

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2017
Open to Public Inspection

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

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

C Name of organization
LEHIGH VALLEY HOSPITAL

Doing business as

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

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

D Employer identification number
23-1689692

E Telephone number
(484) 884-0130

G Gross receipts \$ 1,916,469,671

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

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

J Website: ▶ WWW LVHN ORG

H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1971

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)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	8,807
6 Total number of volunteers (estimate if necessary)	715
7a Total unrelated business revenue from Part VIII, column (C), line 12	12,812,612
7b Net unrelated business taxable income from Form 990-T, line 34	2,042,175

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	20,846,233	24,613,595
9 Program service revenue (Part VIII, line 2g)	1,415,303,849	1,552,285,083
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,490,664	12,424,951
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,637,623	88,089,798
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,509,278,369	1,677,413,427
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	510,479	754,287
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)	545,534,854	581,286,971
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,244,087		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	950,522,221	1,054,465,813
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,496,567,554	1,636,507,071
19 Revenue less expenses Subtract line 18 from line 12	12,710,815	40,906,356

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,635,743,172	2,365,702,043
21 Total liabilities (Part X, line 26)	892,126,747	1,076,213,835
22 Net assets or fund balances Subtract line 21 from line 20	743,616,425	1,289,488,208

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2019-05-14
THOMAS MARCHOZZI EXEC VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,582,353,233 including grants of \$ 754,287) (Revenue \$ 1,632,630,654)
See Additional Data

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

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

See Additional Data Table

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

4e Total program service expenses ▶ 1,582,353,233

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 2100 MACK BLVD ALLENTOWN, PA 181035622 (484) 884-0130

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

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

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

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

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

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

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

(A) 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)

(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										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		10,105,087	441,664

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 ▶ 420

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROTHALL HEALTHCARE INC 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	HOUSEKEEPING SERVICES	16,961,331
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 152516170	FOOD SERVICE	10,937,063
MARSH CLEARSIGHT LLC 540 W MADISON STREET CHICAGO, IL 60661	CONSULTING	5,455,847
GE HEALTHCARE IITS USA 40 IDX DRIVE SOUTH BURLINGTON, VT 05403	COMPUTER SERVICES	3,629,170
DIGITAL HEALTH CONSULTING 2500 BEE CAVE ROAD BLDG 1 STE 300 AUSTIN, TX 78746	CONSULTING	2,842,895

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 ▶ 110

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	3,360,757				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,252,838				
	g Noncash contributions included in lines 1a-1f \$ _____		282,011				
	h Total. Add lines 1a-1f		24,613,595				
Program Service Revenue		Business Code					
	2a OUTPATIENT REVENUE	624100	815,825,176	804,574,033	11,251,143		
	b INPATIENT REVENUE	624100	736,459,907	736,459,907			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,552,285,083					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,868,014			4,868,014	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		11,925,549					
		b Less rental expenses	10,136,717				
		c Rental income or (loss)	1,788,832				
	d Net rental income or (loss)		1,788,832			1,788,832	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		235,974,170					
		b Less cost or other basis and sales expenses	228,409,924	7,309			
		c Gain or (loss)	7,564,246	-7,309			
	d Net gain or (loss)		7,556,937	7,556,937			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	1,202,014				
		b Less direct expenses	502,294				
c Net income or (loss) from fundraising events			699,720			699,720	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a RESEARCH & MISC INCOME	900099	74,802,067	74,332,159	469,908			
b HEALTH NETWORK LABS	621500	9,899,796	8,808,235	1,091,561			
c LEHIGH VALLEY PHO	900003	899,383	899,383				
d All other revenue							
e Total. Add lines 11a-11d		85,601,246					
12 Total revenue. See Instructions		1,677,413,427	1,632,630,654	12,812,612	7,356,566		

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.	754,287	754,287		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,630,851	5,630,851		
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.	432,319,282	407,594,851	24,027,571	696,860
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	21,816,027	20,200,373	1,571,057	44,597
9 Other employee benefits.	86,978,317	84,906,384	2,014,383	57,550
10 Payroll taxes.	34,542,494	32,722,668	1,768,766	51,060
11 Fees for services (non-employees)				
a Management.				
b Legal.	5,201,867	2,099,654	3,102,213	
c Accounting.	449,194	22,874	426,320	
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).	142,672,754	129,279,086	13,310,110	83,558
12 Advertising and promotion.	8,810,614	7,483,107	1,327,507	
13 Office expenses.	1,695,134	1,563,033	141,972	-9,871
14 Information technology.	24,088,255	24,031,424	56,831	
15 Royalties.				
16 Occupancy.	39,956,571	39,732,032	215,896	8,643
17 Travel.	1,641,941	1,557,036	80,009	4,896
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,930,810	1,826,522	93,892	10,396
20 Interest.	23,840,904	23,840,904		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	95,917,669	95,554,950	362,136	583
23 Insurance.	13,213,177	13,213,177		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	329,194,092	329,194,092		
b PURCHASED SERVICES	267,857,641	264,293,536	3,588,398	-24,293
c BAD DEBTS EXPENSE	36,264,739	36,034,615		230,124
d CONTRACTED LABOR	7,413,257	7,413,257		
e All other expenses	54,317,194	53,404,520	822,690	89,984
25 Total functional expenses. Add lines 1 through 24e.	1,636,507,071	1,582,353,233	52,909,751	1,244,087
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	6,391	1	12,499
	2 Savings and temporary cash investments	19,819,564	2	39,186,386
	3 Pledges and grants receivable, net	19,737,984	3	18,163,008
	4 Accounts receivable, net	221,980,735	4	245,880,449
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,511,189	7	-10,290,780
	8 Inventories for sale or use	23,597,583	8	27,216,931
	9 Prepaid expenses and deferred charges	16,303,256	9	18,154,778
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,071,100,303		
	b Less accumulated depreciation	1,107,168,611		
	11 Investments—publicly traded securities	714,051,667	10c	963,931,692
	12 Investments—other securities See Part IV, line 11	432,574,210	11	834,624,275
	13 Investments—program-related See Part IV, line 11	152,535,305	12	194,826,061
	14 Intangible assets	22,353,932	13	22,695,516
	15 Other assets See Part IV, line 11	8,271,356	14	11,301,228
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,635,743,172	15	2,365,702,043	
Liabilities	17 Accounts payable and accrued expenses	114,537,877	17	138,026,092
	18 Grants payable		18	
	19 Deferred revenue	11,574,843	19	14,090,764
	20 Tax-exempt bond liabilities	410,943,406	20	625,995,978
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	355,070,621	25	298,101,001
	26 Total liabilities. Add lines 17 through 25	892,126,747	26	1,076,213,835
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	544,582,306	27	1,085,230,032
	28 Temporarily restricted net assets	141,021,588	28	145,097,542
	29 Permanently restricted net assets	58,012,531	29	59,160,634
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	743,616,425	33	1,289,488,208
	34 Total liabilities and net assets/fund balances	1,635,743,172	34	2,365,702,043

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	1,677,413,427
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,636,507,071
3	Revenue less expenses Subtract line 2 from line 1	3	40,906,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	743,616,425
5	Net unrealized gains (losses) on investments	5	3,473,131
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	501,492,296
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,289,488,208

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1689692

Name: LEHIGH VALLEY HOSPITAL

Form 990 (2017)

Form 990, Part III, Line 4a:

