| | | • |
|--|---|--|
| *form 990-T | Exempt Organization Business Income Tax Return | OMB No 1545-0687 |
| .,0 | (and proxy tax under section 6033(e)) | Ω |
| | For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 | |
| Development of the Transcore | Go to www.irs.gov/Form990T for instructions and the latest information. | |
| Depertment of the Treasury Internal Revenue Service | ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if | Name of organization (Check box if name changed and see instructions.) | D Employer identification number (Employees' trust, see |
| address changed | | instructions) |
| B Exempt under section | Print LEHIGH VALLEY PHYSICIAN GROUP | 23-2700908 F Unrelated business activity code |
| X 501(c(B)) 408(e) 220(e) | Of Number, street, and room or suite no. If a P.O. box, see instructions. Type 2100 MACK BILD | (See instructions) |
| | City or town, state or province, country, and ZIP or foreign postal code | |
| 408A530(a) | ALLENTOWN, PA 18103-5622 | 621110 |
| C Book value of all assets | F Group exemption number (See instructions.) | |
| 313,002,0 | 72. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) | trust Other trust |
| H Enter the number of the | organization's unrelated trades or businesses. 1 Describe the only (or first) uni | related |
| trade or business here | ESTHETICS . If only one, complete Parts I-V. I | if more than one, |
| doscribe the first in the b | plank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additiona | ıl trade or |
| business, then complete | | |
| I During the tax year, was | the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? STMT 2 | X Yes No |
| | and identifying number of the parent corporation. ► (EHT 22-24583)7 | 04 004 0130 |
| | ► THE ORGANIZATION Telephone number ► 4 d Trade or Business Income (A) Income (B) Expenses | |
| | 104 456 | (O) NEL |
| 1a Gross receipts or sale | | 1 |
| b Less returns and allow2 Cost of goods sold (S | 35 014 | |
| 2 Cost of goods sold (S3 Gross profit. Subtract | [\ | 95,342. |
| • | ne (attach Schedule D) | - 33/3121 |
| • - | 4797, Part II, line 17) (attach Form 4797) | |
| c Capital loss deduction | | |
| • | partnership or an S corporation (attach statement) 5 RECEIVES | 70 |
| 6 Rent income (Schedu | | 18 |
| · | red income (Schedule F) | (v) |
| 8 Interest, annuities, roy | yalties, and rents from a controlled organization (Schedule F) 8 | _JŒ |
| 9 Investment income of | f a section 501(c)(7), (9), or (17) organization (Schedule G) | |
| 10 Exploited exempt activ | vity income (Schedule I) | |
| 11 Advertising income (S | Schedule J) | |
| 12 Other income (See ins | structions; attach schedule) | |
| 13 Total. Combine lines | | 95,342. |
| | INS NOT Taken Elsewhere (See instructions for limitations on deductions) contributions, deductions must be directly connected with the unrelated business income) | |
| | | |
| | ficers, directors; and trustees (Schedule K) | 15 59,183. |
| 15 Salaries and wages16 Repairs and mainten | 33000 | 16 |
| 17 Bad debts | ialice | 17 1,099. |
| 19 Interest (attach cohe | edule) (see instructions) | 18 |
| 19 Taxes and licenses 20 Charitable contribution | industry (See manufactions) | 19 |
| 20 Charitable contribution | ions (See instructions for limitation rules) | 20 |
| 121 Depreciation (attach | · · · · · · · · · · · · · · · · · · · | |
| _ | aimed on Schedule A and elsewhere on return 22a | 22b |
| | | 23 |
| · · | erred compensation plans | 24 |
| 25 Employee benefit pro | | 25 15,234. |
| 26 Excess exempt exper | | 26 |
| 27 Excess readership co | | 27 |
| 27 Excess readership co 28 Other deductions (at | ttach schedule) SEE STATEMENT 1 | 28 15,297. |
| 29 Total deductions. A | dd lines 14 through 28 | 29 90,813. |
| 0 30 Unrelated business to | taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 4,529. |
| | perating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 1 |
| | taxable income. Subtract line 31 from line 30 | 32 4,529. |
| | or Panarwork Paduction Act Notice cae instructions | Form 990-T (2018) |

