

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019
B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: LEHIGH VALLEY PHYSICIAN GROUP
Doing business as
Number and street (or P O box if mail is not delivered to street address): 2100 MACK BLVD
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: ALLENTOWN, PA 181035622
D Employer identification number: 23-2700908
E Telephone number: (484) 884-0130
F Name and address of principal officer: BRIAN A NESTER, 2100 MACK BLVD, ALLENTOWN, PA 181035622
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW LVHN ORG
K Form of organization: Corporation
L Year of formation: 1992
M State of legal domicile: PA

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission or most significant activities. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3. Revenue (lines 8-12) and Expenses (lines 13-19) for Prior Year and Current Year. 4. Net Assets or Fund Balances (lines 20-22) for Beginning of Current Year and End of Year.

Part II Signature Block

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

Sign Here: Signature of officer (ROBERT THOMAS ASSISTANT TREASURER) and Date (2020-05-06)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, Firm's name, Firm's EIN, Firm's address, Phone no, PTIN

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 604,904,461 including grants of \$ ) (Revenue \$ 609,649,903 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 604,904,461

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, excess benefit transactions, and other IRS requirements.

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 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	3,799	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website ( ), Another's website (checked), Upon request (checked), Other (explain in Schedule O) ( ); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (THE ORGANIZATION 2100 MACK BLVD ALLENTOWN, PA 181035622 (484) 884-0130).







**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	143,596			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	256,664			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
<b>h Total.</b> Add lines 1a-1f . . . . .		400,260				
<b>Program Service Revenue</b>		<b>Business Code</b>				
	<b>2a</b> PATIENT CARE	621110	550,935,316	550,935,316		
	<b>b</b> EDUCATION, ADMINISTRATIVE, CLINIC	900099	58,715,210	58,715,210		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		609,650,526				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .					
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		51,492				
		<b>b</b> Less rental expenses	43,768			
	<b>c</b> Rental income or (loss)	7,724				
	<b>d</b> Net rental income or (loss) . . . . .		7,724	7,724		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		6,000		
		<b>b</b> Less cost or other basis and sales expenses		14,392		
		<b>c</b> Gain or (loss)		-8,392		
	<b>d</b> Net gain or (loss) . . . . .		-8,392	-8,392		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	<b>Business Code</b>					
<b>11a</b> ADDT'L PHYSICIAN SUPPORT	621110	45	45			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		45				
<b>12 Total revenue.</b> See Instructions . . . . .		610,050,163	609,649,903	0	0	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	408,688,754	377,634,364	31,054,390	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,619,016	15,779,161	839,855	
<b>9</b> Other employee benefits	36,314,558	34,479,372	1,835,186	
<b>10</b> Payroll taxes	21,511,659	20,424,550	1,087,109	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	394,982	394,982		
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,366,124	2,307,538	2,058,586	
<b>12</b> Advertising and promotion	1,221,393	90,776	1,130,617	
<b>13</b> Office expenses	1,324,437	1,292,164	32,273	
<b>14</b> Information technology	251,587	251,587		
<b>15</b> Royalties				
<b>16</b> Occupancy	27,070,360	25,199,849	1,870,511	
<b>17</b> Travel	345,271	237,738	107,533	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,816,002	2,663,774	152,228	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	7,197,789	6,809,480	388,309	
<b>23</b> Insurance	11,169,224	10,314,043	855,181	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b> NON-BILLABLE MED SUPPLI	33,820,028	33,781,032	38,996	
<b>b</b> PURCHASED SERVICES	20,272,362	53,191,131	-32,918,769	
<b>c</b> PROVISN FOR BAD DEBT-PH	14,098,457	14,098,457		
<b>d</b> CLEANING SERVICE	2,556,455	2,556,455		
<b>e</b> All other expenses	4,884,355	3,398,008	1,486,347	
<b>25</b> Total functional expenses. Add lines 1 through 24e	614,922,813	604,904,461	10,018,352	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	-7,686,798	<b>1</b>	-9,081,576
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	85,875,175	<b>4</b>	174,300,688
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	306,965
	<b>8</b> Inventories for sale or use . . . . .	2,727,455	<b>8</b>	3,287,900
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,968,617	<b>9</b>	2,008,728
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	73,744,708		
	<b>b</b> Less accumulated depreciation	46,540,463		
		26,200,682	<b>10c</b>	27,204,245
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	6,773	<b>13</b>	6,773
	<b>14</b> Intangible assets . . . . .	17,154,587	<b>14</b>	18,303,050
<b>15</b> Other assets See Part IV, line 11 . . . . .	86,459,152	<b>15</b>	96,665,299	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	212,705,643	<b>16</b>	313,002,072	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	43,377,618	<b>17</b>	55,764,157
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	104,274,156	<b>25</b>	125,957,695
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	147,651,774	<b>26</b>	181,721,852
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	65,053,869	<b>27</b>	131,280,220
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	65,053,869	<b>33</b>	131,280,220	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	212,705,643	<b>34</b>	313,002,072	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	610,050,163
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	614,922,813
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-4,872,650
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	65,053,869
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	71,099,001
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	131,280,220

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**Software ID:****Software Version:****EIN:** 23-2700908**Name:** LEHIGH VALLEY PHYSICIAN GROUP

Form 990 (2018)