LVH OFFERS A CONTINUUM OF PROGRAMS IN HEALTH CARE PROMOTION, PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION TO THE COMMUNITY EXTENSIVE INPATIENT, OUTPATIENT AND EDUCATIONAL SERVICES ARE PROVIDED AT LOCATIONS THROUGHOUT THE REGION AND ARE A PART OF A HEALTHCARE NETWORK ESTABLISHED BY LVH TO MEET THE MEDICAL, SURGICAL AND EDUCATIONAL NEEDS OF THE RESIDENTS OF THE LEHIGH VALLEY AND BEYOND LVH SERVES AS A REFERRAL CENTER FOR APPROXIMATELY TWO MILLION RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA, WITH A SPECIAL FOCUS IN THE FOLLOWING KEY AREAS CANCER SERVICES- THE CANCER INSTITUTE OFFERS A RANGE OF CANCER SERVICES IN SIX CONVENIENT, PATIENT-FOCUSED LOCATIONS, JOHN AND DOROTHY MORGAN CANCER INSTITUTE AT THE CEDAR CREST CAMPUS, THE CANCER INSTITUTE IN BETHLEHEM AT THE MUHLENBERG CAMPUS, AND INFUSION SERVICES AT THE HEALTH CENTER IN BANGOR, DALE AND FRANCES HUGHES CANCER INSTITUTE AT LVH-POCONO, EAST STROUDSBURG, LVPG HEMATOLOGY ONCOLOGY ASSOCIATES IN LEHIGHTON AND THE INFUSION CENTER AND HEMATOLOGY ONCOLOGY OFFICES ON AIRPORT BELTWAY IN LEHIGHTON CANCER CARE PROGRAMS INCLUDE PREVENTION, DETECTION, DIAGNOSIS, GENETICS, PATIENT NAVIGATION, NUTRITIONAL SERVICES, SOCIAL AND PSYCHOLOGICAL SUPPORT, REHABILITATION, CLINICAL TRIALS, MULTIDISCIPLINARY AND COORDINATED CARE, AND ALL FORMS OF THERAPY THE CANCER INSTITUTE BECAME A PARTNER WITH MEMORIAL SLOAN KETTERING CANCER ALLIANCE OF NEW YORK CITY OFFICIALLY IN MARCH 2016 AND MAINTAINS A RESEARCH PARTNERSHIP WITH THE WISTAR SCIENTIFIC AND BIOLOGY INSTITUTE OF PHILADELPHIA, PA BOTH OF THESE INSTITUTIONS ARE NCI DESIGNATED CANCER INSTITUTE'S PROGRAMS CANCER INSTITUTE FACILITIES INCLUDE PHYSICIANS' OFFICES, BREAST HEALTH SERVICES, MULTIDISCIPLINARY CLINICS, CONFERENCE ROOMS, PRIVATE EDUCATION AND COUNSELING AREAS, MULTI-PURPOSE TREATMENT AREA FOR INFUSIONS, PROCEDURE ROOM AND RADIATION ONCOLOGY FACILITIES INCLUDING LINEAR ACCELERATORS (6), CT SIMULATORS (2), STEREOTACTIC BODY RADIOTHERAPY, BRACHY THERAPY - HIGH AND LOW DOSE RATE, GAMMA KNIFE RADIOSURGERY, 3-D TREATMENT PLANNING, INTENSITY MODULATED RADIATION THERAPY, IMAGE GUIDED RADIATION THERAPY, OPTICAL SURFACE MONITORING SYSTEM, AND CALYPSO SYSTEM FOR REAL-TIME MOTION AND TARGET TRACKING THE FACULTY OF THE CANCER INSTITUTE IS COMPOSED OF PHYSICIANS WHO ARE CANCER CARE SPECIALISTS AND BOARD-CERTIFIED IN ALL FIELDS OF CANCER THERAPY AND EVALUATION IN ADDITION, LVH PARTICIPATES IN THE 1-800-4-CANCER TELEPHONE LINE, THE PENNSYLVANIA DEPARTMENT OF HEALTH'S TOLL-FREE CANCER INFORMATION AND RESOURCE PHONE NUMBER SPECIALLY TRAINED NURSES FROM LVH PROVIDE CALLERS WITH INFORMATION ABOUT INSTITUTIONS, AGENCIES, SERVICES AND PROGRAMS IN THE CALLER'S COMMUNITIES THAT MEET THEIR CANCER-RELATED NEEDS IN CALENDAR YEAR 2017, THE CANCER INSTITUTE SAW OVER 4,437 (CC/H/S/P) NEW CANCER PATIENTS INPATIENT ONCOLOGY ADMISSIONS WERE 3,142 IN THE FISCAL YEAR ENDED JUNE 30, 2018 AND OUTPATIENT VOLUMES WERE 1,629 NEW TREATMENT PATIENTS FOR RADIATION PROCEDURES, AND 43,986 TREATMENT PATIENTS FOR INFUSION VISITS

