

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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) Room/suite
2100 MACK BLVD

City or town, state or province, country, and ZIP or foreign postal code
ALLENTOWN, PA 181035622

D Employer identification number
23-2700908

E Telephone number
(484) 884-0130

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

G Gross receipts \$ 621,258,075

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.LVHN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1992 **M** State of legal domicile: PA

Part I Summary

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,989
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	-5,520

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	400,260	201,063
9 Program service revenue (Part VIII, line 2g)	609,650,526	621,008,575
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,392	-7,405
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,769	41,134
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	610,050,163	621,243,367
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	483,133,987	495,056,351
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	131,788,826	137,371,035
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	614,922,813	632,427,386
19 Revenue less expenses. Subtract line 18 from line 12	-4,872,650	-11,184,019

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	313,002,072	433,846,962
21 Total liabilities (Part X, line 26)	181,721,852	243,750,760
22 Net assets or fund balances. Subtract line 21 from line 20	131,280,220	190,096,202

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2021-05-12

ROBERT THOMAS ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] 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 [X] 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 \$ 610,137,798 including grants of \$) (Revenue \$ 621,042,304) See Additional Data

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

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

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 COMMUNITY'S 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. SERVICE INNOVATION AND IMPROVEMENT EFFORTS IN 2015, LVPG RECOGNIZED THROUGH PATIENT FEEDBACK THAT OUR ACCESS TO CARE WAS NOT MEETING PATIENT'S NEEDS. IN RESPONSE, OUR TEAM CREATED A UNIQUE ACCESS SOLUTION MODEL THAT INVOLVED DETAILED DECONSTRUCTION AND RECONSTRUCTION OF SCHEDULES. THROUGH AN ITERATIVE SERIES OF IMPROVEMENTS, EACH PRACTICE EMBARKED ON A JOURNEY TO IMPROVE THEIR PATIENT ACCESS THROUGH SCHEDULE ANALYSIS, REVIEW AND ALTERATION. IN ADDITION, EMPHASIS WAS PLACED ON LEVERAGING OUR ENTIRE WORKFORCE AND THEIR CLINICAL TIME. TO ENHANCE OUR ABILITY TO CARE FOR PATIENTS AND TO MEET OUR "SERVICE PROMISE", INTER-PRACTICE SCHEDULING WAS IMPLEMENTED ACROSS SIMILAR CLINICAL AREAS. LEVERAGING OUR GEOGRAPHIC REGIONS, PATIENTS WERE ABLE TO BE SCHEDULED IN LOCAL OFFICES IF THEIR HOME PRACTICE DID NOT HAVE ACCESS. THIS NEW SCHEDULING MODEL ALLOWS OUR STAFF TO MEET A PATIENT'S CLINICAL NEEDS. TO CAPTURE PATIENT SATISFACTION THROUGH THEIR OWN VOICE, OUR MEDICAL GROUP RECENTLY MOVED TO A REAL-TIME VENDOR PLATFORM FOR SURVEY DATA. THIS TRANSITION HAS QUADRUPLED OUR PATIENT RESPONSE RATE AND HAS PROVIDED OUR PRACTICE LEADERSHIP MORE IMMEDIATE INFORMATION FOR PERFORMANCE AND SERVICE RECOVERY. ROUTINE REPORTS ARE SENT TO PRACTICES / PROVIDERS, PROVIDING FEEDBACK ALONG WITH RESOURCES FOR IMPROVEMENT. COMMUNICATION COACHING IS GIVEN TO PROVIDERS WITH OPPORTUNITY TO IMPROVE. IN ADDITION, LVPG USES TRANSPARENT PROVIDER STAR RATINGS AND POSTING OF DIRECT PATIENT COMMENTS ONLINE. THROUGH THIS WORK, IT HAS BEEN RECOGNIZED THAT LVPG HAS PATIENT SATISFACTION SCORES AMONG THE TOP IN PERFORMANCE ACROSS MEDICAL GROUPS NATIONALLY. LVHN 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 MODEL ALLOWS FOR INTERDISCIPLINARY PATIENT CARE WITHOUT REQUIRING THE PATIENT TO TRAVEL FOR A FACE TO FACE VISIT UNLESS CLINICALLY INDICATED. THE REQUESTS AND RECOMMENDATIONS ARE FORMALLY EMBEDDED WITHIN THE EMR AND BECOME PART OF THE LEGAL MEDICAL RECORD. EACH MONTH, OVER 150 ECONSULTS ARE COMPLETED WITHIN LVPG, AND GROWING. AS SEEN AND OUTLINED, LVPG IS DEDICATED TO THIS COMMUNITY AND TO THE PATIENTS WE SERVE.

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

4e Total program service expenses 610,137,798

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	117
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	3,989			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b		Yes		
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a			No	
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a			No	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
9 Sponsoring organizations maintaining donor advised funds.					
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a				
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>	15		Yes		
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>	16			No	