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

HISTORY AND BACKGROUND THE LEHIGH VALLEY PHYSICIAN GROUP (LVPG) WAS ESTABLISHED IN 1993 AS AN AFFILIATE OF THE LEHIGH VALLEY HEALTH NETWORK (LVHN) AS A NON-PROFIT CORPORATION WHICH SUPPORTS BOTH LVHN AND THE LEHIGH VALLEY HOSPITAL (LVH), LVPG HAS DEVELOPED PHYSICIAN PRACTICES IN THE CLINICAL DEPARTMENTS OF FAMILY MEDICINE, MEDICINE, OBSTETRICS/GYNECOLOGY, PEDIATRICS, PSYCHIATRY, SURGERY, AND EMERGENCY MEDICINE WITH A CURRENT SIZE OF 835 PHYSICIANS AND 495 ADVANCED PRACTICE CLINICIANS, LVPG OPERATES AS A SINGLE ENTITY WITH SERVICES PROVIDED AT OVER 200 LOCATIONS THE FOLLOWING SUMMARIZES THE MEDICAL SPECIALTIES OFFERED WITHIN LVPG ADOLESCENT MEDICINE, ADVANCED SPINE, CONCUSSION, HEAD TRAUMA, BARIATRIC MEDICINE, BARIATRIC SURGERY, BEHAVIORAL HEALTH, CARDIOLOGY, CARDIO THORACIC SURGERY, CHIROPRACTIC MEDICINE, EMERGENCY MEDICINE, ENDOCRINOLOGY/METABOLISM/DIABETES, EXPRESS CARE/WALK IN, FAMILY MEDICINE, GENERAL AND MINIMALLY INVASIVE SURGERY, GENERAL INTERNAL MEDICINE (AMBULATORY & HOSPITALISTS), GERIATRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, HEALTH AND WELLNESS, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE, MATERNAL FETAL MEDICINE, NEONATOLOGY, NEPHROLOGY, NEUROLOGY, NEUROSURGERY, OBSTETRICS, OCCUPATIONAL MEDICINE, ONCOLOGIC SURGERY, OPHTHALMOLOGY, OPTOMETRY, ORTHOPEDIC SURGERY, PAIN MANAGEMENT, PALLIATIVE MEDICINE, PEDIATRICS - GENERAL, PEDIATRIC ENDOCRINOLOGY, PEDIATRIC GASTROENTEROLOGY, PEDIATRIC HEMATOLOGY/ONCOLOGY, PEDIATRIC HOSPITALISTS, PEDIATRIC INTENSIVISTS, PEDIATRIC NEUROLOGY, PEDIATRIC NEONATOLOGY, PEDIATRIC PULMONOLOGY, PEDIATRIC SURGERY, PEDIATRIC UROLOGY, PLASTIC SURGERY, PHYSIATRY, PSYCHIATRY - CHILD & ADOLESCENT, PSYCHIATRY - GENERAL, PULMONOLOGY, RHEUMATOLOGY, SLEEP MEDICINE, SPORTS MEDICINE, TOXICOLOGY, TRAUMA SURGERY, TRANSPLANT SURGERY, UROGYNECOLOGY, UROLOGY, VASCULAR SURGERY PATIENT CARE PROGRAMS LVPG OFFERS A CONTINUUM OF HEALTH CARE PROMOTION, PREVENTION, DIAGNOSIS, AND TREATMENT TO THE COMMUNITY EXTENSIVE OUTPATIENT SERVICES ARE PROVIDED AT LOCATIONS THROUGHOUT THE REGION AND ARE A PART OF A HEALTHCARE NETWORK ESTABLISHED BY LVPG TO MEET THE MEDICAL AND SURGICAL NEEDS OF THE RESIDENTS OF THE LEHIGH VALLEY AND BEYOND LVPG SERVES AS A MULTISPECIALTY PHYSICIAN GROUP, ACCEPTING REFERRALS FROM AN AREA POPULATED BY APPROXIMATELY TWO MILLION RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA ACCESS INITIATIVES ALLOWED FOR MORE THAN 55,000 NEW PATIENT VISITS IN DOM PRACTICES THE DOM HAS CONTINUED TO PROMOTE INNOVATION IN OUR CARE DELIVERY MODEL ONE MAJOR INNOVATION LAUNCHED IN 2018 WAS THE CREATION OF THE ECONSULT PROGRAM THIS NEW TOOL ALLOWED LVPG PROVIDERS TO POSE PATIENT-SPECIFIC, NON-URGENT QUESTIONS TO THEIR SPECIALIST COLLEAGUES IN MULTIPLE DISCIPLINES REQUESTING PROVIDERS RECEIVE FEEDBACK WITHIN THREE WORKING DAYS THE REQUESTS AND RECOMMENDATIONS ARE FORMALLY EMBEDDED WITHIN THE EMR AND BECOME PART OF THE LEGAL MEDICAL RECORD CANCER SERVICES LVPG PHYSICIANS PROVIDE MEDICAL LEADERSHIP IN THE JOHN AND DOROTHY MORGAN CANCER CENTER, A CENTER WHICH OFFERS A RANGE OF CANCER SERVICES IN ONE CONVENIENT, PATIENT-FOCUSED LOCATION CANCER CARE PROGRAMS INCLUDE PREVENTION, DETECTION, DIAGNOSIS, THERAPY, CLINICAL TRIALS, REHABILITATION AND THE EVALUATION OF CANCER-RELATED CARE INFUSION SERVICES ARE NOW OFFERED AT A NEW LEHIGHTON LOCATION CARDIAC SERVICES LVPG PHYSICIANS PROVIDE THE MEDICAL LEADERSHIP OF THE CARDIOVASCULAR DISEASE DIVISIONS AT LVHN INCLUDING GENERAL AND INVASIVE CARDIOLOGY, HEART STATION, ELECTROPHYSIOLOGY, CARDIO THORACIC SURGERY AND THE CARDIOVASCULAR RESEARCH INSTITUTE IN ADDITION, OUR CARDIOLOGISTS SERVE AS PROGRAM DIRECTOR AND CORE FACULTY FOR THE CARDIOLOGY FELLOWSHIP PROGRAM IN FY19, THE AMBULATORY CONTENT OF THE HEART FAILURE PATHWAY WAS FINALIZED THROUGH A SERIES OF COLLABORATIVE EFFORTS ACROSS PRIMARY CARE AND CARDIOLOGY, WITH INPUT FROM INPATIENT AND OUTPATIENT CLINICIANS THE GOALS OF THE PATHWAY ARE TO IMPROVE PATIENT SAFETY AND DECREASE COMPLICATIONS, TO REDUCE ADMISSIONS AND READMISSIONS FOR HF, AND TO INCREASE THE NUMBER OF PATIENTS BEING DISCHARGED DIRECTLY TO HOME FROM THE EMERGENCY DEPARTMENT IMPLEMENTATION OF THIS PATHWAY IN LVPG AMBULATORY PRACTICES WILL BE A FOCUS IN FY20 PEDIATRIC SERVICES LVPG PEDIATRICS STAFFS THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL WHICH PROVIDES SPECIALTY CARE AS WELL AS PRIMARY CARE WE PROVIDE OVER 30 PEDIATRIC SPECIALTIES, INCLUDING PEDIATRIC HEMATOLOGY ONCOLOGY AND PEDIATRIC NEUROLOGY CHILDHOOD OBESITY HAS MORE THAN DOUBLED IN THE PAST 30 YEARS, AND ABOUT 1 IN 3 PEDIATRIC PATIENTS AT LVHN IS OVERWEIGHT OR OBESE HEALTHY LIFESTYLE HABITS, INCLUDING HEALTHY EATING AND PHYSICAL ACTIVITY, CAN LOWER THE RISK OF BECOMING OBESE AND DEVELOPING RELATED DISEASE AN AMBULATORY CARE PATHWAY FOR CHILDHOOD OBESITY WAS IMPLEMENTED THIS YEAR WITH SEVERAL GOALS STANDARDIZATION OF THE MANAGEMENT OF PEDIATRIC OVERWEIGHT AND OBESITY THROUGH EARLY IDENTIFICATION AND DOCUMENTATION OF HIGH/RIISING BMI, REFERRAL TO WEIGHT MANAGEMENT SERVICES, APPROPRIATE SCREENING FOR / TREATMENT OF COMORBIDITIES, AND IDENTIFICATION OF BARRIERS TO LIFESTYLE CHANGES WITH RESOURCES TO ADDRESS THESE BARRIERS A TABLEAU DASHBOARD WAS CREATED FOR MONITORING DATA / ADHERENCE TO THE PATHWAY PALLIATIVE MEDICINE AND HOSPICE LVPG PHYSICIANS AND PROVIDERS PROVIDE SERVICES ACROSS THE CARE CONTINUUM TO IMPROVE PATIENT, FAMILY AND PROVIDER SATISFACTION, DECREASED HOSPITAL READMISSIONS AND EMERGENCY ROOM VISITS FOR PATIENTS WITH ADVANCED ILLNESSES WE ALSO CARE FOR PATIENTS AT THE END OF LIFE IN COORDINATION WITH HOSPICE HOME SERVICES INTERNAL MEDICINE AND FAMILY MEDICINE PRIMARY CARE LVPG PHYSICIANS AND PROVIDERS PROVIDE HIGH QUALITY, COMPREHENSIVE, COORDINATED CARE TO ADULTS AND CHILDREN IN THE SETTING OF PATIENT-CENTERED MEDICAL HOMES WE STRIVE TO PROVIDE ACCESS TO CARE AT THE TIME OF NEED, FOCUS ON PREVENTION AND CHRONIC ILLNESS MANAGEMENT AND PROVIDE COORDINATION BETWEEN SPECIALIST AND SERVICE IN COLLABORATION WITH THE CANCER INSTITUTE, FAMILY MEDICINE HAS PROVIDED LEADERSHIP ON EFFORTS TO DEVELOP WORKFLOW AND PROCESSES TO IMPROVE LUNG CANCER SCREENING RATES (A NETWORK GOAL WHICH HAS EXCEEDED MAXIMUM EXPECTATIONS) WORK ON LUNG CANCER SCREENING HAS ALSO BEEN A FOCUS ON OUR PRACTICE BASED RESEARCH NETWORK TEAM, AND A SUCCESSFUL PILOT ON PRE-VISIT OUTREACH TO ELIGIBLE CANDIDATES YIELDING A HIGH RATE OF COMPLETED SCREENING CT SCANS IS THE BASIS FOR AN EXPANSION IN COLLABORATION WITH POPULATION HEALTH IN THE UPCOMING YEAR BREAST CANCER SCREENING WITH THE SUPPORT OF A POOL GRANT, FAMILY MEDICINE IS EXPLORING PATIENT-REPORTED BARRIERS TO MAMMOGRAPHY THROUGH QUALITATIVE INTERVIEWS, REGIONAL FOCUS GROUPS AND A LARGE SAMPLED SURVEY CONTRIBUTIONS TO THE OVERALL EFFORT TO DATE FROM THIS WORK HAVE INCLUDED INFORMATION TO SUPPORT DEVELOPMENT OF ON-LINE PATIENT SCHEDULING, POINT OF CARE SCHEDULING, WAY-FINDING TOOLS, AND DISSEMINATION OF EDUCATIONAL MATERIALS MOBILE MAMMOGRAPHY HAS BEEN DEPLOYED TO SOME OF OUR REMOTE PRIMARY CARE LOCATIONS AND EVALUATION OF IMPACT ON OUT-MIGRATION AND INCREASE IN ACCESS FOR OVERDUE AND UNMET PATIENTS IS ONGOING TAILORED OUTREACH MATERIALS ARE BEING DEVELOPED TO ADDRESS PATIENT-REPORTED BARRIERS AND KNOWLEDGE GAPS, AS WELL AS TO OPTIMIZE MOTIVATORS AS REPORTED BY STUDY PARTICIPANTS NEUROSCIENCES SERVICES LVPG PHYSICIANS PROVIDE TREATMENT FOR STROKE, BRAIN TUMORS, ANEURYSMS, SPINE DISORDERS AND OTHER NEUROLOGICAL DISORDERS IN THE FOLLOWING AREAS NEUROSURGERY, PAIN MANAGEMENT, NEUROLOGY, NEUROPSYCHOLOGY, NEURO-IMAGING, AND NEURO-ONCOLOGY IN APRIL 2019, LVH LAUNCHED THE FIRST MOBILE STROKE UNIT IN PENNSYLVANIA AN MSU ALLOWS STROKE PATIENTS TO BEGIN RAPID TREATMENT BEFORE HOSPITAL ARRIVAL, SUCH AS INITIATING CLOT BUSTING MEDICATION OR REVERSING COAGULOPATHY THE AVAILABILITY OF NEUROIMAGING WILL ALLOW PRECISE TRIAGE AND ROUTING TO APPROPRIATE LEVEL OF STROKE CENTER AND PREVENT INTRA-FACILITY TRANSPORTS CURRENTLY DELAYING ARRIVAL TO THE COMPREHENSIVE STROKE CENTER IN THE FIRST 3 MONTHS OF OPERATION, THE MSU WAS DISPATCHED 42 TIMES