CARDIOVASCULAR SERVICES- LEHIGH VALLEY HOSPITAL - CEDAR CREST IS THE FLAGSHIP FACILITY FOR THE LEHIGH VALLEY HEART INSTITUTE, ONE OF THE LARGEST AND MOST RESPECTED HEART PROGRAMS IN PENNSYLVANIA IN FISCAL YEAR ENDING JUNE 30, 2018, LEHIGH VALLEY HOSPITAL - CEDAR CREST PERFORMED 4,177 CARDIAC CATHETERIZATION CASES, 1,395 ELECTROPHYSIOLOGY CASES, 580 OPEN HEART SURGERIES, 164 TRANSAORTIC VALVE REPLACEMENT SURGERIES, AND PROVIDED COMPASSIONATE CARE AT OVER 40,000 LVPG PATIENT VISITS FURTHERMORE, LEHIGH VALLEY HOSPITAL - CEDAR CREST RANKED IN THE TOP 5% IN THE NATION FOR HEART ATTACK SURVIVAL WITH 36 CARDIOLOGISTS AND 6 CARDIOTHORACIC SURGEONS, LEHIGH VALLEY HOSPITAL - CEDAR CREST OFFERS AN IMPRESSIVE AND COMPREHENSIVE LIST OF PREVENTATIVE, DIAGNOSTIC, ACUTE, TERTIARY, AND QUATERNARY CARDIOVASCULAR SERVICES SPECIAL PROGRAMS AT LEHIGH VALLEY HOSPITAL INCLUDE ADVANCED HEART FAILURE, CARDIAC ARREST MANAGEMENT, CARDIO-ONCOLOGY, COMPLEX LIPID MANAGEMENT, COMPREHENSIVE RHYTHM MANAGEMENT, CORONARY INTERVENTION, HEART AND VASCULAR PROGRAM FOR WOMEN, NEURO-CARDIOLOGY, PERIPHERAL VASCULAR, REGIONAL ACS-STEMI, REGIONAL CARDIOGENIC SHOCK AND MECHANICAL CIRCULATORY SUPPORT, SPORTS CARDIOLOGY, STRUCTURAL HEART, AND VEIN THE HEART INSTITUTE HAS RECENTLY RECEIVED NUMEROUS AWARDS AND ACCOLADES FOR ITS CARDIOVASCULAR SERVICES LEHIGH VALLEY HOSPITAL - CEDAR CREST WAS DESIGNATED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE, AND WAS ALSO RECOGNIZED BY BECKER'S HOSPITAL REVIEW FOR THE SIXTH CONSECUTIVE YEAR AS ONE OF THE 100 HOSPITALS AND HEALTH SYSTEMS WITH GREAT HEART PROGRAMS IN ADDITION, LEHIGH VALLEY HOSPITAL - CEDAR CREST WAS THE ONLY HOSPITAL IN THE REGION TO RECEIVE ALL THREE OF THE PRESTIGIOUS CARDIOVASCULAR AWARDS IN THE SPECIALTY EXCELLENCE AWARDS FROM HEALTHGRADES, AMERICA'S 50 BEST HOSPITALS FOR CARDIAC SURGERY, AMERICA'S 100 BEST HOSPITALS FOR CARDIAC CARE, AND AMERICA'S 100 BEST HOSPITALS FOR CORONARY INTERVENTION NEUROSCIENCES SERVICES- THE LVH COMPREHENSIVE NEUROSCIENCE PROGRAM PROVIDES TREATMENT, FOR STROKE, BRAIN TUMORS, SEIZURES, ANEURYSMS, SPINE PROBLEMS, TRAUMA, AND OTHER NEUROLOGICAL DISORDERS LVH PROVIDES STROKE SERVICES THROUGH ITS REGIONAL COMPREHENSIVE STROKE PROGRAM WHICH BEGAN OPERATIONS IN JULY, 2002 SINCE THAT TIME, THE STROKE CENTER HAS TREATED MORE THAN 21,449 PATIENTS FROM NORTHEASTERN PENNSYLVANIA AND WESTERN NEW JERSEY IN ADDITION, LVH WAS THE FIRST PRIMARY STROKE CENTER IN THE LEHIGH VALLEY CERTIFIED BY THE JOINT COMMISSION AND WAS THE FIRST STROKE PROGRAM TO BE CERTIFIED AS A COMPREHENSIVE STROKE CENTER IN PENNSYLVANIA LVH IS ALSO A REGIONAL TELE-STROKE PROVIDER IN FY18, THE DIVISION OF NEUROSURGERY PERFORMED 1,670 SURGICAL CASES, INCLUDING CUTTING EDGE FUNCTIONAL NEUROSURGERY FOR THE SURGICAL TREATMENT OF MOVEMENT DISORDERS ORTHOPEDIC SERVICES- THE DIVISION OF ORTHOPEDIC SURGERY TREATS MUSCULOSKELETAL DISORDERS OF THE UPPER AND LOWER EXTREMITIES AS WELL AS THE SPINE SUBSPECIALISTS WITH FELLOWSHIP CREDENTIALS PROVIDE THE FOLLOWING SERVICES JOINT REPLACEMENT, SPINAL DISORDERS, SPORTS MEDICINE, HAND AND WRIST SURGERY, FOOT AND ANKLE SURGERY, ORTHOPEDIC TRAUMA AND PEDIATRIC ORTHOPEDICS IN THE FISCAL YEAR ENDED JUNE 30, 2018, THERE WERE 10,082 TOTAL ORTHOPEDIC PROCEDURES PERFORMED AT LVHN OF WHICH 4,359 WERE INPATIENT AND 5,723 WERE OUTPATIENT ACUTE ORTHOPEDIC SERVICES ARE PROVIDED AT LVH-CEDAR CREST AND LVHN-TILGHMAN, WHICH IS THE ONLY AREA HOSPITAL DEDICATED TO ORTHOPEDIC MUSCULOSKELETAL SURGERY FROM 2012-2016, THE LVH ORTHOPEDIC PROGRAM HAS BEEN RECOGNIZED BY US NEWS AND WORLD REPORT FOR BEING A TOP 50 ORTHOPEDIC PROGRAM IN THE COUNTRY THE LVH ORTHOPEDIC PROGRAM IS ALSO RECOGNIZED BY THE BLUE CROSS AND BLUE SHIELD ASSOCIATION AS A BLUE DISTINCTION+ CENTER AND AETNA PERIOPERATIVE SERVICES- PERIOPERATIVE SERVICES AT LVHN CONSISTS OF THE SURGICAL AND ENDOSCOPIC STAFF AND FACILITIES WHERE OVER 55,000 PROCEDURES ARE PERFORMED ANNUALLY SURGICAL PROCEDURES ARE PERFORMED IN 54 OPERATING ROOMS THROUGHOUT LVH, INCLUDING 17TH & CHEW, CEDAR CREST, CHILDREN'S SURGERY CENTER, FAIRGROUNDS SURGICAL CENTER, LVH-MUHLNBERG, AND THE LVHN-TILGHMAN CAMPUSES THE CHILDREN'S SURGERY CENTER LOCATED ON THE CEDAR CREST CAMPUS PROVIDES SPECIALIZED CARE FOR OUR PEDIATRIC POPULATION PATIENT CARE IN THE OPERATING ROOM IS SUPPORTED BY ANESTHESIA SERVICES, SURGICAL PREP AND STAGING, POST ANESTHESIA RECOVERY, AND STERILE PROCESSING DEPARTMENTS, AMONG OTHERS LVH PERFORMS ENDOSCOPIC PROCEDURES AT FOUR LOCATIONS - THE CEDAR CREST SITE, CHILDREN'S SURGERY CENTER, LVH-MUHLNBERG AND FAIRGROUNDS SURGICAL CENTER THE OPERATING ROOM TECHNOLOGIES AND FACILITIES INCLUDE A HYBRID OPERATING ROOM, A TRAUMA CODE RED OPERATING ROOM, FIVE DA VINCI SURGICAL ROBOTS, INTEGRATED LAPAROSCOPIC OPERATING ROOMS, AND CARDIAC SURGERY OPERATING ROOMS OPERATING ROOM NURSING STAFF ARE TRAINED TO SUPPORT MULTIPLE SURGICAL DISCIPLINES INCLUDING CARDIAC SURGERY, ORTHOPEDICS, VASCULAR SURGERY, UROLOGY, GENERAL SURGERY, TRANSPLANT SURGERY, GYNECOLOGIC SURGERY, PEDIATRIC SURGERY, AND MANY OTHERS CUTTING EDGE ENDOSCOPIC TECHNOLOGIES INCLUDE ENDOSCOPIC ULTRASOUND, ENDO-BRONCHIAL ULTRASOUND AND VIDEO CAPSULE ENDOSCOPY

Part 990, Part III, Line 4b:

BEHAVIORAL HEALTH SERVICES-LVH OPERATES INPATIENT BEHAVIORAL HEALTH PROGRAMS FOR ADOLESCENTS AND ADULTS THE COMBINED PROGRAMS TOTAL 65 BEDS AND SERVES LEHIGH, NORTHAMPTON, CARBON, MONROE, SCHUYLKILL, AND BERKS COUNTIES CLINICAL PROGRAMS INCLUDE PSYCHIATRIC, PSYCHOLOGICAL, NURSING, DUAL DIAGNOSIS, PSYCHIATRIC REHABILITATION, SOCIAL WORK AND DISCHARGE PLANNING SERVICES LVH ALSO PROVIDES AMBULATORY BEHAVIORAL HEALTHCARE, INCLUDING PSYCHIATRIC EVALUATION SERVICE PROGRAM IN THREE HOSPITAL EMERGENCY DEPARTMENTS, THREE PARTIAL HOSPITAL PROGRAMS FOR ADULTS AND ADOLESCENTS, SEVERAL LARGE OUTPATIENT GROUP PRACTICES PROVIDING MULTIDISCIPLINARY SHORT-TERM TREATMENT TO CHILDREN, ADOLESCENTS, ADULTS AND OLDER ADULTS, TWO OUTPATIENT MENTAL HEALTH CLINICS FOR SERIOUSLY AND PERSISTENTLY MENTALLY ILL ADULTS, TWO RESIDENTIAL TREATMENT SITES, SUPPORTING AND EDUCATING ADULTS IN INDEPENDENT LIVING SKILLS BOTH THESE SITES AND THE CLINICS ARE FUNDED IN PART, UNDER A CONTRACT WITH LEHIGH COUNTY DEPARTMENT OF HUMAN SERVICES THROUGH FUNDS PROVIDED BY COUNTY OF LEHIGH AND THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE, PSYCHIATRIC HOME CARE SERVICES, BH INTEGRATION IN MEDICAL/ PROGRAMS ON MEDICAL/SURGICAL INPATIENT UNITS AND AMBULATORY, PRIMARY CARE AND SPECIALTY PRACTICES CONSULTATION /LIAISON PSYCHIATRY, EDUCATION AND RESEARCH AND SERVICE OFFERINGS TO SCHOOLS AND OTHER COMMUNITY AGENCIES ROUND OUT LVH'S CONTRIBUTION TO THE HEALTH AND WELL-BEING OF THE REGION TRAUMA AND BURN SERVICES- IN 1981, LEHIGH VALLEY HOSPITAL BECAME THE FIRST HOSPITAL IN PENNSYLVANIA TO BE DESIGNATED AS A LEVEL I TRAUMA CENTER AND IS CURRENTLY THE SECOND LARGEST TRAUMA PROGRAM IN PENNSYLVANIA, EVALUATING 4,531 TRAUMA PATIENTS IN FY18 THIS PROGRAM PROVIDES COMPREHENSIVE TRAUMA AND BURN CARE AND SERVES AS A MAJOR REGIONAL RESOURCE COVERING A TEN COUNTY AREA AND A PATIENT BASE OF MORE THAN TWO MILLION LVH IS ACCREDITED AS BOTH A LEVEL I ADULT AND A LEVEL II PEDIATRIC TRAUMA CENTER, ONE OF ONLY TWO ADULT CENTERS IN PENNSYLVANIA WITH THIS DUAL ACCREDITATION THE LVH TRAUMA PROGRAM PROVIDES A CONTINUUM OF CARE WITH ONE OF TEN TRAUMA SURGEONS IN-HOUSE 24 HOURS A DAY COVERING A 14 BED TRAUMA/NEURO INTENSIVE CARE UNIT AS WELL AS A 28 BED TRANSITIONAL TRAUMA UNIT A TRAUMA REHABILITATION TEAM COMPLETES THIS CONTINUUM OF TRAUMA CARE LVH ALSO PROVIDES A REGIONAL BURN CENTER OPERATING 18 BEDS SERVING NORTHEASTERN PENNSYLVANIA, WESTERN NEW JERSEY AND PARTS OF NEW YORK THE REGIONAL BURN CENTER IS THE LARGEST BURN PROGRAM IN PENNSYLVANIA, WITH 3 FULL TIME BURN SURGEONS ADMITTING 757 PATIENTS IN FISCAL YEAR 2018 THE REGIONAL BURN CENTER IS ACCREDITED BY THE AMERICAN BURN ASSOCIATION AND THE AMERICAN COLLEGE OF SURGEONS THE REGIONAL BURN CENTER PROVIDES A TELEBURN SERVICE, WHICH PROVIDES RAPID ACCESS TO OUR COMPREHENSIVE BURN CARE TO 47 HOSPITALS, EMERGENCY CARE CLINICS, AND PHYSICIAN OFFICES IN PENNSYLVANIA AND NEW YORK IN ADDITION, LVH COORDINATES PRE-HOSPITAL EMERGENCY MEDICAL SERVICES AND PROVIDES 24 HOUR-A-DAY AIR AND GROUND AMBULANCE SERVICES LVH MEDEVAC OPERATES FOUR HELICOPTERS AND 1 5 CRITICAL CARE GROUND TRANSPORT UNITS COVERING EASTERN PENNSYLVANIA AND WESTERN NEW JERSEY LVH MEDEVAC PERFORMED OVER 1,300 FLIGHTS ANNUALLY AND OUR GROUND TRANSPORT TEAMS COMPLETED OVER 2,200 MISSIONS IN FY18, BOTH ON-SCENE AND INTER-FACILITY TRANSPORTS OVER 22,000 MEMBERS OF THE COMMUNITY WERE EDUCATED THROUGH ONE OR MORE OF OUR TRAUMA PROGRAM'S PREVENTATIVE CARE OFFERINGS INCLUDING CHILD PASSENGER SAFETY - CAR SEAT INSPECTIONS, OPERATIONS SAFE RIDE (FREE CHILD SEATS), SAFETY TOWN (PRE-K THROUGH AGE 3), DISTRACTED DRIVING / DUI SIMULATORS (HIGH SCHOOL AND COLLEGE AGE), FALL PREVENTION (AGE 55+), CAR FIT (AGE 55+ CAR INSPECTION), STOP THE BLEED (TOURNIQUET APPLICATION) AND DISTRIBUTION OF FREE BICYCLE HELMETS TO PATIENTS' WOMEN'S SERVICES- LVHN OFFERS WIDE-RANGING WOMEN'S HEALTH PROGRAMS AND SERVICES DESIGNED TO PROVIDE COMPLETE, EVIDENCE-BASED CARE FOR WOMEN IN THE LEHIGH VALLEY DELIVERIES AT LVH TOTALED 3415 DURING THE FISCAL YEAR ENDING JUNE 30, 2018 ON JUNE 20, 2017, THE FAMILY BIRTH AND NEWBORN CENTER OPENED AT THE LVH-M (MUHLENBERG) CAMPUS DURING THE FIRST FULL FISCAL YEAR OF OPERATIONS ENDING JUNE 30, 2018, THE FAMILY BIRTH AND NEWBORN CENTER AT LVHM DELIVERED 1353 MOTHERS THEREFORE, OVER THE SAME TIME PERIOD, A TOTAL OF 4773 DELIVERIES OCCURRED AT BOTH LVHN BIRTHING UNITS IN THE