| | FinCE | N Form 114, Report of Foreign Bank a | and Financial Accounts. If "Yes," er | iter the name | of the foreign coun | itry | ,,, | |
|---------------|---------|---|--------------------------------------|---------------|-----------------------|--------------------|-------------------|----------------------|
| | here | | | | | | <u></u> | <u>X</u> |
| 57 | Durin | g the tax year, did the organization red | ceive a distribution from, or was it | the grantor | of, or transferor to, | a foreign trust? [| - 40h | X |
| | If "Yes | s," see instructions for other forms the | e organization may have to file. | | | •, , • | 1 | PER PE |
| 58 | Fnter | the amount of tax-exempt interest rec | ceived or accrued during the tax yo | ear ►\$ | | '' (| 11 | |
| Sign Here | co | vrect, and complete Declaration of preparer (| 5/10/2020 | ASSI | preparer has any know | | the preparer show | uss this return with |
| | | Signature of officer | Date | Title | 2 to 1776 | 1 11 1 | instructions)? | Yes No |
| | | Print/Type preparer's name | Preparer's signature | ,, | Date | Check | if PTIN | |
| Paid Prepa | | | | , | , ¦, | self- employ | ed ,,, | • |
| | arer | | | | | | <u>i</u> | |

Form 990-T (2018)

Firm's address

| Schedule A - Cost of Goods | Sold. Enter | method of invent | ory valuation N/A | | | | |
|--|--|--|--|-----------|---|--------------|---|
| 1 Inventory at beginning of year | 1 | 0. | 6 Inventory at end of year | ır | | 6 | 0. |
| 2 Purchases | 2 | | 7 Cost of goods sold. S | | line 6 | | |
| 3 Cost of labor | 3 | · | from line 5. Enter here | | | | |
| 4a Additional section 263A costs | | | line 2 | | | 7 | 35,814. |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (| with respect to | | Yes No |
| b Other costs (attach schedule) | <u> </u> | 35,814. | property produced or a | • | | | |
| 5 Total. Add lines 1 through 4b | 5 | 35,814. | the organization? | aoquii oo | i ioi iodaio, appis to | | X |
| Schedule C - Rent Income (Kosee Instructions) | | | | .ease | d With Real Prop | perty) | |
| 1. Description of property | | | | | | | |
| (1) | | | | | • | | |
| (2) | | | | | | | |
| (3) | | | | | · · | | |
| _(4) | | | | | | | |
| | 2. Rent receive | ed or accrued | | | 2/a \ Dadwattana disaati | | and with the income in |
| (a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%) | entage of han | of rent for pe | d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income) | ge | 3(a) Deductions directl columns 2(a) a | and 2(b) (at | ed with the income in ttach schedule) |
| (1) | | | | | | | |
| (2) | | | | | | | - |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Total | 0. | Total | | 0. | | | |
| (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column | , , , , , | ter | | | (b) Total deductions. Enter here and on page 1, | _ | 0 |
| | (/') | | | 0. | Part I, line 6, column (B) | | 0. |
| Schedule E - Unrelated Debt | | Income (see ii | nstructions) | 0. | Part I, line 6, column (B) | | 0. |
| | | Income (see II | 2. Gross income from | 0. | Deductions directly conto debt-finar | | ith or allocable |
| | -Financed | Income (see II | | | 3. Deductions directly co | | ith or allocable |
| Schedule E - Unrelated Debt 1. Description of debt-fina | -Financed | Income (see i | Gross income from or allocable to debt- | | Deductions directly conto debt-finar Straight line depreciation | | rth or allocable rty (b) Other deductions |
| 1. Description of debt-fina | -Financed | Income (see ii | Gross income from or allocable to debt- | | Deductions directly conto debt-finar Straight line depreciation | | rth or allocable rty (b) Other deductions |
| 1. Description of debt-fina (1) (2) | -Financed | Income (see ii | Gross income from or allocable to debt- | | Deductions directly conto debt-finar Straight line depreciation | | rth or allocable rty (b) Other deductions |
| 1. Description of debt-fina (1) (2) (3) | -Financed | Income (see | Gross income from or allocable to debt- | | Deductions directly conto debt-finar Straight line depreciation | | rth or allocable rty (b) Other deductions |