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

BEHAVIORAL HEALTH SERVICES LVPG PHYSICIANS PROVIDE MEDICAL LEADERSHIP FOR THE LVH ACUTE CARE INPATIENT MENTAL HEALTH PROGRAM FOR ADOLESCENTS AND ADULTS IN LEHIGH, NORTHAMPTON, CARBON, MONROE, SCHUYLKILL, AND BERKS COUNTIES BASED UPON THE NUMBER OF ADMISSIONS AND PROVIDES INPATIENT PSYCHIATRIC, PSYCHOLOGICAL, SUBSTANCE ABUSE AND SOCIAL SERVICES IN ALL CLINICAL AREAS AMONG THE AREAS OF FOCUS WERE THE CONTINUED EXPANSION OF THE ZERO SUICIDE INITIATIVE, INCLUDING INTERNAL SUICIDAL PREVENTION PATHWAYS, MITIGATION OF LIGATURE RISK, AND SUICIDE PREVENTION TRAINING IN THE EMERGENCY DEPARTMENTS AND MEDICAL-SURGICAL UNITS LVPG PHYSICIANS ALSO PROVIDE AMBULATORY CARE IN THESE SETTINGS - PARTIAL HOSPITALIZATION PROGRAM OVERSIGHT FOR ADOLESCENTS AND ADULTS- OUTPATIENT MENTAL HEALTH CLINIC FOR THE CHRONICALLY AND SEVERELY ILL- SHORT-TERM, OUTPATIENT TREATMENT SERVICES FOR CHILDREN, ADOLESCENTS, ADULTS AND FAMILIES- RESIDENTIAL REHABILITATION PROGRAM TEACHING INDEPENDENT LIVING SKILLS TO THE CHRONICALLY MENTALLY ILL- EMERGENCY SERVICES- MENTAL HEALTH AND HOME CARE SERVICES -TELE-PSYCHIATRY OVER 1,900 SESSIONS FOR FY 19 SURGERY SERVICES LVPG PHYSICIANS, ADVANCED PRACTICE CLINICIANS AND ALLIED HEALTH PROVIDERS PERFORM COMPREHENSIVE, COORDINATED SURGICAL CARE AND PROVIDE SERVICES IN SPECIALTIES SUCH AS BARIATRIC SURGERY, BURN SURGERY, CARDIAC AND THORACIC SURGERY, GENERAL SURGERY, NEUROSURGERY, OPHTHALMOLOGY, ORTHOPEDIC SURGERY, OTOLARYNGOLOGY, PEDIATRIC OTOLARYNGOLOGY, PEDIATRIC SURGERY, PEDIATRIC UROLOGY, PLASTIC AND RECONSTRUCTIVE SURGERY, SURGICAL ONCOLOGY, TRANSPLANT SURGERY, TRAUMA SURGERY, UROLOGY AND VASCULAR SURGERY IN ADDITION, OUR SURGEONS SERVE AS THE PROGRAM DIRECTOR AND CORE FACULTY FOR THE GENERAL SURGERY RESIDENCY PROGRAM IN FY19, SURGICAL VOLUMES EXCEEDED EXPECTATIONS WITH LVH AND LVH-M REPORTING A RECORD NUMBER OF CASES (45,722) WHICH WAS 8 8% ABOVE FY18 AND 3 7% ABOVE BUDGET THIS PERFORMANCE WAS MADE POSSIBLE THROUGH THE ONGOING CLOSE COLLABORATION BETWEEN THE DEPARTMENT OF SURGERY, THE ANESTHESIA DEPARTMENT, AND PERIOPERATIVE SERVICES. ADDITIONALLY, THIS WAS ACCOMPLISHED WHILE REDUCING EXPENSES, INCLUDING SUPPLY SAVINGS OF JUST OVER \$2 0 MILLION FOR FY19 TRANSPLANT SURGERY PROGRAM OVER THIS PAST YEAR THERE WERE 105 ORGAN TRANSPLANTS, INCLUDING 101 KIDNEY TRANSPLANTS AND 4 SIMULTANEOUS KIDNEY PANCREAS TRANSPLANTS, COMPLETED THE EPIC PHOENIX ELECTRONIC MEDICAL RECORD CONVERSION, SUCCESSFULLY COMPLETED THE UNANNOUNCED CMS SURVEY (JUNE 2019), RANKED 2ND IN THE GIFT OF LIFE ORGAN PROCUREMENT/TRAUMA SERVICES LVPG PHYSICIANS AND OTHER PRACTITIONERS PROVIDE COMPREHENSIVE TRAUMA CARE AND SERVICES AS A MAJOR REGIONAL RESOURCE COVERING A TEN COUNTY AREA AND A TWO MILLION PATIENT BASE LVPG PHYSICIANS ARE PART OF THE ACCREDITED PROGRAM FOR PEDIATRIC TRAUMA LVPG PHYSICIANS ARE AN INTEGRAL COMPONENT OF THE LEHIGH VALLEY HOSPITAL TRAUMA PROGRAM, WHICH PROVIDES A CONTINUUM OF CARE FOR THE TRAUMA PATIENT WITH AT LEAST ONE OF EIGHT TRAUMA SURGEONS PROVIDING 24/7/365 IN HOUSE COVERAGE A TRAUMA REHABILITATION TEAM COMPLETES THE CONTINUUM OF TRAUMA CARE LVPG PHYSICIANS ALSO PROVIDE CARE IN THE BURN CENTER OPERATING 18 BEDS SERVING NORTHEASTERN PENNSYLVANIA AND WESTERN NEW JERSEY WOMEN'S SERVICES LVPG OFFERS PROGRAMS AND SERVICES DESIGNED TO PROVIDE CARE FOR WOMEN IN THE LEHIGH VALLEY LVPG PHYSICIANS DELIVERED 4,690 BABIES DURING THE FISCAL YEAR ENDING JUNE 30, 2019 LVPG MAINTAINS A SPECIAL FOCUS ON PRENATAL CARE AS A COMPONENT OF ITS COMPREHENSIVE OBSTETRICS AND GYNECOLOGY SERVICES, INCLUDING GENERAL OBSTETRIC / GYNECOLOGIC CARE, MATERNAL-FETAL (HIGH-RISK) MEDICINE, GYNECOLOGICAL ONCOLOGY AND PELVIC RECONSTRUCTIVE SURGERY INFANTS/CHILDREN/YOUNG ADULTS LVPG OFFERS COMPREHENSIVE INPATIENT AND OUTPATIENT PEDIATRIC MEDICAL CARE BY COMBINING A PHILOSOPHY OF PATIENT/FAMILY-CENTERED CARE WITH DIAGNOSTIC, MEDICAL AND SURGICAL TECHNIQUES SERVICES ARE PROVIDED THROUGH THE COLLABORATIVE EFFORTS OF COMMUNITY AND HOSPITAL BASED PHYSICIANS AND SUBSPECIALISTS PEDIATRIC SPECIALTY SERVICES INCLUDE ADOLESCENT MEDICINE, CHILD ABUSE, DEVELOPMENTAL PEDIATRICS, GASTROENTEROLOGY, HEMATOLOGY, HOSPITAL BASED CARE, INTENSIVISTS, NEONATOLOGY, NEUROLOGY, ONCOLOGY, PLASTIC AND RECONSTRUCTIVE SURGERY, PSYCHIATRY, PULMONOLOGY, RHEUMATOLOGY, GENERAL SURGERY, AND TRAUMA & BURN CARE LVPG PHYSICIANS PROVIDE