LEHIGH VALLEY THIS REPRESENTS A 9% INCREASE OVER THE PRIOR FISCAL YEAR A FOCUS ON PRENATAL CARE AS A CHIEF COMPONENT OF ITS COMPREHENSIVE OBSTETRICS AND GYNECOLOGY SERVICES EXPANDED ON NOVEMBER 14, 2016 WITH THE SUCCESSFUL IMPLEMENTATION OF THE MATERNITY CARE PATHWAY IN ALL LEHIGH VALLEY PHYSICIAN GROUP (LVPG) OBSTETRICS AND GYNECOLOGY OFFICE PRACTICES AND THE CENTER FOR WOMEN'S MEDICINE THE MATERNITY CARE PATHWAY IS AN INCLUSIVE, CARE PLAN PROCESS THAT STANDARDIZES OBSTETRIC CARE AND PATIENT EDUCATION IN ORDER TO MANAGE QUALITY, MINIMIZE VARIATION AND IMPROVE OUTCOMES A RELATED PATIENT EDUCATION CURRICULUM, APP, AND PRINT BOOK IN ENGLISH AND SPANISH HAVE BEEN ESTABLISHED IN ORDER TO EXPAND AND OPTIMIZE EDUCATION AVAILABLE TO ALL PATIENTS IN FORMATS CONSISTENT WITH THEIR INDIVIDUAL LEARNING PREFERENCES AT BOTH LVH AND LVHM , GENERAL OBSTETRIC PHYSICIANS AND MATERNAL FETAL MEDICINE PHYSICIANS OFFER COMPLETE MATERNITY CARE SERVICES FOR LOW RISK, HIGH RISK AND VERY COMPLEX OBSTETRIC PATIENTS IN ADDITION, CERTIFIED NURSE MIDWIVES ARE NOW PRACTICING AT LVH IN COLLABORATION WITH OBSTETRICIANS, TO PROVIDE LOW RISK PRENATAL CARE AND DELIVERY SERVICES WITHIN THEIR SCOPE OF PRACTICE THE GENERAL OBSTETRICIANS PROVIDE CARE TO LOW, MEDIUM AND APPROPRIATE HIGH RISK PREGNANCIES AND DELIVER THE MAJORITY OF PATIENTS AT LVH-CC AND LVH-M IN ADDITION TO FULL SERVICE PRENATAL CARE, GENERAL OBSTETRICIANS PROVIDE OFFICE ULTRASONOGRAPHY TO WOMEN AT 14 OFFICE LOCATIONS IN FIVE COUNTIES IN 2018, LVH OBSTETRICIANS OPENED THE "CONNECTIONS CLINIC" FOR THE CARE OF PREGNANT WOMEN SUFFERING FROM PERINATAL SUBSTANCE ABUSE THIS MULTIDISCIPLINARY CLINIC BRINGS TOGETHER PROFESSIONAL EXPERTISE FROM OBSTETRICS, PSYCHIATRY, PEDIATRICS, NEONATOLOGY AND PARTNERS WITH ESTABLISHED COMMUNITY RESOURCES TO OFFER PATIENTS COUNSELING, SUPPORT SERVICES AND TREATMENT DURING PREGNANCY THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY ALSO HAS SEVERAL FULL TIME LABORISTS/HOSPITALISTS WHO MANAGE THE DAY TO DAY INPATIENT CARE FOR THE OBSTETRICAL RESIDENCY SERVICE MATERNAL FETAL MEDICINE (MFM) PHYSICIANS WITH HIGHLY SPECIALIZED FELLOWSHIP TRAINING TO CARE FOR THE MOST COMPLEX OBSTETRIC CASES AS WELL AS ALL OF THE HIGHEST RISK OBSTETRIC PATIENTS ARE AVAILABLE "IN-HOUSE" 24/7/365 AT LVH-CC AND SUPPORT LVH-M AS WELL MFM PHYSICIANS' SERVICES INCLUDE HIGHEST LEVEL ULTRASONOGRAPHY (AND TELEHEALTH SERVICES), FETAL ECHOCARDIOGRAPHY, GENETIC COUNSELING, AMNIOCENTESIS, CHORIONIC VILLUS SAMPLING, COMPLEX DELIVERY SERVICES AND WELL-ESTABLISHED MULTI-DISCIPLINARY PROGRAMS FOR PATIENTS WITH DIABETES IN PREGNANCY AND THOSE WITH HEART DISEASE OR KIDNEY DISEASE IN PREGNANCY LVPG OB/GYN, MFM AND CWM PHYSICIANS AND OFFICE PRACTICES ARE ACCREDITED BY THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM) SINCE 1999 ALSO, LVH HAS ATTAINED DESIGNATION AS A "BABY FRIENDLY HOSPITAL" , A WHO INITIATIVE DESIGNED TO ASSIST MOTHERS IN THE INITIATION AND MAINTENANCE OF BREASTFEEDING GYNECOLOGY-LVH MAINTAINS A SPECIAL FOCUS ON PROCEDURAL AND TECHNOLOGICAL GYNECOLOGICAL MIS (MINIMALLY INVASIVE SURGERY) INTERVENTIONS, ROBOTICALLY-ASSISTED SURGERY, LAPAROSCOPIC SURGERY, PREOPERATIVE CONSULTATION AND EVALUATION OF PRE-INVASIVE AND INVASIVE GYNECOLOGIC MALIGNANCIES (CANCER CARE), PELVIC FLOOR DISORDERS (UROGYNECOLOGY), CHRONIC PELVIC PAIN AND REPRODUCTIVE ENDOCRINOLOGY & INFERTILITY LVH AND LVHM HOSPITALS RECEIVED DESIGNATIONS AS CENTERS OF EXCELLENCE IN MINIMALLY INVASIVE GYNECOLOGY (COEMIG) AAGL (AMERICAN ACADEMY OF GYNECOLOGIC LAPAROSCOPY), THE WORLD'S LARGEST GYNECOLOGIC SURGERY ORGANIZATION SEVERAL OBGYN SURGEONS ARE ALSO COEMIG CERTIFIED LVPG OB/GYN OFFICE PRACTICES OFFER SCHEDULED AND EMERGENT ON-SITE BEHAVIORAL HEALTH SERVICES TARGETED TO WOMEN PROVIDED BY TWO, IMBEDDED LICENSED PROFESSIONAL COUNSELORS IN CONJUNCTION WITH THE DEPARTMENT OF PSYCHIATRY CARDIOLOGY-LVH OFFERS A WOMEN'S HEART AND VASCULAR PROGRAM LED BY FIVE FEMALE CARDIOLOGISTS WITH EXPERTISE IN TREATING WOMEN WITH HEART DISEASE WOMEN'S HEALTH SERVICES OFFERS PREVENTATIVE CARE PROGRAMS IN A VARIETY OF LECTURE BASED SERIES COVERING ISSUES ADDRESSING YOUNG, MIDDLE AND OLDER FEMALES RELATED TO WELLNESS AND PREVENTION THESE INCLUDE DIVERSE SUPPORT GROUPS, COMMUNITY HEALTH FAIRS RELATED TO WOMEN, BILINGUAL PRENATAL EDUCATION, CHILDBIRTH AND PARENTING CLASSES, CPR, SAFE SLEEP, LACTATION CONSULTATION AND POSTPARTUM DEPRESSION/SUPPORT