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,145

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 25

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	195,641				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,422				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			201,063			
Program Service Revenue	2a PATIENT CARE	Business Code					
		621110	548,458,095	548,458,095			
	b EDUCATION, ADMINISTRATIVE, CLINIC	900099	60,357,469	60,357,469			
	c HHS COVID REVENUE	621110	12,193,011	12,193,011			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		621,008,575					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	41,134				
		b Less: rental expenses	6b	0			
	c Rental income or (loss)	6c	41,134				
	d Net rental income or (loss)			41,134	41,134		
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	7,303				
		b Less: cost or other basis and sales expenses	7b	14,708			
	c Gain or (loss)	7c	-7,405				
	d Net gain or (loss)			-7,405	-7,405		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			621,243,367	621,042,304	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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,727,510	1,727,510		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	417,930,366	388,099,517	29,830,849	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,634,706	12,629,414	5,292	
9 Other employee benefits	40,416,164	37,159,423	3,256,741	
10 Payroll taxes	22,347,605	22,347,605		
11 Fees for services (non-employees):				
a Management				
b Legal	331,494	331,494		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,097,175	3,626,780	2,470,395	
12 Advertising and promotion	1,060,176	182,628	877,548	
13 Office expenses	1,236,527	1,206,077	30,450	
14 Information technology	274,997	274,997		
15 Royalties				
16 Occupancy	27,916,418	26,333,549	1,582,869	
17 Travel	321,679	246,578	75,101	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,721,337	3,630,215	91,122	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,720,730	7,366,590	354,140	
23 Insurance	12,256,894	11,318,196	938,698	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NON-BILLABLE MED SUPPLI	33,262,340	33,123,670	138,670	
b PURCHASED SERVICES	21,037,431	38,491,319	-17,453,888	
c BAD DEBT EXPENSE	15,639,138	15,658,794	-19,656	
d				
e All other expenses	6,494,699	6,383,442	111,257	
25 Total functional expenses. Add lines 1 through 24e	632,427,386	610,137,798	22,289,588	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-9,081,576	1	9,689,180
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	174,300,688	4	34,142,256
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	306,965	7	159,109,441
	8 Inventories for sale or use	3,287,900	8	3,304,450
	9 Prepaid expenses and deferred charges	2,008,728	9	2,051,308
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	82,045,976		
	b Less: accumulated depreciation	54,108,192		
		27,204,245	10c	27,937,784
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	6,773	13	6,773
	14 Intangible assets	18,303,050	14	86,464,939
15 Other assets. See Part IV, line 11	96,665,299	15	111,140,831	
16 Total assets. Add lines 1 through 15 (must equal line 34)	313,002,072	16	433,846,962	
Liabilities	17 Accounts payable and accrued expenses	55,764,157	17	54,007,545
	18 Grants payable		18	
	19 Deferred revenue		19	3,525,544
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	125,957,695	25	186,217,671
	26 Total liabilities. Add lines 17 through 25	181,721,852	26	243,750,760
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	131,280,220	27	190,096,202
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	131,280,220	32	190,096,202	
33 Total liabilities and net assets/fund balances	313,002,072	33	433,846,962	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	621,243,367
2	Total expenses (must equal Part IX, column (A), line 25)	2	632,427,386
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,184,019
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	131,280,220
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1
9	Other changes in net assets or fund balances (explain in Schedule O)	9	70,000,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	190,096,202

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>	3b		

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

Form 990 (2019)

Form 990, Part III, Line 4a:

HISTORY AND BACKGROUND: THE LEHIGH VALLEY PHYSICIAN GROUP (LVPG) WAS ESTABLISHED IN 1993 AS AN AFFILIATE OF LEHIGH VALLEY HEALTH NETWORK (LVHN). AS A NON-PROFIT CORPORATION WHICH SUPPORTS BOTH LVHN AND 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 OVER 1,000 PHYSICIANS AND OVER 500 ADVANCED PRACTICE CLINICIANS, THE ENTIRE MEDICAL GROUP OPERATES AS A SINGLE ENTITY WITH SERVICES PROVIDED AT OVER 150 LOCATIONS. IMPORTANTLY, LVPG PLAYS A CRITICAL ROLE IN THE LEHIGH VALLEY COMMUNITY, CARING FOR OVER 50% OF THE POPULATION. LVPG-LEHIGH PROVIDED OVER 2.6 MILLION VISITS TO OUR PATIENTS. THE FOLLOWING SUMMARIZES THE MEDICAL SPECIALTIES OFFERED ACROSS LVPG: ADOLESCENT MEDICINE, ADVANCED SPINE, CONCUSSION, HEAD TRAUMA, BARIATRIC MEDICINE, BARIATRIC SURGERY, BEHAVIORAL HEALTH, BURN SURGERY AND WOUND CARE, GENERAL CARDIOLOGY, CARDIOLOGY ELECTROPHYSIOLOGY, RADIO-THORACIC SURGERY, CHIROPRACTIC MEDICINE, EAR / NOSE / THROAT MEDICINE, CONCUSSION CARE, CRITICAL CARE 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, NEUROPSYCHOLOGY, NEUROSURGERY, OBSTETRICS, OCCUPATIONAL MEDICINE, OPHTHALMOLOGY, OPTOMETRY, ORTHOPEDIC SURGERY, PAIN MANAGEMENT, PALLIATIVE MEDICINE, GENERAL PEDIATRICS, PEDIATRIC ENDOCRINOLOGY, PEDIATRIC GASTROENTEROLOGY, PEDIATRIC HEMATOLOGY/ONCOLOGY, PEDIATRIC HOSPITALISTS, PEDIATRIC INFECTIOUS DISEASE, PEDIATRIC INTENSIVISTS, PEDIATRIC NEUROLOGY, PEDIATRIC NEONATOLOGY, PEDIATRIC PLASTIC SURGERY, PEDIATRIC PULMONOLOGY, PEDIATRIC SURGERY, PEDIATRIC UROLOGY, PLASTIC SURGERY, PHYSIATRY, PSYCHIATRY - CHILD & ADOLESCENT, GENERAL PSYCHIATRY, PULMONOLOGY, RHEUMATOLOGY, SLEEP MEDICINE, SPORTS MEDICINE, SURGICAL ONCOLOGY, TOXICOLOGY, TRAUMA SURGERY, TRANSPLANT SURGERY, UROGYNECOLOGY, UROLOGY, VASCULAR SURGERY. LVPG HAS PARTICIPATED FOR SIX YEARS IN A TRACK 1 MEDICARE SHARED SAVINGS PROGRAM (MSSP). OUR MSSP ACCOUNTABLE CARE ORGANIZATION (ACO) IS COMPRISED OF OVER 40,000 MEDICARE BENEFICIARIES. WE PERFORMED BETTER THAN BENCHMARK OUR FIRST TWO YEARS IN THE PROGRAM, WITH SHARED SAVINGS IN PROGRAM YEAR ONE AND QUALITY SCORES CONSISTENTLY OVER 90%. THROUGH THIS, OUR MEDICAL GROUP HAS DEMONSTRATED THE ABILITY TO REALIZE THE TRIPLE AIM AS MEASURED THROUGH A CMS LENS. 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. IN CENTER CITY ALLENTOWN, OUR 17TH STREET CAMPUS PROVIDES DEDICATED SERVICE AND CARE DELIVERY TO OUR UNDERSERVED POPULATION. WITH OVER 70% OF THE PATIENT POPULATION UN/UNDER-INSURED, THESE PRACTICES PROVIDE THE HIGHEST QUALITY CARE TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THE PEDIATRIC CHILDREN'S CLINIC CARES FOR OVER 25,000 CHILDREN, AND NOT ONLY PROVIDES HEALTHCARE BUT SUPPORTIVE OUTREACH THROUGH WELL INTEGRATED SOCIAL SUPPORT SERVICES. OTHER 17TH STREET PRACTICES INCLUDE INTERNAL MEDICINE, FAMILY MEDICINE, OB/GYN, AN HIV-FOCUSED OFFICE, HEPATITIS C CLINIC, A MEDICAL SPECIALTIES PRACTICE AND A WELLNESS CENTER. THROUGHOUT FY20, EFFORTS WERE UNDERWAY TO TRANSFORM MANY OF THESE PRACTICES INTO A FEDERALLY QUALIFIED HEALTH CENTER. THAT INITIATIVE WILL SERVE THE COMMUNITY EVEN GREATER IN YEARS TO COME. COVID-19 (C19) PANDEMIC: THE LVPG RESPONSE TO THE C19 PANDEMIC HAS BEEN TRANSFORMATIVE AND IMPACTFUL FOR BOTH THE ORGANIZATION AND OUR COMMUNITY. EARLY IN MARCH, LVPG QUICKLY TRANSITIONED ITS CLINICAL FOOTPRINT TO INCLUDE VIRTUAL CARE OFFERINGS, THROUGH VIDEO VISITS, PHONE VISITS AND E-VISITS. THESE MODALITIES REACHED A PEAK VOLUME IN MID-APRIL, COMPRISING UP TO 75% OF ALL AMBULATORY HEALTHCARE DELIVERY. THE VIRTUAL MODEL WAS ROLLED OUT ACROSS THE ENTIRE MEDICAL GROUP AND OPTIMIZED, ALLOWING ANY APPROPRIATE ENCOUNTER TO BE PERFORMED SAFELY AND EFFECTIVELY. THROUGHOUT THE PANDEMIC, LVPG HAS NOT WAIVERED IN SUPPORTING OUR COMMUNITY WITH FACE TO FACE VISITS WHEN NEEDED. IN ADDITION TO THE VIRTUAL VISIT OFFERINGS DIRECT FROM LVPG CLINICIANS, THE LVPG PHYSICIAN AND APC WORKFORCE PROVIDED SUPPORT TO OUR CARES CENTER IN DELIVERING CENTRAL COMMUNITY C19 VIRTUAL SUPPORT. THESE SERVICES INCLUDED SCREENING C19 E-VISITS, ON DEMAND VIDEO SCREENING C19 VISITS AND A TRANSITION OF CARE C19 VIRTUAL CARE CLINIC FOR PATIENTS DISCHARGED FROM THE HOSPITAL. THESE TYPES OF ENCOUNTERS PROVIDED HUNDREDS OF THOUSANDS OF VISITS TO OUR COMMUNITY OVER THE PAST YEAR THROUGHOUT THE C19 CHALLENGES. THIS MODEL ENABLED PATIENTS TO STAY HOME, STAY SAFE AND RECEIVE CARE IN A MANNER THAT WAS CONVENIENT AND VALUE-ADD. LVPG ALSO TOOK GREAT EFFORT DURING THE C19 PANDEMIC TO CONSOLIDATE SERVICES AND DIAGNOSTICS WHEN NEEDED AND THEN RE-EXPAND AS IT WAS SAFE TO BRING PATIENTS BACK FULLY INTO THE OFFICE. THESE CHANGES INCLUDED EXTENSIVE PRACTICE OPERATIONS THAT FOSTERED A SAFE ENVIRONMENT FOR PATIENTS, WITH AGGRESSIVE CLEANING, PERSONAL PROTECTIVE USE, SOCIAL DISTANCING AND GEOGRAPHIC / TEMPORAL PATIENT DISTANCING. THROUGH ALL THIS, PATIENTS AND COLLEAGUE'S SAFETY WERE ASSURED. 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 LEIGHTON LOCATION. CARDIAC SERVICES: LVPG PHYSICIANS PROVIDE THE MEDICAL LEADERSHIP OF THE CARDIOVASCULAR DISEASE DIVISIONS AT LVHN INCLUDING GENERAL AND INVASIVE CARDIOLOGY, HEART STATION, ELECTROPHYSIOLOGY, RADIO THORACIC SURGERY AND THE CARDIOVASCULAR RESEARCH INSTITUTE. IN ADDITION, OUR CARDIOLOGISTS SERVE AS PROGRAM DIRECTOR AND CORE FACULTY FOR THE LVHN RADIOLOGY FELLOWSHIP PROGRAM. IN FY20, AN AMBULATORY HEART FAILURE PATHWAY WAS FINALIZED THROUGH A SERIES OF COLLABORATIVE EFFORTS ACROSS PRIMARY CARE AND RADIOLOGY, 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 HEART FAILURE; 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 FY21. 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 RADIOLOGY. 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 FY19, WITH ONGOING EXPANSION THROUGHOUT FY20. IN ADDITION, A BEHAVIORAL HEALTH INITIATIVE ROLLED OUT ACROSS AMBULATORY GENERAL PEDIATRICS, WITH AN EMBEDDED THERAPIST IN THE PRACTICES. THEIR FOCUS IS ON DEPRESSION SCREENING, DIAGNOSTIC ASSESSMENTS OF PATIENTS WITH BEHAVIORAL CONCERNS, SHORT TERM EVALUATION AND TREATMENT FOR COMMON BEHAVIORAL PROBLEMS AND EVALUATIONS FOR PSYCHOSOCIAL ISSUES IMPACTING EXISTING CARE PLANS. THE PROGRAM HAS BEEN A GREAT SUCCESS, WITH ONGOING EXPANSION PLANNED. 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. THE PALLIATIVE CARE TEAM IS CALLED OACIS OPTIMIZING ADVANCED COMPLEX ILLNESS SUPPORT AND CONSISTS OF MULTIDISCIPLINARY TEAMS THAT TRAVEL TO PATIENTS' HOMES FOR CARE. WE ALSO CARE FOR PATIENTS AT THE END OF LIFE IN COORDINATION WITH HOSPICE HOME SERVICES. THE TEAM SPENDS TIME ENSURING PATIENTS ARE SUPPORTED WITH CARE THAT ALIGNS WITH THEIR MEDICAL AND PERSONAL GOALS; PROMOTING THE HIGHEST QUALITY EXPERIENCE AND LIFE POSSIBLE.