CARE TO PATIENTS AT THE LEHIGH VALLEY HOSPITAL 40 BED LEVEL III NEONATAL INTENSIVE CARE UNIT, 8 BED PEDIATRIC INTENSIVE CARE UNIT, 32 BED PEDIATRIC INPATIENT UNIT, 13 BED ADOLESCENT PSYCHIATRY UNIT AND A RECENTLY OPENED 12 BED PEDIATRIC EMERGENCY DEPARTMENT AMBULATORY SERVICES PROVIDED BY LVPG INCLUDE A GENERAL PEDIATRIC OUTPATIENT CLINIC, A PEDIATRIC SUBSPECIALTY CENTER, AND A PEDIATRIC AMBULATORY SURGERY UNIT TELEMEDICINE PROGRAMS THE DEPARTMENT OF MEDICINE HAS REMAINED A LEADER IN THE DEVELOPMENT AND IMPLEMENTATION OF INNOVATIVE TELEMEDICINE PROGRAMS THAT HAVE EXPANDED OUR CAPACITY TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES THROUGHOUT OUR GROWING NETWORK AND BEYOND TELEMEDICINE ALLOWS OUR TEAM TO OFFER SPECIALTY CARE TO SITES AND PATIENTS THAT WOULD OTHERWISE NOT HAVE ACCESS TO THESE SERVICES DEPARTMENT OF EMERGENCY AND HOSPITAL MEDICINE WE OFFER THE REGION'S ONLY CHILDREN'S ER, STAFFED WITH BOARD-CERTIFIED PEDIATRIC EMERGENCY PHYSICIANS, ALONG WITH BOARD-CERTIFIED EMERGENCY PHYSICIANS FOR MORE SERIOUS INJURIES, THE LVH CEDAR CREST TRAUMA CENTER IS A CERTIFIED LEVEL II PEDIATRIC TRAUMA CENTER THE DOEHM QUALITY TEAM IMPLEMENTED DISCHARGE OPIOID TAPER PROTOCOLS, WHICH CAN BE PRESCRIBED BY PROVIDERS WITH ONE CLICK IN THE EMR THE LVHN DIVISION OF MEDICAL TOXICOLOGY CONTINUES TO PROVIDE CARE VIA A MAT/OPIOID WITHDRAWAL INPATIENT CONSULT SERVICE TO MANAGE OPIOID WITHDRAWAL, AND TO IDENTIFY INDIVIDUALS WHO ARE APPROPRIATE FOR THE INITIATION OF MEDICATION ASSISTED TREATMENT WITH MEDICATIONS SUCH AS BUPRENORPHINE (SUBUTEX, SUBOXONE) OR NALTREXONE (REVIA OR VIVITROL) FOR SUBSTANCE USE DISORDER (SUD) MEDICATION TO SUPPORT RECOVERY IS THEN CONTINUED AN OUTPATIENT BASIS AT THE PYRAMID/LVHN MAT CLINIC, EMBEDDED AT PYRAMID HEALTH, A COMMUNITY PARTNER OF LVHN THAT PROVIDES SUBSTANCE USE DISORDER COUNSELING PATIENTS RECEIVE INDIVIDUAL AND GROUP COUNSELING, CERTIFIEDCONSULT PROGRAM THE DOM HAS CONTINUED TO PROMOTE INNOVATION IN OUR CARE DELIVERY MODEL ONE MAJOR INNOVATION LAUNCHED IN FY2019 WAS THE CREATION OF THE ECONSULT PROGRAM THIS NEW TOOL ALLOWED LVPG PROVIDERS TO POSE PATIENT-SPECIFIC, NON-URGENT QUESTIONS TO THEIR SPECIALIST COLLEAGUES IN MULTIPLE DISCIPLINES REQUESTING PROVIDERS RECEIVE FEEDBACK WITHIN THREE WORKING DAYS THE REQUESTS AND RECOMMENDATIONS ARE FORMALLY EMBEDDED WITHIN THE EMR AND BECOME PART OF THE LEGAL MEDICAL RECORD EDUCATIONAL PROGRAMS AND AFFILIATIONS LVPG GRADUATE AND UNDERGRADUATE MEDICAL EDUCATION (GME / UME) AND USF-SELECT (SCHOLARLY EXCELLENCE, LEADERSHIP EXPERIENCES AND COLLABORATIVE TRAINING)LVPG RECOGNIZES THE INTEGRAL ROLE OUR CLINICIANS AND AMBULATORY PRACTICES PLAY IN UNDERGRADUATE MEDICAL EDUCATION (UME), GRADUATE MEDICAL EDUCATION (GME), AND OUR PARTNERSHIP WITH USF FOR THE SELECT PROGRAM (SCHOLARLY EXCELLENCE, LEADERSHIP EXPERIENCES AND COLLABORATIVE TRAINING) THROUGH THE SUPPORT OF OUR OUTSTANDING CLINICIAN-EDUCATORS, WE CAN DELIVER EXEMPLARY MEDICAL EDUCATION PROGRAMS, RESIDENCY AND FELLOWSHIP PROGRAM OFFERINGS UNDER THE LEADERSHIP OF MANY LVPG PHYSICIANS, THE EDUCATIONAL PROGRAMS ARE INTEGRATED INTO THE CLINICAL MODEL OF OUR MEDICAL GROUP THE EMBEDDED STRUCTURE, COUPLED WITH A DIRECT 'LEARNING AT THE BEDSIDE' APPROACH ALLOWS OUR EDUCATIONAL PROGRAMS TO FLOURISH THE GRADUATING SELECT CLASS MEMBERS OF 2019 ALL SUCCESSFULLY MATCHED INTO RESIDENCY PROGRAMS 32% ARE ENTERING PRIMARY CARE 23% WILL REMAIN IN PAAND, APPROXIMATELY 10% ARE REMAINING WITH LVHN FOR THEIR PGY-1 YEARLVPG PHYSICIANS SERVE AS FACULTY FOR THE LVH RESIDENCY AND FELLOWSHIP PROGRAMS, WHICH CURRENTLY OFFERS FULLY ACCREDITED GRADUATE MEDICAL EDUCATION TRAINING PROGRAMS IN THE SPECIALTIES OF INTERNAL MEDICINE, GENERAL SURGERY, OBSTETRICS AND GYNECOLOGY, PLASTIC SURGERY, FAMILY MEDICINE, TRANSITIONAL YEAR, EMERGENCY MEDICINE, DERMATOLOGY, COLON RECTAL SURGERY, CARDIOVASCULAR DISEASE, HOSPITAL PALLIATIVE CARE, BREAST SURGERY AND SURGICAL CRITICAL CARE ADDITIONALLY, A NON-ACCREDITED MINIMALLY INVASIVE SURGERY FELLOWSHIP WAS ADDED IN AUGUST OF 2005 AND PROGRAMS HAVE BEEN APPROVED IN GENERAL PEDIATRICS AND NEPHROLOGY LVPG PROVIDES CONTINUING MEDICAL EDUCATION (CME) TO ITS PHYSICIANS AND ALLIED HEALTH PERSONNEL AS WELL AS TO PHYSICIANS IN THE COMMUNITY THROUGH VARIOUS EDUCATIONAL PROGRAMS OFFERED DURING THE YEAR LVPG ALSO CONDUCTS EXTENSIVE CLINICAL IN-SERVICE AND CONTINUING EDUCATION FOR NURSING PERSONNEL