Form 990, Part III, Line 4c:

AMBULATORY SERVICES- LVH'S AMBULATORY SERVICES COMPONENTS INCLUDE HEALTH CENTERS, WOUND CARE, HYPERBARIC OXYGEN, HEALTH SPECTRUM PHARMACIES, SLEEP DISORDER CENTERS, ENDOCRINE TESTING, LAB, FITNESS AND SPORTS PERFORMANCE PROGRAMS LVHN CONTINUES TO EXPAND ITS PORTFOLIO OF "HEALTH CENTERS AND AS OF JUNE 2018, THERE ARE 26 SITUATED THROUGHOUT MULTIPLE COUNTIES THE HEALTH CENTERS ARE IN THE FOLLOWING TOWNS, ALLENTOWN, BANGOR, BATH, BETHLEHEM, BETHLEHEM TOWNSHIP, BLAKESLEE, EASTON, EMMAUS, HELLERTOWN, FOGELSVILLE, FRACKVILLE, HAMBURG, HAZLETON, KUTZTOWN, MACUNGIE, MOSELEM SPRINGS, MOUNTAIN TOP, PALMER TOWNSHIP, QUAKERTOWN, TANNERSVILLE AND TRELKERTOWN THE CORE SERVICES IN MOST OF THE HEALTH CENTERS ARE PRIMARY CARE, BASIC IMAGING, REHABILITATION SERVICES AND/OR LAB SERVICES AND THE THREE HEALTH & WELLNESS CENTERS INCLUDE FITNESS CENTERS ARE IN ALLENTOWN, BETHLEHEM, AND HAZLETON MANY OF THEM ALSO PROVIDE SPECIALTY CARE AND BREAST HEALTH SERVICES HEALTH CENTERS AT PALMER TOWNSHIP AND EASTON OPENED IN JUNE 2017 THE HEALTH CENTER AT RICHLAND TOWNSHIP OPENED IN JULY, 2018 FRACKVILLE CAME WITH THE LVH-SCHUYLKILL MERGER EFFECTIVE SEPTEMBER 2016, AND BLAKESLEE CAME WITH THE LVH-POCONO MERGER EFFECTIVE JANUARY 2017 LVHN EXPANDED ITS PORTFOLIO OF "SLEEP DISORDER CENTERS AND AS OF JUNE 2018, THERE WERE 4 IN LAB CENTERS AND 7 ADDITIONAL SITES WHERE PATIENTS CAN RECEIVE THEIR HOME SLEEP TESTING UNITS BESIDES THE IN LAB CENTERS ONE OF THE 4 LABS CAME WITH THE LVH-SCHUYLKILL MERGER EFFECTIVE SEPTEMBER 2016, ALTHOUGH THIS SITE DOES NOT OFFER HOME SLEEP TESTING ADDITIONALLY THERE IS A SLEEP LAB IN HAZLETON, ALLENTOWN, AND BETHLEHEM TOWNSHIP BESIDES THESE THREE IN LAB CENTERS, THE FOLLOWING LOCATIONS OFFER HOME SLEEP TESTING FOR PATIENT CONVENIENCE, ALLENTOWN (CEDAR CREST AND 17TH STREET), FOGELSVILLE, HAMBURG, MOSELEM SPRINGS, BETHLEHEM TOWNSHIP, PALMER TOWNSHIP REHABILITATION SERVICES- THE DIVISION OF REHABILITATION PROVIDES COMPREHENSIVE PROGRAMS THROUGH THE CONTINUUM DESIGNED TO MEET THE NEEDS OF PATIENTS OF ALL AGES WHO ARE RECOVERING FROM ILLNESS OR INJURY LVH PROVIDES INTENSIVE REHABILITATIVE MEDICINE AND NURSING CARE COMBINED WITH PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES AT ITS STATE OF THE ART 34 BED INPATIENT REHABILITATION CENTER SITUATED WITHIN CEDAR CREST HOSPITAL FOR PATIENTS UNABLE TO TOLERATE AGGRESSIVE THERAPY SERVICES, LVH PROVIDES SHORT-TERM MEDICAL, NURSING AND REHABILITATIVE CARE AT ITS 52 BED TRANSITIONAL SKILLED UNIT LOCATED ON THE 17TH ST CAMPUS LVH ALSO OFFERS CONVENIENT AND ACCESSIBLE OUTPATIENT THERAPY SERVICES SERVING THE COMMUNITY AT 45 LOCATIONS ACROSS SEVEN COUNTIES THE REHABILITATION DIVISION OFFERS ADVANCED REHABILITATIVE CARE IN OVER 30 CLINICAL SPECIALTY AREAS INCLUDING NEUROLOGIC REHAB, ORTHOPEDICS AND SPORTS, WOMEN'S HEALTH, ONCOLOGY REHAB, AUDIOLOGY AND PEDIATRIC THERAPY SERVICES AT A NETWORK LEVEL, LVHN'S REHABILITATION SERVICES DIVISION NOW SERVES AS THE LARGEST PROVIDER OF REHABILITATIVE CARE IN THE REGION WITH 108 TOTAL INPATIENT REHABILITATION BEDS, 52 SHORT-STAY SKILLED NURSING BEDS AND 45 OUTPATIENT LOCATIONS LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL- LEHIGH VALLEY HOSPITAL - CEDAR CREST INTRODUCED A CHILDREN'S HOSPITAL IN MAY 2012 IN FY18 LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL (LVRCH) TREATED 4,611 CHILDREN WHO WERE ADMITTED TO OUR HOSPITAL SERVICES AND SAW 270,506 CHILDREN AT OUTPATIENT VISITS A NEW NICU WAS OPENED AT LEHIGH VALLEY HOSPITAL - MUEHLBERG'S FAMILY BIRTH AND NEWBORN CENTER THIS NEW NICU EXCEEDED EXPECTATIONS IN VOLUME AND LEVEL OF CARE PROVIDED THE CHILDREN'S EXPRESSCARE IN PALMER TOWNSHIP ALSO OPENED IN FY18 AND WAS VERY WELL RECEIVED BY THE COMMUNITY THE CHILDREN'S CANCER AND MULTIPURPOSE INFUSION CENTER OPENED AT THE BEGINNING OF FY18 AS WELL AND COMPLETED THEIR FIRST YEAR OF OPERATIONS LVRCH CONSISTENTLY DEMONSTRATED EXCELLENCE AND IMPROVEMENT IN HIGH RELIABILITY THROUGHOUT FY18 THROUGH LVRCH'S WORK WITH SOLUTIONS FOR PATIENT SAFETY (SPS) WE ACHIEVED NAVIGATOR STATUS AND IMPLEMENTED ERROR PREVENTION PRACTICES AND BEHAVIORS TRAINING FOR LEADERS AND COLLEAGUES WE ALSO PARTICIPATED IN NATIONAL PIONEER GROUPS FOR REDUCING PERIPHERAL IV INFILTRATIONS AND UNPLANNED EXTUBATIONS THESE SAFETY COLLABORATIVES AND RESULTING DEPLOYED PRACTICES RESULTED IN LOWER RATES OF HOSPITAL ACQUIRED CONDITIONS DUE TO THE HIGH USE OF PREVENTION BUNDLES AND ERROR PREVENTION BEHAVIORS BY LEADERS AND COLLEAGUES WE NOW COMPARE WITH SOME OF THE BEST CHILDREN'S HOSPITAL IN THE COUNTRY OUR PARTICIPATION IN THE SPS STAFF SAFETY INITIATIVE BEGAN IN FY18 BY SUBMITTING SAFETY DATA FOR OUR INPATIENT UNITS AND HAS DEMONSTRATED THAT OUR COLLEAGUES ARE ALSO AMONG THE SAFEST IN THE COUNTRY OUR CLINICAL PATHWAY USAGE INCREASED FROM 7 TO 12 AND HAS DECREASED LENGTH OF STAY WHILE IMPROVING OUTCOMES THE ACUTE PAIN TOOLKIT FOR KIDS WAS DEVELOPED THROUGH COLLABORATIVE EFFORTS OF THE OPIOID STEWARDSHIP COMMITTEE, THE DIVISION OF PEDIATRIC SURGERY, AND THE DIVISION OF PEDIATRIC HOSPITAL MEDICINE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL ALSO DEMONSTRATED IMPROVEMENTS IN ENGAGEMENT AND EXPERIENCE THE FAMILY ADVISORY COUNCIL (FAC) WAS MAINTAINED FOR ANOTHER YEAR WITH INCREASED PARTICIPATION THE MEMBERS OF THE FAC ASSISTED IN THE DEVELOPMENT OF THE NEW INPATIENT PEDIATRIC UNIT EXPECTED TO OPEN EARLY 2019 AND IN THE IMPLEMENTATION OF WAYFINDING TO THE HECHT FAMILY CHILDREN'S SPECIALTY CENTER THE PATIENT EXPERIENCE SCORES FOR LVRCH, INPATIENT AND OUTPATIENT, MAINTAINED HIGH SCORES IN THE MAJORITY OF AREAS WITH A MARKED IMPROVEMENT IN THE CHILDREN'S ER ALSO COMPLETED IN FY18 WAS A HOME GROWN COLLEAGUE SURVEY THAT ASSESSED CURRENT SUCCESSSES AND AREAS OF IMPROVEMENT, THE HIGHEST SCORING ITEMS SHOWED PRIDE IN PERSONAL CONTRIBUTIONS, TEAMWORK, AND PERSONAL JOB FIT, WHILE THE AREAS IN NEED OF IMPROVEMENT INCLUDE DEALING WITH BURNOUT, COMMUNICATION ABOUT FUTURE PLANS, AND RECOGNITION OF COLLEAGUE'S IDEAS AND SUGGESTIONS LVRCH'S COMMUNITY AND POPULATION HEALTH PROGRAMS CONTINUED TO HAVE AN IMPACT ON CHILDREN'S HEALTH THROUGHOUT THE LEHIGH VALLEY ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PROJECT EXCEEDED THEIR GOAL FOR FAMILY ENROLLMENTS COMMUNITY CANVAS PROVIDED EDUCATIONAL PROGRAMS ON HEALTHY HABITS AND NUTRITION IN 8 SCHOOLS ONE COMMUNITY CANVAS SCHOOL PARTNERED WITH THE KELLYN FOUNDATION TO ALSO BUILD AND MAINTAIN A COMMUNITY GARDEN THAT SUPPLEMENTED THE HEALTHY EATING EDUCATION WELLER EDUCATION SERVICES WAS ACQUIRED AND INTEGRATED INTO OUR SCHOOL HEALTH PROGRAM THE CHILD ADVOCACY CENTER SAW A RECORD NUMBER OF INPATIENT AND OUTPATIENT CONSULTS THE CONNECTIONS CLINIC WAS STARTED TO TREAT NEWBORNS EXPOSED TO OPIOIDS DURING PREGNANCY