Form 990, Part III, Line 4b:

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 LEADERSHIP HAS SUPPORTED EFFORTS TO DEVELOP WORKFLOW AND PROCESSES TO IMPROVE LUNG CANCER AND COLON CANCER SCREENING RATES. WORK ON LUNG CANCER SCREENING HAS BEEN A FOCUS OF OUR PRACTICE BASED RESEARCH NETWORK TEAM, WITH ONGOING COLLABORATION AND EXPANSION THROUGHOUT FY20. LVPG WAS RECENTLY AWARDED A 3-YEAR PENNSYLVANIA DEPARTMENT OF HEALTH CURE GRANT IN COLLABORATION WITH THE AMERICAN COLLEGE OF RADIOLOGY, AMERICAN CANCER SOCIETY AND THOMAS JEFFERSON UNIVERSITY TO TEST THE FEASIBILITY OF A CENTRALIZED LUNG CANCER SCREENING PROGRAM. IN FEBRUARY OF 2020, FAMILY MEDICINE COLLEAGUES PARTNERED WITH POPULATION HEALTH TO PILOT A MAILED INTERVENTION TO REFER PATIENTS WHO ARE NOT UP TO DATE ON COLORECTAL CANCER SCREENING FOR COLONOSCOPY OR TO COMPLETE STOOL IMMUNOCHEMICAL BLOOD TESTING. THIS WORK WAS SUCCESSFUL AND IS EXPANDING TO INFORM FUTURE OUTREACH EFFORTS. 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. OVER THE PAST THREE YEARS, A SIGNIFICANT IMPROVEMENT IN MAMMOGRAM SCREENING ACROSS OUR POPULATION HAS OCCURRED DUE TO THIS WORK. DIABETES MANAGEMENT: THROUGH ONGOING COLLABORATION AND NETWORK SUPPORT, LVPG HAS IMPLEMENTED A DIABETES PATHWAY ACROSS ALL AMBULATORY ADULT PRIMARY CARE PRACTICES. THIS PATHWAY HAS HELPED OUR CLINICIANS' PARTNER WITH PATIENTS BETTER TO IMPROVE TESTING AND MANAGEMENT OF THEIR DIABETES. 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. 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: ACHIEVED UP TO 100% VIRTUAL CARE THROUGHOUT FY20 WITH C19 PANDEMIC. ONGOING HIGH LEVELS OF VIRTUAL CARE HAVE BEEN MAINTAINED SINCE THAT TIME. 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 FY20, SURGICAL VOLUMES AT LVH AND LVH-M WAS 42,019 CASES. THIS PERFORMANCE WAS SLIGHTLY BELOW THE FY 19 VOLUME OF 45,722 CASES. ELECTIVE PROCEDURES BEING CANCELLED DUE TO COVID CONCERNS WAS THE REASON FOR THE DECLINE. TRANSPLANT SURGERY PROGRAM OVER THIS PAST YEAR THERE WERE 122 ORGANS TRANSPLANTED, INCLUDING 119 KIDNEY TRANSPLANTS, 1 PANCREAS TRANSPLANT, AND 1 SIMULTANEOUS KIDNEY PANCREAS TRANSPLANT. 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 4,796 BABIES DURING THE FISCAL YEAR ENDING JUNE 30, 2020. LVPG MAINTAINS A SPECIAL FOCUS ON PRENATAL CARE AS A COMPONENT OF ITS COMPREHENSIVE OBSTETRICS AND GYNECOLOGY SERVICES, INCLUDING GENERAL OBSTETRIC / GYNECOLOGICAL 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, INFECTIOUS DISEASE, 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 LVHN 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. THROUGH THE C19 PANDEMIC, AS NOTED, OUR TELEMEDICINE OFFERINGS HAVE EXPANDED EXPONENTIALLY TO INCLUDE VIDEO, PHONE AND E-VISITS. THE VIDEO VISITS INCLUDE NOT JUST CLINICIAN AND PATIENT ENCOUNTERS, BUT ALSO INCLUDE MULTIPARTY VIDEO CONFERENCES.

Form 990, Part III, Line 4c:

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 LVHCEDAR CREST TRAUMA CENTER IS A CERTIFIED LEVEL II PEDIATRIC TRAUMA CENTER. THE LEHIGH VALLEY ERS SAW AROUND 152,000 VISITS IN FY20, A DECLINE OF 23,000 COMPARED TO FY19. THIS REDUCTION IS DUE TO COVID CONCERNS KEEPING PATIENTS AWAY FROM THE ED. TO SUPPORT AND ADDRESS THE OPIOID CRISIS WITHIN OUR COMMUNITY, THE DIVISION OF MEDICAL TOXICOLOGY CONTINUES TO PROVIDE CARE VIA A MEDICALLY ASSISTED THERAPY/OPIOID WITHDRAWAL INPATIENT CONSULT SERVICE. THEY MANAGE OPIOID WITHDRAWAL AND 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 ACROSS THE ENTIRE CONTINUUM AT AN OUTPATIENT BASIS. THROUGH A COMMUNITY PARTNERSHIP BETWEEN LVHN AND THE PYRAMID CLINIC A DEDICATED MAT PROGRAM IS NOW EMBEDDED AND SERVICED WITH OUR LVHN PHYSICIANS. THEY PROVIDE MEDICALLY ASSISTED THERAPY (MAT) IN CONJUNCTION WITH SUBSTANCE USE DISORDER COUNSELING. PATIENTS RECEIVE INDIVIDUAL AND GROUP COUNSELING, SUPPORTED BY CERTIFIED RECOVERY SPECIALISTS EXPRESS CARE WITHIN LVPG-LEHIGH THERE ARE 17 EXPRESS CARE LOCATIONS. OUR EXPRESS CARE SITES PROVIDE IMMEDIATE WALK-IN CARE TO THE COMMUNITY. WALK-IN APPOINTMENTS ARE AVAILABLE FOR COMMON ILLNESSES AND MINOR INJURIES, SUCH AS SPRAINS, CUTS, RASHES, SEASONAL ALLERGIES, FLU SYMPTOMS, BRONCHITIS, EAR INFECTIONS, SORE THROAT, FEVER AND MORE. IN ADDITION, THEY OFFER COVERAGE FOR ROUTINE SCHOOL PHYSICALS AND FOLLOW UP VACCINATIONS TO ALLOW FOR PATIENT CONVENIENCE. IN FY20, THE EXPRESS CARE LOCATIONS PROVIDED > 147,000 VISITS TO OUR COMMUNITY, CONSISTENTLY INCREASING YEAR OVER YEAR. THIS CLINICAL CARE MODEL IS A LOWER COST, EASY ACCESS ALTERNATIVE FOR LOWER ACUITY PATIENTS AS COMPARED TO THE EMERGENCY ROOM. THROUGHOUT THE C19 PANDEMIC, THE EXPRESSCARE LOCATIONS WERE VITAL AT CREATING REGIONAL ASSESS AND TEST CENTERS, A VITAL RESOURCE TO OUR COMMUNITY. PROVIDING EASILY ACCESSIBLE AND SIMPLE WAYS FOR PATIENTS TO BE EVALUATED AND TESTED FOR C19 WAS KEY TO ENSURING VIRAL MITIGATION. IN ADDITION, THESE LOCATIONS PROVIDED STAFFING SUPPORT FOR VIRTUAL CARE EXPRESS CARE VISITS. THEY PIVOTED TO PROVIDE CAR-SIDE SWABBING FOR C19 SPECIMEN COLLECTION AND ONGOING COMMUNITY EDUCATION AND SUPPORT. OUR EXPRESSCARE COLLEAGUES HAVE BEEN INSTRUMENTAL AT ENSURING DEDICATED ORGANIZATIONAL SUPPORT THROUGHOUT THE PANDEMIC. 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 PARESIDENCY PROGRAMS OFFERED THROUGH LVHN INCLUDE DENTAL MEDICINE, DERMATOLOGY, EMERGENCY MEDICINE, FAMILY MEDICINE, GENERAL SURGERY, INTERNAL MEDICINE, NEUROLOGY, OB/GYN, PEDIATRICS, AND PLASTIC SURGERY. FELLOWSHIP PROGRAMS OFFERED THROUGH LVHN INCLUDE BREAST SURGERY, COLORECTAL SURGERY, CRITICAL CARE, PULMONARY MEDICINE, DERMATOLOGY, ENDOCRINOLOGY, GASTROENTEROLOGY, HEMATOLOGY/ONCOLOGY, HOSPICE/PALLIATIVE CARE, NEPHROLOGY, RHEUMATOLOGY, SPORTS MEDICINE, SURGICAL CRITICAL CARE, TOXICOLOGY, AND MINIMALLY INVASIVE SURGERY.LVPG 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.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-LEHIGH 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-L ACHIEVED AND SUSTAINED A COMPLETION RATE OF ALMOST 70%. 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. OUR QUALITY PERFORMANCE IS IN THE TOP DECILE CONSISTENTLY AS DEFINED BY HEDIS METRICS AND BENCHMARKING.

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	X		X				1,155,534	0	40,062
JOSEPH DEFULVIO MD CHAIRPERSON	60.00	X		X				497,840	0	34,075
DANIEL BROWN MD BOARD MEMBER	60.00	X						675,482	0	40,062
DAVID BURMEISTER DO BOARD MEMBER	60.00	X						685,256	0	40,062
ANTHONY BUONANNO MD BOARD MEMBER	60.00	X						371,656	0	34,462
JOSEPH CANDIO MD BOARD MEMBER	60.00	X						403,130	0	34,494
GEOFFERY CARLSON APC AMD BOARD MEMBER	60.00	X						160,547	0	31,271
DEBRA CARTER MD BOARD MEMBER	60.00	X						429,003	0	38,680
JAMES DEMOPOULOS SR MHA BOARD MEMBER	60.00	X						530,153	0	28,475
RONALD FREUDENBERGER MD BOARD MEMBER	60.00	X						805,489	0	40,062

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	X						636,097	0	40,062
GRANT GREENBERG MD BOARD MEMBER	60.00	X						447,604	0	29,630
J NATHAN HAGSTROM MD BOARD MEMBER	60.00	X						577,628	0	34,462
LORI HULSE BOARD MEMBER	60.00	X						297,437	0	26,731
THOMAS HUTCHINSON MD BOARD MEMBER	60.00	X						745,715	0	22,400
JEANNE JACOBY MD BOARD MEMBER	60.00	X						358,604	0	34,462
DENISE KAPLAN BOARD MEMBER	60.00	X						306,346	0	22,152
ERIC LEBBY MD BOARD MEMBER	60.00	X						1,495,544	0	28,862
THOMAS MCLOUGHLIN MD BOARD MEMBER	60.00	X						819,564	0	39,236
JOSEPH MONKOSKI BOARD MEMBER	60.00	X						221,775	16,880	14,735