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

RESEARCHOUR MEMBERS ARE ENGAGED IN INVESTIGATOR-INITIATED CLINICAL TRIALS, HEALTH STUDIES RESEARCH, AND COMMUNITY-BASED PARTICIPATORY RESEARCH THAT HAS RESULTED IN EXTRAMURAL FUNDING FROM A VARIETY OF PRESTIGIOUS ORGANIZATIONS INCLUDING THE NATIONAL INSTITUTES OF HEALTH, THE DEPARTMENT OF DEFENSE, THE HEALTH RESOURCES AND SERVICES ADMINISTRATION, AND THE AGENCY OF HEALTHCARE RESEARCH AS A MEMBER OF VIZIENT, LVPG PHYSICIANS AND APCs HAVE BEEN AN INTEGRAL PART OF LVHN'S LEADING THE NATION IN SEVERAL KEY HOSPITAL OUTCOME PERFORMANCE METRICS, DEMONSTRATING OUR COMMITMENT TO EXCELLENCE. IN ADDITION, LVPG IS NATIONALLY RECOGNIZED FOR PRODUCING QUALITY OUTCOMES COMPETITIVE WITH THE TOP HEALTHCARE INSTITUTIONS ACROSS THE COUNTRY PATIENT AND COMMUNITY EDUCATION PROGRAMS COMMUNITY HEALTH AND WELLNESS - LVPG PHYSICIANS AND PROVIDERS ARE DEDICATED TO HEALTH AND WELLNESS THROUGH PATIENT EDUCATIONAL PROGRAMS, COMMUNITY ENGAGEMENT, NUTRITIONAL COUNSELING, AND CHRONIC ILLNESS MANAGEMENT. WE FOCUS ON DIABETES, OBESITY, ASTHMA, HYPERTENSION, AND CANCER SCREENING. NEW APPROACHES ARE BEING EXPLORED TO IMPROVE PATIENT ENGAGEMENT IN LVPG, THROUGH THE OPERATIONS OF THE LVPG PATIENT EDUCATION OVERSIGHT COMMITTEE. THE GOAL IS TO MANAGE EFFECTIVE HEALTHCARE EDUCATION THROUGH AN INTERDISCIPLINARY, SYSTEMATIC AND COLLABORATIVE APPROACH BY COORDINATING ACTIVITIES WHICH WILL PROVIDE CONSISTENT INFORMATION AND OUTCOMES FOR OUR PATIENTS, FAMILIES AND CAREGIVERS. PRINT RESOURCES ARE THE PRIMARY METHOD TO COMMUNICATE HEALTH CARE INSTRUCTIONS TO PATIENTS. GIVEN THAT, THE COMMITTEE IS EXPLORING HOW MOBILE APPS AND PATIENT PORTALS WILL REINFORCE LEARNING BY CHANGING THE DELIVERY MODEL. EDUCATIONAL RESOURCES HAVE BEEN CREATED FOR LVPG CLINICAL PATHWAYS, PEDIATRIC OBESITY PATHWAY, MAJOR DEPRESSIVE DISORDER PATHWAY, DIABETES TYPE 2 A1C IMPROVEMENT PATHWAY, AT-RISK POPULATIONS HIV, OPIOID MEDICINE AND DEPENDENCE, AND SUICIDE REDUCING LETHAL MEANS. IN FY19, LVPG WRAPPED UP A THREE-YEAR JOURNEY TO IMPROVE THE COMPLETION RATE OF MEDICARE ANNUAL WELLNESS VISITS (AWV). IN JUNE 2016, THE NUMBER OF AWV COMPLETED WAS APPROXIMATELY 16% OVER THE PAST THREE YEARS, LVPG ACHIEVED AND SUSTAINED A COMPLETION RATE OF 62% COUNTERMEASURES CONTRIBUTING TO THIS IMPROVED CAPTURE RATE INCLUDED EPIC TOOLS (E.G. SMART SET, TEMPLATE, HEALTH MAINTENANCE AND BPA CLINICAL DECISION SUPPORT), DEVELOPMENT AND DISSEMINATION OF AN AWV STANDARDIZED WORK FLOW, AND THREE RN CLINICAL QUALITY SUPPORT STAFF TO SUPPORT LOWER PERFORMING PRACTICES. GERIATRIC PROGRAM - LVPG PHYSICIANS PROVIDE GUIDANCE TO THE LVH GERIATRIC PROGRAM, LOCATED AT THE CENTER FOR HEALTHY AGING AT LVH. THE EDUCATIONAL OFFERINGS PROVIDE VALUABLE INFORMATION ON WELLNESS, HEALTHY AGING, AND PREVENTATIVE CARE FOR MATURE POPULATIONS, CARE GIVING INFORMATION, HOLISTIC CARE OF THE OLDER ADULT, DISEASE CONTROL AND MANAGEMENT. THESE PROGRAMS ARE DELIVERED THROUGHOUT THE COMMUNITY AND THE LVH SYSTEM INCLUDING COMMUNITY ORGANIZATIONS AND AGENCIES, THE CENTER FOR HEALTHY AGING, INPATIENT HOSPITAL ROUNDS, HELP (HOSPITAL ELDER LIFE PROGRAM) ROUNDS, AND RESIDENT TEACHING ROUNDS. OUR GERIATRICIANS AND NURSE PRACTITIONERS PROVIDE GERIATRIC ASSESSMENT IN THE INPATIENT TRAUMA UNIT, THE OUTPATIENT OFFICE AND THE NURSING HOME SETTING. THE EDUCATION PROGRAMS ARE DEVELOPED BY PHYSICIANS, NURSE PRACTITIONERS, NURSES, AND SOCIAL WORKERS. THE FORMATS INCLUDE LECTURES, CLASSES, SCREENINGS, AND COUNSELING SESSIONS. THE HELWIG HEALTH AND DIABETES CENTER - THE DIABETES CENTER IS A RECOGNIZED AMERICAN DIABETES ASSOCIATION APPROVED PROVIDER OF DIABETES SELF-MANAGEMENT TRAINING. SERVICES OF THE CENTER INCLUDE PROVISION OF OUTPATIENT PRE-DIABETES, DIABETES AND GENERAL NUTRITION EDUCATION TO PATIENTS AND FAMILIES, COMMUNITY MEMBERS AND HEALTH PROFESSIONALS IN THE MID-EASTERN PENNSYLVANIA REGION. BASED ON REFERRAL, NURSE EDUCATORS, SUPERVISED BY LVPG PHYSICIANS, ASSIST IN CO-MANAGEMENT OF DIABETES CARE. FREE SUPPORT GROUPS AND COMMUNITY EDUCATION PROGRAMS ARE PROVIDED ON A REGULAR BASIS. NURSE EDUCATORS ALSO PROVIDE INPATIENT DIABETES EDUCATION FOR HOSPITALIZED PATIENTS, THEIR FAMILIES, AND ALL LEVELS OF HEALTH CARE PROVIDERS INVOLVED IN THE HOSPITAL CARE OF PATIENTS WITH DIABETES. INPATIENT STANDARDS OF CARE FOR PATIENTS HOSPITALIZED WITH HYPERGLYCEMIA AND DIABETES ARE DEVELOPED AND/OR MONITORED BY THE INPATIENT SPECIALISTS IN ORDER TO IMPROVE PATIENT OUTCOMES. PEDIATRICS PROGRAM - IN COLLABORATION WITH LVH, LVPG PHYSICIANS AND OTHER PRACTITIONERS PARTICIPATE IN COMMUNITY PROGRAMS TO PROMOTE THE HEALTH AND SAFETY OF THE CHILDREN IN OUR AREA. THESE INCLUDE PROGRAMS RELATED TO POISON, FIRE AND VIOLENCE PREVENTION, SAFETY AND IMMUNIZATIONS TO THE COMMUNITY. LVPG PHYSICIANS WORK WITH LVH TO PROVIDE THE MEDICAL EVALUATIONS FOR THE CHILD ADVOCACY CENTER OF LEHIGH COUNTY WHICH IS A MULTIDISCIPLINARY RESPONSE TO ALLEGATIONS OF POTENTIAL CHILD ABUSE. 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE CHNA REPORT EXAMINES THE FACTORS THAT IMPACT THE HEALTH AND WELLNESS OF ALL THE PEOPLE IN A PARTICULAR GEOGRAPHIC AREA. THE CHNA IS AN IMPORTANT OVERVIEW OF THE CURRENT STATE OF HEALTH IN OUR REGION AND IDENTIFIES POTENTIAL AREAS OF CONCERN. THESE REPORTS WERE REVIEWED BY LVHN EXECUTIVE LEADERSHIP AT EACH CAMPUS, AND INITIAL HEALTH NEEDS WERE PRIORITIZED BASED ON THE COMMUNITIES INPUT AND LVHN'S ABILITY TO MAKE A DIFFERENCE ON THAT HEALTH NEED. NEXT STEPS INCLUDE DEVELOPING STRATEGIES TO ADDRESS PRIORITIZED HEALTH NEEDS WHICH WILL BE PRESENTED IN LVHN'S CHNA IMPLEMENTATION PLAN. ALTHOUGH LVPG IS NOT REQUIRED TO COMPLETE A CHNA, OUR PHYSICIANS ARE ACTIVELY INVOLVED IN HELPING TO CARRY OUT THE STRATEGIES IDENTIFIED IN THE IMPLEMENTATION PLAN FOR OUR LEHIGH VALLEY REGION.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL ROSSI MD ..... PRESIDENT	60 00 ..... 0 00	X		X				980,199	0	39,436
JOSEPH DEFULVIO DO ..... CHAIR	60 00 ..... 0 00	X		X				443,527	0	33,525
ALLEN BOXBAUM ..... BOARD MEMBER	60 00 ..... 0 00	X						69,753	0	511
DANIEL BROWN MD ..... BOARD MEMBER	60 00 ..... 0 00	X						594,884	0	33,936
DAVID BURMEISTER DO ..... BOARD MEMBER	60 00 ..... 0 00	X						624,717	0	39,436
JOSEPH CANDIO MD ..... BOARD MEMBER	60 00 ..... 0 00	X						395,213	0	33,933
GEOFFERY CARLSON APC AMD ..... BOARD MEMBER	60 00 ..... 0 00	X						156,937	0	30,645
DEBRA CARTER MD ..... BOARD MEMBER	60 00 ..... 0 00	X						406,786	0	39,436
JAMES DEMOPOULOS SR MHA ..... BOARD MEMBER	60 00 ..... 0 00	X						513,697	0	22,525
RONALD FREUDENBERGER MD ..... BOARD MEMBER	60 00 ..... 0 00	X						732,356	0	39,436