Part 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$ including grants of \$)	(Revenue \$)
	<p>IMAGING SERVICES-THE RADIOLOGY DEPARTMENT PROVIDES A VARIETY OF DIAGNOSTIC AND THERAPEUTIC PROCEDURES FOR PATIENTS OF ALL AGES, 24 HOURS PER DAY, SEVEN DAYS PER WEEK RADIOLOGY SERVICES INCLUDE THE PROVISION OF EMERGENT, ACUTE, PREVENTIVE, CONSULTATIVE, DIAGNOSTIC AND THERAPEUTIC IMAGING TO PATIENTS IN THE EMERGENCY, SURGICAL, INPATIENT AND OUTPATIENT SETTINGS OF LVHN THE DEPARTMENT PERFORMS AN AVERAGE OF 1,174 PROCEDURES PER DAY OUTPATIENTS ACCOUNT FOR 75% OF THESE EXAMINATIONS, WHILE INPATIENTS ACCOUNT FOR THE REMAINING 25% SERVICES ARE PROVIDED AT MULTIPLE SITES AT THE LVH-CEDAR CREST CAMPUS, THE FOLLOWING SERVICES ARE OFFERED VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY, NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY AND NEURORADIOLOGY, AS WELL AS IMAGE MANAGEMENT SERVICES MAGNETIC RESONANCE IMAGING (MRI), DEXA, AND PET-CT SERVICES ARE PROVIDED THROUGH AN AFFILIATED PARTNER THE LVH-MUHLENBERG CAMPUS OFFERS THE FOLLOWING SERVICES VASCULAR LAB, MRI, ULTRASOUND, COMPUTERIZED TOMOGRAPHY, NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY, AS WELL AS IMAGE MANAGEMENT SERVICES MAGNETIC RESONANCE IMAGING (MRI) SERVICES ARE PROVIDED AT LVH-MUHLENBERG CAMPUS FOR BOTH INPATIENT AND OUTPATIENT THROUGH AN AFFILIATED PARTNER AT THE LVH-17TH STREET SITE THE FOLLOWING SERVICES ARE OFFERED DIAGNOSTIC IMAGING, COMPUTERIZED TOMOGRAPHY, ULTRASOUND, VASCULAR LAB, AND IMAGE MANAGEMENT SERVICES THE LVH-TILGHMAN SITE OFFERS DIAGNOSTIC IMAGING SERVICES FOR THE EXPRESS CARE AND ORTHOPEDIC SURGERY DIVISION LIMITED ULTRASOUND/VASCULAR IMAGING IS ALSO PROVIDED FOR INPATIENTS AT THE LVHN HEALTH CENTER LOCATIONS, THE DEPARTMENTS OFFER DIAGNOSTIC IMAGING AND ULTRASOUND AT THE HEALTH CENTER AT BETHLEHEM TOWNSHIP, HEALTH CENTER AT RICHLAND TOWNSHIP, HEALTH CENTER AT FOGELSVILLE, HEALTH CENTER AT HAMBURG (DIAGNOSTIC ONLY), HEALTH CENTER AT MOSELEM SPRINGS, AND HEALTH CENTER AT TREXLETTOWN THE HEALTH CENTER AT PALMER TOWNSHIP OFFERS COMPUTERIZED TOMOGRAPHY, DEXA, DIAGNOSTIC IMAGING, AND ULTRASOUND SERVICES THE HEALTH CENTER AT BATH OFFERS DEXA, DIAGNOSTIC IMAGING, ULTRASOUND SERVICES AND PHEBOTOMY THE HEALTH CENTER AT BANGOR OFFERS DEXA, DIAGNOSTIC IMAGING, AND ULTRASOUND SERVICES IMAGING SERVICES AT CETRONIA ROAD OFFERS COMPUTERIZED TOMOGRAPHY, DEXA, DIAGNOSTIC IMAGING, MRI, AND ULTRASOUND PHARMACY SERVICES-HEALTH SPECTRUM PHARMACY SERVICES OFFERS A RANGE OF PHARMACY SERVICES IN THREE CONVENIENT, PATIENT FOCUSED LOCATIONS ONE AT THE CEDAR CREST SITE, ONE AT THE 17TH & CHEW SITE AND ONE AT LVH-MUHLENBERG A FOURTH PHARMACY LOCATED NEAR THE CEDAR CREST SITE PROVIDES HOME INFUSION SERVICES TO RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA PHARMACY SERVICES INCLUDE PRESCRIPTIONS, COMPOUNDING, SPECIALTY MEDICATIONS, VACCINATIONS, OVER-THE-COUNTER, HERBAL/ALTERNATIVE MEDICATIONS, PERSONAL CARE PRODUCTS, FIRST AID, WOUND CARE, OSTOMY, KNEE BRACES, ORTHOTICS, VASCULAR GARMENTS, POST-MASTECTOMY, BREAST PROSTHESES, DIABETIC SUPPLIES, AND HOME INFUSION THE RETAIL PHARMACIES ARE ACCREDITED BY THE BOARD OF CERTIFICATION/ACCREDITATION INTERNATIONAL, AND THE HOME INFUSION PHARMACY IS ACCREDITED BY COMMUNITY HEALTH ACCREDITATION PROGRAM THE RETAIL PHARMACIES ARE EQUIPPED WITH WORKFLOW, COUNTING CELL, AND BAR CODE SCANNING TECHNOLOGY PILLS IN A POUCH COMPLIANCE PACKAGING, BEDSIDE DELIVERY, AND CONVENIENCE SHIPPING ARE ALSO OFFERED IN FISCAL YEAR 2017, 387,645 PRESCRIPTIONS WERE FILLED AND 4,098 INFUSION PATIENTS WERE SERVICED THE LEHIGH VALLEY HEALTH NETWORK INPATIENT PHARMACY SERVICES ARE NATIONALLY RECOGNIZED FOR EFFORTS IN MEDICATIONS SAFETY AND ADVANCES IN TECHNOLOGY THE DEPARTMENT UTILIZES ADVANCED MEDICATION SAFETY TECHNOLOGIES INCLUDING CPOE, BEDSIDE BARCODING MEDICATION VERIFICATION, TWO MEDICATION DISPENSING ROBOTS, AND AUTOMATED DISPENSING CABINETS THE STAFF HAS BOARD CERTIFIED CLINICAL PHARMACY SPECIALISTS IN THE AREAS OF ONCOLOGY, TRAUMA, BURN, PEDIATRICS, CARDIOLOGY, AND GENERAL MEDICINE AND USES A UNIT BASED MODEL TO PROVIDE PHARMACY SERVICES AT THE POINT OF CARE GUIDED BY THE TRIPLE AIM, PHARMACY SERVICES CONTINUE TO INNOVATE, PROVIDING THE HIGHEST LEVEL OF CARE TO OUR PATIENTS THROUGH OUTSTANDING CLINICAL SERVICES, AND A DISTRIBUTION MODEL THAT PROVIDES SAFETY AND EFFICIENCIES LIKE NO OTHER COMMUNITY PRACTICES- THE LVHN COMMUNITY PRACTICES PROVIDE QUALITY, COMPASSIONATE CARE FOR ALL MEMBERS OF THE COMMUNITY, WITH THE MAJORITY OF PATIENTS EITHER QUALIFYING FOR MEDICAID OR HAVING NO INSURANCE PATIENTS HAVE ACCESS TO PRIMARY CARE DOCTORS AND A FULL RANGE OF SPECIALISTS, AS WELL AS ACCESS TO BILINGUAL AND BICULTURAL CAREGIVERS THE COMMUNITY PRACTICES SEE OVER 150,000 PATIENT VISITS EACH YEAR, WITH THE MAJORITY OF THE POPULATION SERVED BEING OF LATINO DESCENT THE FOLLOWING SERVICES ARE OFFERED AT THE 17TH & CHEW SITE COMPREHENSIVE HEALTH SERVICES SERVING PATIENTS INFECTED OR AFFECTED BY HIV LVPG GERIATRICS SPECIALIZED GERIATRIC CARE AS A CONSULTATIVE SERVICE AND SKILLED NURSING FACILITY PRIMARY CARE PROVIDER THE FLEMING MEMORY CENTER WHICH PROVIDES SUPPORT AND GUIDANCE TO PATIENTS AND FAMILIES AFFECTED BY MEMORY LOSS CENTER FOR WOMEN'S MEDICINE COMPREHENSIVE HEALTH CARE FOR WOMEN, IN ADDITION TO A RESIDENCY TEACHING PROGRAM, WHICH FOCUSES ON IMPROVED OUTCOMES FOR WOMEN WITH ROUTINE AND COMPLICATED OB/GYN CONCERNS CENTRO DE SALUD BI-LINGUAL/BI-CULTURAL INTERNAL MEDICINE CARE FOR LATINO FAMILIES CHILDREN'S CLINIC PRIMARY CARE FOR NEWBORNS THROUGH YOUNG ADULTS, INCLUDING A PEDIATRIC RESIDENCY PROGRAM CHILD PROTECTIVE SERVICES CONSULTS PROVIDED INPATIENT AND OUTPATIENT BY A CHILD ABUSE PEDIATRICIAN, LICENSED SOCIAL WORKER AND CRNP, IN COLLABORATION WITH LOCAL COUNTY AGENCIES DENTAL CLINIC FULL DENTAL CARE PROVIDED TO CHILDREN AND ADULTS IN THE HOSPITAL SETTING AND MOBILE UNIT, IN ADDITION TO A DENTAL RESIDENCY PROGRAM HEPATITIS CARE CENTER SPECIALTY PRACTICE FOCUSED ON VIRAL HEPATITIS FAMILY HEALTH CENTER PRIMARY MEDICAL CARE FOR EVERY FAMILY MEMBER IN ADDITION TO A FAMILY MEDICINE RESIDENCY TEACHING PROGRAM LEHIGH VALLEY PHYSICIANS PRACTICE INTERNAL MEDICINE PRIMARY/MEDICAL SUBSPECIALTY AND GENERAL SURGICAL/SUBSPECIALTY CARE FOR ADULTS IN ADDITION TO BOTH AN INTERNAL MEDICINE RESIDENCY TEACHING PROGRAM AS WELL AS SURGICAL RESIDENCY TEACHING PROGRAM MARK J YOUNG COMMUNITY HEALTH AND WELLNESS CENTER TEACHING PATIENTS SELF-MANAGEMENT FOR CHRONIC DISEASES SUCH AS DIABETES AND OBESITY OFFERING A CENTRALIZED LOCATION FOR PATIENTS TO ACCESS RESOURCES THAT PROVIDE SOCIAL SUPPORT FINANCIAL COUNSELORS, SOCIAL WORKERS, BEHAVIORAL HEALTH SPECIALIST, CARE MANAGERS AND LEGAL SUPPORT COMMUNITY HEALTH- STREET MEDICINE THE LVHN STREET MEDICINE TEAM PROVIDES CLINICAL SERVICES FOR THE HOMELESS, SERVING AS THEIR PRIMARY SOURCE OF CARE, PROVIDING MEDICATIONS, LABORATORY TESTING, AND EXAMINATIONS FREE OF CHARGE IN NON-TRADITIONAL SETTINGS THE TEAM NOT ONLY PROVIDES PRIMARY CARE BUT ALSO FACILITATES MENTAL HEALTH SERVICES, PERSONAL IDENTIFICATION ATTAINMENT, MEDICAID/SOCIAL SECURITY ENROLLMENT, AND HELPS THEM NAVIGATE THE COMPLEX HOUSING PROCESS IN FY18, A TOTAL OF 822 PATIENTS WERE SERVED THROUGH CLINICS AND STREET OUTREACH FOR A TOTAL OF JUST OVER 1100 VISITS IN ADDITION, THE STREET MEDICINE TEAM CONDUCTED 303 INPATIENT CONSULTS VETERANS HEALTH PROGRAM LVHN'S VHP AIMS TO CARE FOR MILITARY MEN AND WOMEN WHO HAVE PERFORMED MILITARY SERVICE MAVRIC CORE SERVICES INCLUDE (1) HEALTHCARE ENROLLMENT AND ELIGIBILITY SERVICES, (2) ACCESS TO CARE ASSISTANCE, AND (3) NAVIGATION WITHIN AND AMONG COMPLEX HEALTHCARE SYSTEMS IN THE FIRST 8 MONTHS OF VHP PROVIDING SERVICES, A TOTAL OF 167 VETERANS AND THEIR FAMILY MEMBERS WERE SERVED ABOUT 85% OF THE CLIENTS WHO ENGAGED WITH VHP HAD PREVIOUSLY SERVED OR WERE CURRENTLY ACTIVE IN THE MILITARY, AND THE REMAINDER WERE FAMILY MEMBERS/CAREGIVERS OVER HALF OF THE CLIENTS WERE FROM LEHIGH COUNTY, AND THE REMAINDER WERE PRIMARILY FROM NORTHAMPTON, BERKS, OR BUCKS COUNTIES ON AVERAGE, VHP IS SEEING AROUND 20 NEW CLIENTS EACH MONTH, WITH BETWEEN 40 AND 50 NEW AND REPEAT CLIENTS BEING SERVED EACH MONTH BEGINNING IN APRIL 2018, DCH BEGAN CAPTURING IN-PERSON ENCOUNTERS AND CARE COORDINATION SEPARATELY ABOUT 35% OF THE SERVICES PROVIDED SINCE APRIL WERE CARE COORDINATION AND 65% WERE IN PERSON ENCOUNTERS THE PRIMARY TWO FOCUS AREAS OF THE SERVICES PROVIDED HAVE BEEN ACCESS TO CARE AND SOCIAL NEEDS 37 2% OF CLIENTS THAT ANSWERED THE PHQ-2 SCORED 3 OR HIGHER TO MEET CLINICALLY SIGNIFICANT CRITERIA FOR FURTHER EVALUATION FOR DEPRESSION</p>	