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			
SURESH NAIR MD BOARD MEMBER	60.00	X						710,646	0	39,449
EDWARD NORRIS MD BOARD MEMBER	60.00	X						540,530	0	40,062
MICHAEL PASQUALE MD BOARD MEMBER	60.00	X						1,042,366	0	40,062
DHANALAKSHMI RAMASAMY MD BOARD MEMBER	60.00	X						323,486	0	38,376
MATTHEW SALTZ MD BOARD MEMBER	60.00	X						321,457	0	28,403
JENNIFER STEPHENS DO BOARD MEMBER	60.00	X						507,402	0	34,075
MARY C STOCK-KEISTER MD BOARD MEMBER	60.00	X						171,434	0	8,386
THOMAS V WHALEN MD BOARD MEMBER	1.00 60.00	X						0	1,145,567	34,494
PRODROMOS VERVERELI PHYSICIAN	60.00					X		1,564,662	0	28,862
GABRIEL LEWULLIS PHYSICIAN	60.00					X		1,418,072	0	28,178

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			
PETER LI PHYSICIAN	60.00					X		1,314,513	0	36,467
CHRISTOPHER LYCETTE PHYSICIAN	60.00					X		1,219,123	0	40,062
PAUL SIBLEY PHYSICIAN	60.00					X		1,144,622	0	28,862
ALLEN BOXBAUM FORMER BOARD MEMBER	0.00						X	312,379	0	10,988
JOHN PAUL GOMEZ MD FORMER BOARD MEMBER	0.00						X	305,044	0	40,062
T DANIEL HARRISON DO FORMER BOARD MEMBER	0.00						X	661,420	0	42,431
RALPH PRIMELO MD FORMER BOARD MEMBER	0.00						X	349,531	0	40,062
WENDY PRUTSMAN FORMER BOARD MEMBER	0.00						X	110,493	0	27,770
AMIL QUESHI MD FORMER BOARD MEMBER	0.00						X	2,495	0	0
DAVID RICHARDSON MD FORMER BOARD MEMBER	0.00						X	386,943	0	42,431

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			
KATHLEEN SCHUYLER FORMER BOARD MEMBER	0.00						X	0	146,331	17,992
MARK WENDLING MD FORMER BOARD MEMBER	0.00						X	439,536	0	40,062

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 and 5-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with columns 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2a-2b.

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,716,962	1,559,335	157,627
c Leasehold improvements		44,852,902	30,430,986	14,421,916
d Equipment		29,028,437	21,331,262	7,697,175
e Other		6,447,675	786,609	5,661,066
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				27,937,784

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LONG TERM RECEIVABLE	15,640
(2) SERP INVESTMENT	111,125,191
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	111,140,831

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION - DEFINED CONTRIBUTION	4,371,542
(3) SERP I INVESTMENT	111,125,191
(4) ACCRUED PENSION - DEFINED BENEFIT	1,854,255
(5) LEASE ACCOUNTING LIABILITY	68,866,683
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	186,217,671

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-2700908

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 for instructions and the latest information.**

OMB No. 1545-0047

2019

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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 2019: MICHAEL ROSSI, MD - \$147,858 JOSEPH DEFULVIO, DO - \$27,077 DANIEL BROWN, MD - \$35,709 DAVID BURMEISTER, DO - \$38,024 ANTHONY BUONANNO, MD - \$20,692 JOSEPH CANDIO, MD - \$20,476 DEBRA CARTER, MD - \$24,177 JAMES DEMOPOULOS, SR., MHA - \$44,334 RONALD FREUDENBERGER, MD - \$43,012 TIMOTHY FRIEL, MD - \$34,647 GRANT GREENBERG, MD - \$53,191 J. NATHAN HAGSTROM, MD - \$30,630 THOMAS HUTCHINSON, MD - \$35,851 JEANNE JACOBY, MD - \$19,930 ERIC LEBBY, MD - \$85,817 THOMAS MCLOUGHLIN, MD - \$36,547 SURESH NAIR, MD - \$36,158 EDWARD NORRIS, MD - \$30,124 MICHAEL PASQUALE, MD - \$53,131 DHANALAKSHMI RAMASAMY, MD - \$19,007 MATTHEW SALTZ, MD - \$19,326 JENNIFER STEPHENS, DO - \$27,597 MARY C. STOCK-KEISTER, MD - \$3,453 JOHN PAUL GOMEZ, MD - \$18,237 T DANIEL HARRISON, DO - \$36,976 RALPH PRIMELO, MD - \$20,302 AMIL QURESHI, MD - \$2,495 DAVID RICHARDSON, MD - \$21,655 MARK WENDLING, MD - \$20,045 PRODROMOS VERVERELI - \$80,610 GABRIEL LEWULLIS - \$49,558 PETER LI - \$69,216 CHRISTOPHER LYCETTE - \$69,789 PAUL SIBLEY - \$65,550 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 2019: THOMAS V. WHALEN, MD, MMM - \$139,326</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				
1 MICHAEL ROSSI MD PRESIDENT	(i)	706,299	289,954	159,281	0	40,062	1,195,596	0
	(ii)	0	0	0	0	0	0	0
1 JOSEPH DEFULVIO MD CHAIRPERSON	(i)	412,146	60,534	25,160	0	34,075	531,915	0
	(ii)	0	0	0	0	0	0	0
2 DANIEL BROWN MD BOARD MEMBER	(i)	520,565	126,175	28,742	0	40,062	715,544	0
	(ii)	0	0	0	0	0	0	0
3 DAVID BURMEISTER DO BOARD MEMBER	(i)	519,819	134,807	30,630	0	40,062	725,318	0
	(ii)	0	0	0	0	0	0	0
4 ANTHONY BUONANNO MD BOARD MEMBER	(i)	333,712	24,834	13,110	0	34,462	406,118	0
	(ii)	0	0	0	0	0	0	0
5 JOSEPH CANDIO MD BOARD MEMBER	(i)	351,956	30,614	20,560	0	34,494	437,624	0
	(ii)	0	0	0	0	0	0	0
6 GEOFFERY CARLSON APC AMD BOARD MEMBER	(i)	141,596	24,297	-5,346	0	31,271	191,818	0
	(ii)	0	0	0	0	0	0	0
7 DEBRA CARTER MD BOARD MEMBER	(i)	341,638	71,367	15,998	0	38,680	467,683	0
	(ii)	0	0	0	0	0	0	0
8 JAMES DEMOPOULOS SR MHA BOARD MEMBER	(i)	383,846	100,320	45,987	0	28,475	558,628	0
	(ii)	0	0	0	0	0	0	0
9 RONALD FREUDENBERGER MD BOARD MEMBER	(i)	602,265	165,376	37,848	0	40,062	845,551	0
	(ii)	0	0	0	0	0	0	0
10 TIMOTHY FRIEL MD BOARD MEMBER	(i)	481,785	124,814	29,498	0	40,062	676,159	0
	(ii)	0	0	0	0	0	0	0
11 GRANT GREENBERG MD BOARD MEMBER	(i)	316,703	83,210	47,691	0	29,630	477,234	0
	(ii)	0	0	0	0	0	0	0
12 J NATHAN HAGSTROM MD BOARD MEMBER	(i)	420,086	135,372	22,170	0	34,462	612,090	0
	(ii)	0	0	0	0	0	0	0
13 LORI HULSE BOARD MEMBER	(i)	251,202	52,800	-6,565	0	26,731	324,168	0
	(ii)	0	0	0	0	0	0	0
14 THOMAS HUTCHINSON MD BOARD MEMBER	(i)	554,126	145,589	46,000	0	22,400	768,115	0
	(ii)	0	0	0	0	0	0	0
15 JEANNE JACOBY MD BOARD MEMBER	(i)	329,077	15,120	14,407	0	34,462	393,066	0
	(ii)	0	0	0	0	0	0	0
16 DENISE KAPLAN BOARD MEMBER	(i)	251,202	52,800	2,344	0	22,152	328,498	0
	(ii)	0	0	0	0	0	0	0
17 ERIC LEBBY MD BOARD MEMBER	(i)	1,002,105	413,952	79,487	0	28,862	1,524,406	0
	(ii)	0	0	0	0	0	0	0
18 THOMAS MCLOUGHLIN MD BOARD MEMBER	(i)	621,380	163,259	34,925	0	39,236	858,800	0
	(ii)	0	0	0	0	0	0	0
19 JOSEPH MONKOSKI BOARD MEMBER	(i)	190,976	31,570	-771	0	14,273	236,048	0
	(ii)	16,933	0	-53	0	462	17,342	0