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY FRIEL MD ..... BOARD MEMBER	60 00 ..... 0 00	X						581,511	0	39,436
JOHN PAUL GOMEZ MD ..... BOARD MEMBER	60 00 ..... 0 00	X						297,826	0	39,436
GRANT GREENBERG MD ..... BOARD MEMBER	60 00 ..... 0 00	X						361,091	0	28,532
J NATHAN HAGSTROM MD ..... BOARD MEMBER	60 00 ..... 0 00	X						532,737	0	38,276
T DANIEL HARRISON DO ..... BOARD MEMBER	60 00 ..... 0 00	X						621,961	0	41,366
LORI HULSE ..... BOARD MEMBER	60 00 ..... 0 00	X						300,245	0	20,082
THOMAS HUTCHINSON MD ..... BOARD MEMBER	60 00 ..... 0 00	X						686,173	0	22,000
JEANNE JACOBY MD ..... BOARD MEMBER	60 00 ..... 0 00	X						374,939	0	33,578
DENISE KAPLAN ..... BOARD MEMBER	60 00 ..... 0 00	X						300,286	0	21,484
THOMAS MCLOUGHLIN MD ..... BOARD MEMBER	60 00 ..... 0 00	X						751,987	0	39,182

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH MONKOSKI ..... BOARD MEMBER	60 00 ..... 0 00	X						86,438	0	5,733
SURESH NAIR MD ..... BOARD MEMBER	60 00 ..... 0 00	X						630,829	0	41,365
EDWARD NORRIS MD ..... BOARD MEMBER	60 00 ..... 0 00	X						494,048	0	39,436
MICHAEL PASQUALE MD ..... BOARD MEMBER	60 00 ..... 0 00	X						877,702	0	39,436
MATTHEW SALTZ MD ..... BOARD MEMBER	60 00 ..... 0 00	X						306,159	0	20,208
JENNIFER STEPHENS DO ..... BOARD MEMBER	60 00 ..... 0 00	X						423,551	0	33,497
MARY C STOCK-KEISTER ..... BOARD MEMBER	60 00 ..... 0 00	X						177,557	0	8,317
THOMAS V WHALEN MD MMM ..... BOARD MEMBER	1 00 ..... 60 00	X						0	991,405	33,933
ERIC LEBBY ..... PHYSICIAN	60 00 ..... 0 00					X		1,518,379	0	34,934
PRODROMOS VERVERELI ..... PHYSICIAN	60 00 ..... 0 00					X		1,512,819	0	41,936