| 1. Description of debt-fina (1) (2) | -Financed nced property 5. Average of or a debt-final | edjusted basis illocable to need property a schedule) | Gross income from or allocable to debt- | | Deductions directly conto debt-finar Straight line depreciation | aced prope | rth or allocable rty (b) Other deductions |
| 1. Description of debt-fina 1. Description of debt-fina (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | -Financed nced property 5. Average of or a debt-final | adjusted basis illocable to need property | Gross income from or allocable to debt-financed property Column 4 divided by column 5 | | Deductions directly conto debt-finant Straight line depreciation (attach schedule) 7. Gross income reportable (column | aced prope | (b) Other deductions (attach schedule) 8. Allocable deductions olumn 6 x total of columns |
| 1. Description of debt-fina 1. Description of debt-fina 1. Description of debt-fina 1. Description of debt-fina 2. (3) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | -Financed nced property 5. Average of or a debt-final | adjusted basis illocable to need property | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 | | Deductions directly conto debt-finant Straight line depreciation (attach schedule) 7. Gross income reportable (column | aced prope | (b) Other deductions (attach schedule) 8. Allocable deductions olumn 6 x total of columns |
| 1. Description of debt-fina 1. Description of debt-fina (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) | -Financed nced property 5. Average of or a debt-final | adjusted basis illocable to need property | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % | | Deductions directly conto debt-finant Straight line depreciation (attach schedule) 7. Gross income reportable (column | aced prope | (b) Other deductions (attach schedule) 8. Allocable deductions olumn 6 x total of columns |
| 1. Description of debt-fina 1. Description o | -Financed nced property 5. Average of or a debt-final | adjusted basis illocable to need property | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % % % | | Deductions directly conto debt-finant Straight line depreciation (attach schedule) 7. Gross income reportable (column | aced prope | (b) Other deductions (attach schedule) 8. Allocable deductions olumn 6 x total of columns |
| 1. Description of debt-fina 1. Description of debt-fina (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) | -Financed nced property 5. Average of or a debt-final | adjusted basis illocable to need property | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % | (a) | Deductions directly conto debt-finant Straight line depreciation (attach schedule) 7. Gross income reportable (column | (ced proper | (b) Other deductions (attach schedule) 8. Allocable deductions olumn 6 x total of columns |
| 1. Description of debt-fina 1. Description o | -Financed nced property 5. Average of or a debt-final | adjusted basis illocable to need property | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % % % | (a) | 3. Deductions directly conto debt-finar Straight line depreciation (attach schedule) 7. Gross income reportable (column 2 x column 6) | (ce | (b) Other deductions (attach schedule) 8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b)) |
| 1. Description of debt-fina 1. Description o | 5. Average of or a debt-finan (ettach | adjusted basis illocable to nced property n schedule) | 2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 % % % | (a) | 3. Deductions directly conto debt-finant debt-finant straight line depreciation (attach schedule) 7. Gross income reportable (column 2 x column 6) anter here and on page 1. Part I, line 7, column (A) | (ce | (b) Other deductions (attach schedule) 8. Allocable deductions olumn 6 x total of columns 3(e) and 3(b)) anter here and on page 1, Part I, line 7, column (B) |