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				
21 SURESH NAIR MD BOARD MEMBER	(i)	566,461	111,623	32,562	0	39,449	750,095	0
	(ii)	0	0	0	0	0	0	0
1 EDWARD NORRIS MD BOARD MEMBER	(i)	409,796	107,964	22,770	0	40,062	580,592	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL PASQUALE MD BOARD MEMBER	(i)	786,971	207,840	47,555	0	40,062	1,082,428	0
	(ii)	0	0	0	0	0	0	0
3 DHANALAKSHMI RAMASAMY MD BOARD MEMBER	(i)	279,154	32,650	11,682	0	38,376	361,862	0
	(ii)	0	0	0	0	0	0	0
4 MATTHEW SALTZ MD BOARD MEMBER	(i)	280,809	28,080	12,568	0	28,403	349,860	0
	(ii)	0	0	0	0	0	0	0
5 JENNIFER STEPHENS DO BOARD MEMBER	(i)	382,443	101,058	23,901	0	34,075	541,477	0
	(ii)	0	0	0	0	0	0	0
6 MARY C STOCK-KEISTER MD BOARD MEMBER	(i)	141,568	26,149	3,717	0	8,386	179,820	0
	(ii)	0	0	0	0	0	0	0
7 THOMAS V WHALEN MD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	703,042	287,566	154,959	0	34,494	1,180,061	0
8 PRODROMOS VERVERELI PHYSICIAN	(i)	1,186,985	301,700	75,977	0	28,862	1,593,524	0
	(ii)	0	0	0	0	0	0	0
9 GABRIEL LEWULLIS PHYSICIAN	(i)	888,250	488,968	40,854	0	28,178	1,446,250	0
	(ii)	0	0	0	0	0	0	0
10 PETER LI PHYSICIAN	(i)	1,055,289	189,406	69,818	0	36,467	1,350,980	0
	(ii)	0	0	0	0	0	0	0
11 CHRISTOPHER LYCETTE PHYSICIAN	(i)	900,000	254,690	64,433	0	40,062	1,259,185	0
	(ii)	0	0	0	0	0	0	0
12 PAUL SIBLEY PHYSICIAN	(i)	485,500	599,088	60,034	0	28,862	1,173,484	0
	(ii)	0	0	0	0	0	0	0
13 ALLEN BOXBAUM FORMER BOARD MEMBER	(i)	251,202	57,600	3,577	0	10,988	323,367	0
	(ii)	0	0	0	0	0	0	0
14 JOHN PAUL GOMEZ MD FORMER BOARD MEMBER	(i)	280,883	19,795	4,366	0	40,062	345,106	0
	(ii)	0	0	0	0	0	0	0
15 T DANIEL HARRISON DO FORMER BOARD MEMBER	(i)	590,000	41,125	30,295	0	42,431	703,851	0
	(ii)	0	0	0	0	0	0	0
16 RALPH PRIMELO MD FORMER BOARD MEMBER	(i)	293,231	41,424	14,876	0	40,062	389,593	0
	(ii)	0	0	0	0	0	0	0
17 WENDY PRUTSMAN FORMER BOARD MEMBER	(i)	114,832	3,017	-7,356	0	27,770	138,263	0
	(ii)	0	0	0	0	0	0	0
18 AMIL QUESHI MD FORMER BOARD MEMBER	(i)	0	0	2,495	0	0	2,495	0
	(ii)	0	0	0	0	0	0	0
19 DAVID RICHARDSON MD FORMER BOARD MEMBER	(i)	346,769	22,885	17,289	0	42,431	429,374	0
	(ii)	0	0	0	0	0	0	0