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL SIBLEY ..... PHYSICIAN	60 00 ..... 0 00					X		1,238,328	0	35,936
PETER LI ..... PHYSICIAN	60 00 ..... 0 00					X		1,154,709	0	95,294
CHRISTOPHER LYCETTE ..... PHYSICIAN	60 00 ..... 0 00					X		1,141,719	0	38,236
GREGORY BRUSKO DO ..... FORMER BOARD MEMBER	0 00 ..... 0 00						X	181,124	0	15,260
RONALD HENRY ..... FORMER BOARD MEMBER	0 00 ..... 0 00						X	38,460	0	2,192
RALPH PRIMELO MD ..... FORMER BOARD MEMBER	0 00 ..... 0 00						X	358,165	0	39,436
WENDY PRUTSMAN ..... FORMER BOARD MEMBER	0 00 ..... 0 00						X	114,322	0	27,572
AMIL QURESHI MD ..... FORMER BOARD MEMBER	0 00 ..... 0 00						X	272,279	0	31,703
DAVID RICHARDSON MD ..... FORMER BOARD MEMBER	0 00 ..... 0 00						X	377,967	0	41,365
KATHLEEN SCHUYLER ..... FORMER BOARD MEMBER	0 00 ..... 0 00						X	0	138,557	17,226

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK WENDLING MD ..... FORMER BOARD MEMBER	0 00 ..... 0 00						X	404,983	0	39,436

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LEHIGH VALLEY PHYSICIAN GROUP

Employer identification number

23-2700908

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

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

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

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

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2700908

**Name:** LEHIGH VALLEY PHYSICIAN GROUP

**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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
LEHIGH VALLEY PHYSICIAN GROUP

**Employer identification number**  
23-2700908

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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
<b>6</b> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

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

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

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

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

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes | No |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		2,268,673	1,944,348	324,325
<b>c</b> Leasehold improvements		43,279,801	25,293,733	17,986,068
<b>d</b> Equipment . . . . .		26,924,753	18,548,246	8,376,507
<b>e</b> Other . . . . .		1,271,481	754,136	517,345
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				27,204,245

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) LONG TERM RECEIVABLE - PAST EM	27,640
(2) SERP INVESTMENT	96,637,659
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	96,665,299

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED PENSION - DEFINED CONT	23,593,013
SERP I INVESTMENT	96,637,659
ACCRUED PENSION - DEFINED BENE	5,727,023
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	125,957,695

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2700908

**Name:** LEHIGH VALLEY PHYSICIAN GROUP

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION AND ITS SUBSIDIARIES ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAX IMPOSED ON UNRELATED BUSINESS INCOME. THE MOST RECENT DETERMINATION LETTER, RECEIVED BY THE ORGANIZATION, IS DATED MAY 1, 2014. THE ORGANIZATION 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 J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
LEHIGH VALLEY PHYSICIAN GROUP

Employer identification number  
23-2700908

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</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>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</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><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> 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>	<b>4a</b>	No								
	<b>4b</b>	Yes								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**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	<p>THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY PHYSICIAN GROUP, AND RECEIVED A DISTRIBUTION IN CALENDAR YEAR 2018: MICHAEL ROSSI, MD-\$152,376; JOSEPH DEFULVIO, DO-\$27,560; DANIEL BROWN, MD-\$36,209; DAVID BURMEISTER, DO-\$38,245; JOSEPH CANDIO, MD-\$19,725; DEBRA CARTER, MD-\$23,469; JAMES DEMOPOULOS, SR., MHA-\$48,977; RONALD FREUDENBERGER, MD-\$42,907; TIMOTHY FRIEL, MD-\$34,848; JOHN PAUL GOMEZ, MD-\$19,006; J. NATHAN HAGSTROM, MD-\$29,363; T. DANIEL HARRISON, DO-\$36,318; THOMAS HUTCHINSON, MD-\$36,059; JEANNE JACOBY, MD-\$22,524; THOMAS MCLOUGHLIN, MD-\$36,760; SURESH NAIR, MD-\$34,164; EDWARD NORRIS, MD-\$28,824; MICHAEL PASQUALE, MD-\$49,970; MATTHEW SALTZ, MD-\$17,798; JENNIFER STEPHENS, DO-\$24,279; MARY C. STOCK-KEISTER-\$10,007; GREGORY BRUSKO, DO-\$20,113; RALPH PRIMELO, MD-\$19,960; AMIL QURESHI, MD-\$17,596; DAVID RICHARDSON, MD-\$23,339; MARK WENDLING, MD-\$19,255; ERIC LEBBY-\$94,026; PRODROMOS VERVERELI-\$89,464; PAUL SIBLEY-\$83,414; PETER LI-\$59,069; CHRISTOPHER LYCETTE-\$53,707. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL, A RELATED ORGANIZATION, AND RECEIVED A DISTRIBUTION IN CALENDAR YEAR 2018: THOMAS V. WHALEN, MD, MMM-\$139,213.</p>



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2700908  
**Name:** LEHIGH VALLEY PHYSICIAN GROUP

