2017 AND JUNE 2017 IN FY18, 213 PATIENTS SIGNED UP FOR SURGICA L INFORMATION EVENTS WITH 178 ATTENDING OF THOSE ATTENDING, 116 WERE INTERESTED IN SURGER Y AND 99 PATIENTS SCHEDULED APPOINTMENTS FROM THE FREE INFORMATION EVENTS 6 1 GUIDELINE DE VELOPMENT FOR ACUTE AND CHRONIC PAIN MANAGEMENT, PATIENT SCREENING FOR SAFE PRESCRIBING OF OPIOID ANALGESICS, PHYSICIAN OUTREACH AND EDUCATION LEHIGH VALLEY HOSPITAL-HAZLETON IS DE VELOPING A POLICY SIMILAR TO THAT AT LVH-MUHLENBERG AND A CONTROLLED SUBSTANCE AGREEMENT F OR ALL CLINICIANS IN FY 18, LVH-HAZLETON HAS ADOPTED AND IS FOLLOWING THE NETWORK-WIDE CO NTROLLED SUBSTANCES POLICY 7 1 IMPROVE COMMUNICATION PROCESS FOR REFERRALS FOR ASSESSMENT BY COUNTY DRUG & ALCOHOL (D & A) PROVIDERS PILOT LIAISON IN ED FOR "WARM HAND-OFFS" TO D & A FROM LVHN CLINICIANS CURRENTLY NO MECHANISM OR CAPACITY TO DO THIS WORK THERE IS SOME FORMATIVE DISCUSSION HAPPENING WITH THE CURRENT MAT/WARM HAND-OFF TEAM IN THE LEHIGH VALL EY TO POSSIBLY EXPAND TO OTHER LVHN CAMPUSES, INCLUDING LVH-HAZLETON 7 2 MAKE D & A RESOUR CE LISTINGS AVAILABLE TO CLINICAL SETTINGS, CASE MANAGERS, SOCIAL WORKERS LEHIGH VALLEY HO SPITAL-HAZLETON HAS COMPILED A LIST OF LOCAL RESOURCES THAT ARE AVAILABLE TO PATIENTS AT D ISCHARGE WHICH IS DISTRIBUTED IN THE ED 8 1 HOST AND SPONSOR COMMUNITY-BASED OPIOID- ABUSE PREVENTION PRESENTATIONS TARGETED TO SCHOOLS, PARENTS, INCLUDE OUTREACH TO FAMILIES EXPER IENCING ADDICTION ON MAY 11, 2017, LVH-H HOSTED A SENIOR CHOICE LUNCHEON WHICH ADDRESS THE USE AND MISUSE OF OPIOIDS IN WHICH 220 COMMUNITY MEMBERS ATTENDED IN FY18, THREE EVENTS WERE HELD IN AUGUST 2017, "PATHWAY TO RECOVERY" PARTICIPATED IN MOUNTAINTOP HEALTH FAIR W HICH HAD 100 ATTENDEES IN SEPTEMBER 2017, THERE WAS A "SAVING LIVES THROUGH INTERVENTION EVENT" HELD, AND IN OCTOBER 2017, AN OPIOID PRESENTATION WAS HELD AT CRESTWOOD HIGH SCHOOL WITH 70 ATTENDEES 9 3 DEVELOP AND OFFER LUNG SCREENING PROGRAM TO DETECT EARLY LUNG CANCE R FORMS AND MARKETING MATERIAL HAVE BEEN DEVELOPED, STAFF TRAINED, AND THE PROGRAM WAS ROL LED OUT IN DECEMBER 2016 THRE</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 (CONT)	E PATIENTS WERE TESTED IN DECEMBER 2016, NONE OF WHOM NEEDED FOLLOW UP IN FY18, 84 PATIENTS WERE TESTED ALSO, IN MAY OF 2018, THE PROGRAM WAS ROLLED OUT TO THE INPATIENT AREAS AND NURSES BEGAN SCREENING PATIENTS TO SEE IF THEY MET CRITERIA

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number
23-2421970

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

(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				
1 JOHN R FLETCHER PRESIDENT, EX OFFICIO	(i)	341,596	105,000	53,512	0	8,571	508,679	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT THOMAS ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	229,685	51,083	-1,501	0	21,517	300,784	0
3 ANTHONY VALENTE VP OF MEDICAL AFFAIRS	(i)	220,523	41,328	-4,516	0	34,064	291,399	0
	(ii)	0	0	0	0	0	0	0
4 JOHN M SWIM ADMIN HUMAN RESOURCES	(i)	189,441	33,300	-2,534	0	26,628	246,835	0
	(ii)	0	0	0	0	0	0	0
5 JOHN P AMENTLER PHYSICIAN	(i)	229,718	0	1,665	0	6,892	238,275	0
	(ii)	0	0	0	0	0	0	0
6 PAMELA M LANGDON FORMER EMPLOYEE	(i)	110,181	25,812	256,152	0	14,583	406,728	0
	(ii)	0	0	0	0	0	0	0
7 WILLIAM C BAUER FORMER VP FINANCE	(i)	261,479	45,961	-7,366	0	35,248	335,322	0
	(ii)	0	0	0	0	0	0	0
8 EDWARD F O'DEA FORMER TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	560,080	298,926	146,604	0	36,088	1,041,698	0
9 JAMES ROTHERHAM FORMER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	255,646	45,486	16,801	0	25,898	343,831	0