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				
41 KATHLEEN SCHUYLER FORMER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	133,096	13,988	-753	0	17,992	164,323	0
1 MARK WENDLING MD FORMER BOARD MEMBER	(i)	353,295	75,108	11,133	0	40,062	479,598	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 5 columns: (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 the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

Table with 5 columns: (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 OF AFFILIATE	PARTNER IN 94 BROADHEAD ASSOCIATES - TRUSTEE OF LVHN, LVH, LVH-H, AND HHWC	127,306	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

2019

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 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 \$42,800,383 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 \$14,192,201 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 WAS \$4,210,956. THIS TOTAL DOES NOT INCLUDE BAD DEBT. LEHIGH VALLEY PHYSICIAN GROUP'S DETERMINATION OF INABILITY TO PAY DIFFERENTIATES CHARITY CARE FROM BAD DEBT. BAD DEBT LEHIGH VALLEY PHYSICIAN GROUP'S BAD DEBT AT COST WAS \$9,510,140. 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. TOTAL - \$70,713,680</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<p>LEHIGH VALLEY HEALTH NETWORK 2020 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 23, 2019 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 23, 2019 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 17, 2019 MEETING: THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN EQUALLY WEIGHTED BLEND OF (1) A PEER GROUP OF 27 NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NORTHEAST REGION (EXCLUDING NEW YORK CITY) WITH NET OPERATING REVENUES BETWEEN \$1.7 BILLION AND \$6.3 BILLION (AVERAGE OF \$2.5 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 2018 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. 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, 2020 AT AN ANNUALIZED RATE OF 3.0% BASED ON SALARY INCREASE TRENDS. COMPARED EACH COMPONENT OF LVHN'S BENEFIT PROGRAM AGAINST TYPICAL MARKET BENEFIT PRACTICES IN HEALTH SYSTEMS AND HOSPITALS BASED ON MULTIPLE PUBLISHED SURVEYS, SUPPLEMENTED BY SULLIVAN COTTER'S PROPRIETARY DATA AND EXPERIENCE. DEVELOPED MARKET TOTAL COMPENSATION DATA BY COMBINING MARKET TCC WITH TYPICAL MARKET BENEFIT COSTS. COMPARED LVHN'S TC TO MARKET RATES AND ASSESSED OVERALL POSITIONING. FOR PHYSICIAN EXECUTIVES HAVING BOTH CLINICAL AND ADMINISTRATIVE ROLES, RELEVANT MARKET DATA WERE COLLECTED BASED ON FTE ALLOCATION. SULLIVAN COTTER HAS NOT COMPLETED AN ASSESSMENT OF THE PHYSICIANS' PRODUCTIVITY OR THE FAIR MARKET VALUE (FMV) OF THEIR CLINICAL COMPENSATION, AS LVHN HAS ADVISED THAT SUCH AMOUNTS ARE APPROPRIATE AND WITHIN FMV. SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOTAL COMPENSATION LEVELS: COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE. COLLECTED INFORMATION ON EACH CEO COUNCIL EXECUTIVE MEMBER'S CURRENT COMPENSATION. DATA COLLECTED INCLUDE BASE SALARIES, ANNUAL INCENTIVE OPPORTUNITY LEVELS (TARGET AND MAXIMUM), ACTUAL ANNUAL INCENTIVE PAYOUT AMOUNTS, ANNUAL COSTS OF ALL STANDARD AND SUPPLEMENTAL BENEFITS AND ANNUAL COST AND DESCRIPTION OF EXECUTIVE PERQUISITES. REVIEWED JOB DESCRIPTIONS AND ORGANIZATIONAL CHARTS TO IDENTIFY EACH POSITION'S FUNCTIONAL RESPONSIBILITIES AND REPORTING RELATIONSHIPS. SELECTED THE APPROPRIATE BENCHMARK POSITION MATCH FOR EACH POSITION AND APPLIED PREMIUMS/DISCOUNTS TO THE MARKET DATA IN INSTANCES WHERE LVHN'S JOB DUTIES DIFFER MATERIALLY FROM BENCHMARK POSITION MATCHES. POSITION MATCHES AND MARKET ADJUSTMENTS WERE REVIEWED WITH LVHN'S SENIOR VICE PRESIDENT, HUMAN RESOURCES AND COMPENSATION STAFF. LVHN'S PROJECTED FY2019 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

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFERS TO/FROM AFFILIATES 70,000,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY 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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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 VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

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
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3843850	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3864735	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
2100 MACK BLVD ALLENTOWN, PA 181035622 84-4004771	HEALTH CARE ORGANIZATION	NJ	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3878831	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3987128	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	FUNDRAISING	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2336285	SUPPORT RELATED ORGANIZATIONS	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

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 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
AMERICAN PATIENT TRANSPORT SYSTEMS INC 119 EAST HOLLY STREET HAZLETON, PA 182015507 23-3022467	AMBULATORY MEDICAL SERVICES	PA	N/A	C					No
CH EYE SPECIALISTS PC 2100 MACK BLVD ALLENTOWN, PA 181035622 83-1905823	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
CH UROLOGY SPECIALISTS PC 2100 MACK BLVD ALLENTOWN, PA 181035622 83-2261980	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING INC 700 E BROAD STREET HAZLETON, PA 182016835 23-2500981	MEDICAL OFFICE RENTAL	PA	N/A	C					No
LEHIGH VALLEY ANESTHESIA SERVICES PC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-3906125	ANESTHESIA SERVICES	PA	N/A	C					No
LEHIGH VALLEY HEALTH SERVICES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2263665	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2750430	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
LVHN COORDINATED PROFESSIONAL PRACTICE OF NJ PC 2100 MACK BLVD ALLENTOWN, PA 181035622 84-4028262	PHYSICIAN PRACTICE ORGANIZATION	NJ	N/A	C					No
POPULYTICS INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2539282	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
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
SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM ASSOCIATION 420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2931821	CONDOMINIUM ASSOCIATION	PA	N/A	C					No
SPECTRUM HEALTH VENTURES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2391479	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
WESTGATE PROFESSIONAL CENTER INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-1657333	REAL ESTATE RENTALS	PA	N/A	C					No