**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				
MICHAEL ROSSI MD PRESIDENT	(i)	689,073	137,841	153,285	0	39,436	1,019,635	0
	(ii)	0	0	0	0	0	0	0
JOSEPH DEFULVIO DO CHAIR	(i)	413,650	5,567	24,310	0	33,525	477,052	0
	(ii)	0	0	0	0	0	0	0
DANIEL BROWN MD BOARD MEMBER	(i)	496,439	68,824	29,621	0	33,936	628,820	0
	(ii)	0	0	0	0	0	0	0
DAVID BURMEISTER DO BOARD MEMBER	(i)	500,574	93,408	30,735	0	39,436	664,153	0
	(ii)	0	0	0	0	0	0	0
JOSEPH CANDIO MD BOARD MEMBER	(i)	352,213	24,386	18,614	0	33,933	429,146	0
	(ii)	0	0	0	0	0	0	0
GEOFFERY CARLSON APC AMD BOARD MEMBER	(i)	133,003	29,586	-5,652	0	30,645	187,582	0
	(ii)	0	0	0	0	0	0	0
DEBRA CARTER MD BOARD MEMBER	(i)	338,775	49,519	18,492	0	39,436	446,222	0
	(ii)	0	0	0	0	0	0	0
JAMES DEMOPOULOS SR MHA BOARD MEMBER	(i)	351,731	114,687	47,279	0	22,525	536,222	0
	(ii)	0	0	0	0	0	0	0
RONALD FREUDENBERGER MD BOARD MEMBER	(i)	593,626	102,175	36,555	0	39,436	771,792	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY FRIEL MD BOARD MEMBER	(i)	463,468	86,484	31,559	0	39,436	620,947	0
	(ii)	0	0	0	0	0	0	0
JOHN PAUL GOMEZ MD BOARD MEMBER	(i)	277,354	12,671	7,801	0	39,436	337,262	0
	(ii)	0	0	0	0	0	0	0
GRANT GREENBERG MD BOARD MEMBER	(i)	308,979	57,656	-5,544	0	28,532	389,623	0
	(ii)	0	0	0	0	0	0	0
J NATHAN HAGSTROM MD BOARD MEMBER	(i)	409,840	101,477	21,420	0	38,276	571,013	0
	(ii)	0	0	0	0	0	0	0
T DANIEL HARRISON DO BOARD MEMBER	(i)	590,001	3,221	28,739	0	41,366	663,327	0
	(ii)	0	0	0	0	0	0	0
LORI HULSE BOARD MEMBER	(i)	270,019	35,646	-5,420	0	20,082	320,327	0
	(ii)	0	0	0	0	0	0	0
THOMAS HUTCHINSON MD BOARD MEMBER	(i)	540,611	100,879	44,683	0	22,000	708,173	0
	(ii)	0	0	0	0	0	0	0
JEANNE JACOBY MD BOARD MEMBER	(i)	348,174	6,563	20,202	0	33,578	408,517	0
	(ii)	0	0	0	0	0	0	0
DENISE KAPLAN BOARD MEMBER	(i)	263,655	34,464	2,167	0	21,484	321,770	0
	(ii)	0	0	0	0	0	0	0
THOMAS MCLOUGHLIN MD BOARD MEMBER	(i)	606,224	113,123	32,640	0	39,182	791,169	0
	(ii)	0	0	0	0	0	0	0
SURESH NAIR MD BOARD MEMBER	(i)	552,644	49,632	28,553	0	41,365	672,194	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
EDWARD NORRIS MD BOARD MEMBER	(i)	399,411	74,531	20,106	0	39,436	533,484	0
	(ii)	0	0	0	0	0	0	0
MICHAEL PASQUALE MD BOARD MEMBER	(i)	702,552	130,280	44,870	0	39,436	917,138	0
	(ii)	0	0	0	0	0	0	0
MATTHEW SALTZ MD BOARD MEMBER	(i)	274,845	17,921	13,393	0	20,208	326,367	0
	(ii)	0	0	0	0	0	0	0
JENNIFER STEPHENS DO BOARD MEMBER	(i)	346,352	56,250	20,949	0	33,497	457,048	0
	(ii)	0	0	0	0	0	0	0
MARY C STOCK-KEISTER BOARD MEMBER	(i)	150,950	15,141	11,466	0	8,317	185,874	0
	(ii)	0	0	0	0	0	0	0
THOMAS V WHALEN MD MMM BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	683,396	147,927	160,082	0	33,933	1,025,338	0
ERIC LEBBY PHYSICIAN	(i)	1,013,355	419,351	85,673	0	34,934	1,553,313	0
	(ii)	0	0	0	0	0	0	0
PRODROMOS VERVERELI PHYSICIAN	(i)	1,207,586	219,826	85,407	0	41,936	1,554,755	0
	(ii)	0	0	0	0	0	0	0
PAUL SIBLEY PHYSICIAN	(i)	504,900	655,935	77,493	0	35,936	1,274,264	0
	(ii)	0	0	0	0	0	0	0
PETER LI PHYSICIAN	(i)	1,000,193	99,543	54,973	0	95,294	1,250,003	0
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER LYCETTE PHYSICIAN	(i)	854,980	236,889	49,850	0	38,236	1,179,955	0
	(ii)	0	0	0	0	0	0	0
GREGORY BRUSKO DO FORMER BOARD MEMBER	(i)	159,664	0	21,460	0	15,260	196,384	0
	(ii)	0	0	0	0	0	0	0
RONALD HENRY FORMER BOARD MEMBER	(i)	38,573	0	-113	0	2,192	40,652	0
	(ii)	0	0	0	0	0	0	0
RALPH PRIMELO MD FORMER BOARD MEMBER	(i)	290,250	55,222	12,693	0	39,436	397,601	0
	(ii)	0	0	0	0	0	0	0
WENDY PRUTSMAN FORMER BOARD MEMBER	(i)	116,657	3,125	-5,460	0	27,572	141,894	0
	(ii)	0	0	0	0	0	0	0
AMIL QURESHI MD FORMER BOARD MEMBER	(i)	250,112	8,740	13,427	0	31,703	303,982	0
	(ii)	0	0	0	0	0	0	0
DAVID RICHARDSON MD FORMER BOARD MEMBER	(i)	355,220	5,288	17,459	0	41,365	419,332	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN SCHUYLER FORMER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	130,096	8,658	-197	0	17,226	155,783	0
MARK WENDLING MD FORMER BOARD MEMBER	(i)	346,110	48,439	10,434	0	39,436	444,419	0
	(ii)	0	0	0	0	0	0	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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization LEHIGH VALLEY PHYSICIAN GROUP	Employer identification number 23-2700908
---	--

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

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

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

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

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN C YEE - TRUSTEE	PARTNER IN 94 BROADHEAD ASSOCIATES - TRUSTEE OF LVHN, LVH, LVH-M, LVH-H, AND	118,494	94 BROADHEAD ASSOCIATES LEASES OFFICE SPACE TO LVPG AT FAIR MARKET VALUE		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

LEHIGH VALLEY PHYSICIAN GROUP

Employer identification number

23-2700908

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>LEHIGH VALLEY PHYSICIAN GROUP REPORTS ANNUALLY (AS PART OF LEHIGH VALLEY HEALTH NETWORK) THE AMOUNT OF COMMUNITY BENEFIT PROVIDED DURING THE FISCAL YEAR A SUMMARY OF THE COSTS INCURRED FOLLOWS MEDICARE SHORTFALL THE MEDICARE SHORTFALL OF \$41,020,859 IS THE DIFFERENCE BETWEEN MEDICARE PAYMENTS AND THE COST OF PROVIDING PATIENT CARE THIS COMBINES TRADITIONAL MEDICARE AND MEDICARE MANAGED CARE MEDICAL ASSISTANCE SHORTFALL THE MEDICAL ASSISTANCE SHORTFALL OF \$14,977,410 IS THE DIFFERENCE BETWEEN MEDICAL ASSISTANCE PAYMENTS AND THE COST OF PROVIDING PATIENT CARE THIS COMBINES TRADITIONAL MEDICAL ASSISTANCE AND MEDICAL ASSISTANCE MANAGED CARE UNCOMPENSATED CHARITY CARE UNCOMPENSATED CHARITY CARE AT COST, LESS PAYMENTS, WAS \$4,045,385 THIS TOTAL DOES NOT INCLUDE BAD DEBT LEHIGH VALLEY PHYSICIAN GROUP'S DETERMINATION OF INABILITY TO PAY DIFFERENTIATES CHARITY CARE FROM BAD DEBT A SMALL AMOUNT OF PAYMENTS, DETERMINED BY A SLIDING INCOME SCALE, IS NETTED AGAINST COST OF CARE BAD DEBT LEHIGH VALLEY PHYSICIAN GROUP'S BAD DEBT AT COST, LESS PAYMENTS, WAS \$8,391,944 BAD DEBT IS DETERMINED BY EITHER ABILITY TO PAY BUT UNWILLINGNESS TO DO SO, OR IS THE RESULT OF NO DETERMINATION OF CHARITY OR BAD DEBT STATUS A SMALL AMOUNT OF PAYMENTS IS NETTED AGAINST THE COST OF CARE TOTAL - \$68,435,598</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

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

## 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	TRANSFERS TO AFFILIATES 71,099,001

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 2C	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LEHIGH VALLEY PHYSICIAN GROUP

**Employer identification number**

23-2700908

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2700908  
**Name:** LEHIGH VALLEY PHYSICIAN GROUP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2349341	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2580968	STAFFING SERVICES	PA	501(C)(3)	LINE 12B, II	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-5880364	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-2038456	SURGICAL SERVICES	PA	501(C)(3)	LINE 3	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 22-2458317	PARENT COMPANY	PA	501(C)(3)	LINE 12C, III-FI	N/A		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2586770	REAL ESTATE HOLDING CO	PA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 23-1689692	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-1352202	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2245513	REAL ESTATE RENTALS	PA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2421970	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2611474	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2516451	SUPPORT POCONO HEALTH SYSTEM	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2336285	SUPPORT POCONO MEDICAL CENTER	PA	501(C)(3)	LINE 12B, II	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 20-6560453	SELF-INSURANCE	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-3014006	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 24-0795623	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2535297	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		No
700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2866006	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 10	LEHIGH VALLEY PHYSICIAN GROUP		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2440891	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2532377	AMBULATORY MEDICAL SERVICES	PA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		No



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

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