** SEE STATEMENT 4

| Ochedale 1 - Interest, 7 | | , , rioyan | , am | 111011110 | | 10101 | | | (366 1113 | structiçi | 15) | |
|--------------------------------------|-------------------|--|---|-------------------------------|--|---|---|-----------------------------------|---|---------------------|---|--|
| | | | | Exempt | Controlled O | rganızatı | ons | | | | | |
| Name of controlled organization | | 2. Emp identific numi | cation | | related income a instructions) | 4. Tot payr | yments made includ | | Part of column 4 that is ncluded in the controlling ganization's gross income | | connected with income | |
| (1) | | | - | | | | | | | | | |
| (2) | | | | | | _ | | _ | | | | |
| | | | | | - | | | | | - | | |
| (3) | | + | | | | | | | | | | |
| (4) | | ļ | | | | | | | | | - : | |
| Nonexempt Controlled Organiz | Γ. | | | | | | | | | | | |
| 7. Taxable Income | | unrelated incom (see instructions | | 9 _. Total | of specified payr made | nents | 10. Part of colui in the controlli gross | nn 9 that ng organ s income | is included ization's | | eductions directly connected h income in column 10 | |
| (1) | | | | | | | _ | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| | | | | | - | | | | | | | |
| (4) | | | | | | - | | | | | | |
| | | | | | | | Add colum Enter here and line 8, c | | 1, Part I, | | dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B) | |
| Totals | | | | | | ▶ | | | 0. | | 0. | |
| Schedule G - Investme (see instr | | me of a S | ection | 501(c)(7 | '), (9), or (| 17) Org | janization | | | | | |
| 1. Descr | ription of inc | ome | | | 2. Amount of | ıncome | Deduction directly conne (attach sched) | cted | 4. Set- | asides schedule) | 5. Total deductions and set-asides (col 3 plus col 4) | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | - | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | Enter here and o Part I, line 9, co | | | | | | Enter here and on page 1, Part I, line 9, column (B) | |
| Tetalo | | | | | l | 0. | | | | | 0. | |
| Schedule I - Exploited (see instru | | t Activity | Income | , Other | Than Adv | | g Income | <u> </u> | | | | |
| (See IIIStru | Clions | | | | T . | . 1 | | | | | | |
| 1. Description of exploited activity | unrelate incor | Gross d business ne from r business | 3. Exp directly control with pro- of unre- business | onnected duction elated | 4. Net incom from unrelated business (co minus columi gain, compute through | trade or lumn 2 n 3) If a cols 5 | 5. Gross inco from activity t is not unrelat business inco | hat ed | 6. Exp attribut colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | t | | | | | - | |
| (2) | | | | | | + | | | | | | |
| `` | | | | | | + | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | Catar b | ere and on | Enter her | 0 and 00 | | | | إحيا | | _ | Enter here and | |
| | page | 1, Part I,), col (A) | page 1, line 10, | Parti, col (B) | 1 | | | | | | on page 1, Part II, line 26 | |
| Schedule J - Advertisir | a lnac | 0. | -4* | <u> </u> | L | _ | | | | | 0. | |
| Part I Income From F | | | | | solidated | Basis | | | | | | |
| | - T | | | | 1 4 | | Т. | | | | 7 5 | |
| 1. Name of periodical | | 2. Gross advertising income | | 3. Direct rtising costs | 4. Advert or (loss) (co col 3) If a ga cols 5 th | ol 2 minus ain, compute | 5. Circulat income | | 6. Reade cost | | Excess readership costs (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | | |
| (2) | | | Ì | | 7 | | | | | |]' | |
| (3) | | | | - | ⊣ ' | | | | - | | 1 . | |
| (4) | | | | | \dashv | | - | | | | 1 | |
| (7) | | | + | | | | - | | | | | |
| Totals (carry to Part II, line (5)) | • | C | <u>). </u> | 0 | | | <u> </u> | | | | 0. | |
| | | | | | | | | | | | Form 990-T (2018) | |

Form 990-T (2018) LEHIGH VALLEY PHYSICIAN GROUP Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1. Name of periodical | | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|----------|--|--|---|-----------------------|---------------------|--|
| (1) | | | | " " | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | • | 0. | 0. | | - | * , , | 0. |
| | | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | • | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | ▶ | 0. | 0. | | | • | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | • | 0. |

Form 990-T (2018)

| FORM 990-T OTHER DEDUCT | IONS STATEMENT 1 |
|--|-------------------------|
| DESCRIPTION | AMOUNT |
| OFFICE SUPPLIES RENT EXPENSE LVPG ADMINISTRATIVE COSTS | 96. 9,322. 5,879. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 15,297. |

| FORM 990-T | PARENT | CORPORATION'S | NAME | AND | IDENTIFYING | NUMBER | STATEMENT | 2 |
|---------------|--------|---------------|------|-----|-------------|--------|-------------|----|
| CORPORATION'S | NAME | | | | | | IDENTIFYING | NO |
| LEHIGH VALLEY | HEALTH | NETWORK | | | | | 22-2458317 | |

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 3 |
|----------------------|--------------------|-------------------------------|--------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/15 | 11,892. | 0. | 11,892. | 11,892. |
| 06/30/16 06/30/17 | 43,246. 15,154. | 0. | 43,246. 15,154. | 43,246. 15,154. |
| 06/30/17 | 3,893. | 0. | 3,893. | 3,893. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 74,185. | 74,185. |

| FORM 990-T | COST O | F GOODS | SOLD - | OTHER | COSTS | STATEMENT 4 |
|-------------------------------|----------|---------|--------|-------|-------|-------------|
| DESCRIPTION | | | | | | AMOUNT |
| SUPPLIES INVENTORY ADJUSTMENT | | | | | | 35,814. |
| TOTAL TO FORM 990-T, S | SCHEDULE | A, LIN | E 4B | | | 35,814. |