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, LINE 4B	EDWARD O'DEA \$141,512 JOHN FLETCHER \$45,826 JAMES ROTHERHAM \$15,057

Additional Data

Software ID:
Software Version:
EIN: 23-2421970
Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN R FLETCHER PRESIDENT, EX OFFICIO	(i)	341,596	105,000	53,512	0	8,571	508,679	0
	(ii)	0	0	0	0	0	0	0
1ROBERT THOMAS ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	229,685	51,083	-1,501	0	21,517	300,784	0
2ANTHONY VALENTE VP OF MEDICAL AFFAIRS	(i)	220,523	41,328	-4,516	0	34,064	291,399	0
	(ii)	0	0	0	0	0	0	0
3JOHN M SWIM ADMIN HUMAN RESOURCES	(i)	189,441	33,300	-2,534	0	26,628	246,835	0
	(ii)	0	0	0	0	0	0	0
4JOHN P AMENTLER PHYSICIAN	(i)	229,718	0	1,665	0	6,892	238,275	0
	(ii)	0	0	0	0	0	0	0
5PAMELA M LANGDON FORMER EMPLOYEE	(i)	110,181	25,812	256,152	0	14,583	406,728	0
	(ii)	0	0	0	0	0	0	0
6WILLIAM C BAUER FORMER VP FINANCE	(i)	261,479	45,961	-7,366	0	35,248	335,322	0
	(ii)	0	0	0	0	0	0	0
7EDWARD F O'DEA FORMER TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	560,080	298,926	146,604	0	36,088	1,041,698	0
8JAMES ROTHERHAM FORMER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	255,646	45,486	16,801	0	25,898	343,831	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization NORTHEASTERN PENNSYLVANIA HEALTH CORP	Employer identification number 23-2421970
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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	PARTNERSHIP IN 94 BROADHEAD ASSOCIATES - TRUSTEE OF LVHN/LVH/LVHM/LVHH/HWC	126,625	94 BROADHEAD ASSOCIATES LEASES OFFICE SPACE TO LVPG AT FAIR MARKET VALUE		No
(2) ANTHONY VALENTE MD - HIGHLY COMPENS	OWNER OF MARVAL MEDICAL - HIGHLY COMPENSATED EMPLOYEE OF LVH-H	270,076	MARVAL MEDICAL PROVIDES HOSPITALIST SERVICES TO THE LVH-HAZLETON		No

Part V Supplemental Information

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

Return Reference	Explanation

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number

23-2421970

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<p>LEHIGH VALLEY HEALTH NETWORK 2018 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 15, 2017 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 15, 2017 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 13, 2017 MEETING THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN EQUALLY WEIGHTED BLEND OF (1) A PEER GROUP OF 30 NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NORTHEAST REGION (EXCLUDING NEW YORK CITY) WITH NET OPERATING REVENUES BETWEEN \$1.3 BILLION AND \$5.0 BILLION (AVERAGE OF \$2.4 BILLION), AND (2) NATI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>ONAL DATA REFLECTING ORGANIZATIONS OF SIMILAR SCOPE AND SIZE TO LVHN NATIONAL DATA ARE USED WHERE PEER GROUP DATA ARE NOT AVAILABLE PEER GROUP AND NATIONAL MARKET DATA WERE ABSTRACTED FROM SULLIVAN COTTER'S 2016 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS, AS WELL AS OTHER PUBLISHED COMPENSATION SURVEYS REFLECTING PAY AT COMPARABLY SIZED ORGANIZATIONS, WHICH INCLUDED NATIONAL HOSPITALS AND NATIONAL MEDICAL GROUPS SULLIVAN COTTER NOTES THAT NO MARKET DATA ARE PROVIDED FOR THE SVP, MEDICAL SERVICES AS THE RESPONSIBILITIES OF THAT POSITION ARE UNIQUE, SO NO BENCHMARK DATA ARE AVAILABLE THE Y RECOMMEND THAT THE COMMITTEE ASSESS THE COMPENSATION FOR THAT POSITION BASED ON INTERNAL EQUITY CONSIDERATIONS COMPILED MARKET DATA FOR THE LVHN CLINICAL CHAIRS PREPARED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) FOR THE CHAIRS OF CLINICAL DEPARTMENTS IN MEDICAL SCHOOLS, LVHN'S TRADITIONAL COMPARATOR GROUP FOR THESE JOBS ADJUSTED THE MARKET DATA TO AN EFFECTIVE DATE OF JANUARY 1, 2018 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 FY2017 NET REVENUES AND PHYSICIAN FTE'S WERE USED AS THE SCOPE SIZE FOR EACH ENTITY</p>

990 Schedule O, Supplemental Information

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

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 ORGANIZATION'S ANNUAL PUBLIC MEETING IN ADDITION, IT IS DISTRIBUTED VIA MAIL TO MEMBERS OF THE COMMUNITY THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER SERVICES PROGRAM SERVICE EXPENSES 8,029,709 MANAGEMENT AND GENERAL EXPENSES 1,224,058 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,253,767 CLEANING SERVICES PROGRAM SERVICE EXPENSES 315,961 MANAGEMENT AND GENERAL EXPENSES 13,757 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 329,718 CONTRACT LABOR SERVICES PROGRAM SERVICE EXPENSES 578,526 MANAGEMENT AND GENERAL EXPENSES 4,271 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 582,797 BILLING & COLLECTION SERVICES PROGRAM SERVICE EXPENSES 498,074 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 498,074 PHYSICIAN & OTHER MEDICAL SERV PROGRAM SERVICE EXPENSES 8,271,321 MANAGEMENT AND GENERAL EXPENSES 9,964,052 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 18,235,373 CREDIT CARD PROCESSING FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 62,858 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 62,858

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REC OF UNFUNDED PENSION LIAB 2,788,668 TRANSFERS TO AFFILIATES -438,739

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN PENNSYLVANIA HEALTH CORP

Employer identification number

23-2421970

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) LEHIGH VALLEY HEALTH SERVICES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2263665	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
(2) LEHIGH VALLEY ANESTHESIA SERVICES PC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-3096124	ANESTHESIA SERVICES	PA	N/A	C					No
(3) WESTGATE PROFESSIONAL CENTER INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-1657333	REAL ESTATE RENTALS	PA	N/A	C					No
(4) LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2750430	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
(5) HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING INC 700 E BROAD STREET HAZLETON, PA 182016835 23-2500981	MEDICAL OFFICE RENTAL	PA	NORTHEASTERN PENNSYLVANIA HEALTH CORP	C			100 000 %		No
(6) SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION 700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2432417	PURSUES, IMPLEMENTS, & FURTHERS THE ACTIVITIES & PURPOSES OF THE SYSTEM	PA	N/A	C					No
(7) SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM ASSOCIATION 420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2931821	CONDOMINIUM ASSOCIATION	PA	N/A	C					No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING INC	K		ACTUAL RENT AMOUNT

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 23-2421970
Name: NORTHEASTERN PENNSYLVANIA HEALTH CORP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 22-2458317	PARENT COMPANY	PA	501(C)(3)	LINE 12D, III-O	N/A		No
2100 MACK BLVD ALLENTOWN, PA 181035622 23-1689692	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2367707	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2700908	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2245513	REAL ESTATE RENTALS	PA	501(C)(3)	LINE 12D, III-O	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2586770	REAL ESTATE HOLDING CO	PA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		No
700 E BROAD STREET HAZLETON, PA 182016835 20-5880364	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2580968	STAFFING SERVICES	PA	501(C)(3)	LINE 12C, III-FI	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-2038456	SURGICAL SERVICES	PA	501(C)(3)	LINE 3	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2866006	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 11	LEHIGH VALLEY PHYSICIAN GROUP		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-1352202	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2440891	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-0880420	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-3014006	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2349341	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2611474	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2516451	SUPPORT POCONO HEALTH SYSTEM	PA	501(C)(3)	LINE 12B, II	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 20-6560453	SELF-INSURANCE	PA	501(C)(3)	LINE 12B, II	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 24-0795623	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2535297	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 11	POCONO HEALTH SYSTEM		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2336285	SUPPORT POCONO MEDICAL CENTER	PA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2532377	AMBULATORY MEDICAL SERVICES	PA	501(C)(3)	LINE 11	POCONO HEALTH SYSTEM		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
LEHIGH VALLEY HEALTH SERVICES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2263665	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
LEHIGH VALLEY ANESTHESIA SERVICES PC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-3096124	ANESTHESIA SERVICES	PA	N/A	C					No
WESTGATE PROFESSIONAL CENTER INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-1657333	REAL ESTATE RENTALS	PA	N/A	C					No
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2750430	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING INC 700 E BROAD STREET HAZLETON, PA 182016835 23-2500981	MEDICAL OFFICE RENTAL	PA	NORTHEASTERN PENNSYLVANIA HEALTH CORP	C			100 000 %		No
SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION 700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2432417	PURSUES, IMPLEMENTS, & FURTHERS THE ACTIVITIES & PURPOSES OF THE SYSTEM	PA	N/A	C					No
SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM ASSOCIATION 420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2931821	CONDOMINIUM ASSOCIATION	PA	N/A	C					No