(Code)	(Expenses \$ including grants of \$)	(Revenue \$)
	<p>POPULATION HEALTH COMMUNITY CARE TEAMS- CURRENT STATE IN 2014, LVHN ADOPTED A VISION STATEMENT, 'TO BECOME AN INNOVATIVE LEADER IN POPULATION HEALTH (PH) MANAGEMENT ' SINCE THEN, WE'VE BEEN BUILDING OUR CAPACITY AND COMPETENCIES SO THAT WE CAN ACCOMPLISH THIS WE DEFINE POPULATION HEALTH AS - 'THE HEALTH AND HEALTH OUTCOMES OF A GROUP OF INDIVIDUALS, INCLUDING HOW THOSE OUTCOMES ARE DISTRIBUTED ACROSS THE GROUP ' PH HAS GAINED SIGNIFICANT TRACTION IN OUR ORGANIZATION OVER THE LAST FEW YEARS, EVEN THOUGH CURRENTLY LESS THAN 10% OF OUR PAYMENT COMES THROUGH VALUE ARRANGEMENTS NONETHELESS, WE HAVE DONE THE GROUNDWORK FOR THE EVENTUALITY THAT THE NATION'S FINANCING MODEL WILL NEED TO CHANGE TO SUPPORT THE EXECUTION OF A VALUE-DRIVEN, POPULATION HEALTH-BASED DELIVERY SYSTEM IT IS WITH THIS IN MIND WE HAVE BEGUN TO CREATE A CULTURE OF - DELIVER THE RIGHT INTERVENTION FOR A SPECIFIC PATIENT IN THE LEAST COSTLY POINT IN THE CARE CONTINUUM AND - CREATE VALUE FOR PATIENTS AND OUR PAYERS SO THAT WE ARE RECOGNIZED AND REIMBURSED FOR THAT KIND OF CARE PH HAS RESOURCES THAT WE DEPLOY TO EXECUTE ON OUR GOALS THE FOLLOWING IS AN OVERVIEW OF THE WORK THESE RESOURCES COMPLETED IN FY18 COMMUNITY CARE TEAMS (CCT) CCT(S) WORK WITH HIGH-RISK PATIENTS BASED ON PREDETERMINED RISK STRATIFICATION, PAYER ARRANGEMENT AND PROVIDER CLINICAL JUDGMENT CCT(S) HAVE A CARE MANAGER, A PHARMACIST, A BEHAVIORAL HEALTH SPECIALIST, A SOCIAL WORKER, AND/OR MEDICATION ASSISTANCE COORDINATORS THEY COLLABORATE WITH LVPG AND MATLAV PRIMARY CARE AND SPECIALTY PRACTICES TO FACILITATE THE MANAGEMENT OF THE MOST COMPLEX PATIENTS (THESE ARE THE TOP 5% HIGH-RISK LVHN PATIENTS CCT(S) COVER 48 PRIMARY CARE PRACTICES AND SPECIALTY PRACTICES ACROSS FIVE COUNTIES NURSE DRIVEN PROTOCOLS AND SPECIALTY REFERRALS ALLOW FOR SEAMLESS COLLABORATION WITH OACIS, HOME CARE AND OTHER LVHN NETWORK SERVICES IN FY18, CCT (S) TOUCHED TOTAL OF 21,797 UNIQUE PATIENTS AND OVER 82,000 PATIENT ENCOUNTERS BY PHONE, PORTAL COMMUNICATION, OR FACE TO FACE VISITS CCT WORKFLOWS WERE REDESIGNED IN FY18 TO MATCH THE APPROPRIATE DELIVERY INTERVENTION TO MEET THE SPECIFIC CLINICAL NEED OF THE POPULATION AND PROVIDE CARE CLOSER TO HOME UTILIZING A HUB- AND SPOKE MODEL, CCT(S) WERE CENTRALIZED IN 10 HUBS GEOGRAPHICALLY LOCATED IN OUR PATIENT'S COMMUNITIES THIS REDESIGN ALLOWED THE CCT(S) TO EXPAND COVERAGE TO 12 ADDITIONAL LVPG FM/IM PRACTICES IN ADDITION TO WORKING TO HELP PATIENTS GAIN INSURANCE, FOOD, SHELTER AND TRANSPORTATION, IN FY18 CCT(S) FACILITATED OVER \$4,046,485 DOLLARS IN FREE PRESCRIPTION MEDICATIONS SECURING THESE MEDICATIONS REDUCES AMBULATORY CARE SENSITIVE ADMISSIONS AND UNNECESSARY EMERGENCY DEPARTMENT VISITS OVER THE LAST FIVE FISCAL YEARS, THIS PROGRAM HAS SECURED \$8 2 MILLION DOLLARS IN FREE AND DISCOUNTED PATIENTS FOR LVHN PATIENTS CCT GRANT COLLABORATIONS GERIATRIC WORKFORCE ENHANCEMENT PROGRAM A GRANT IN THE AMOUNT OF \$2 5 MILLION DOLLARS FOCUSED ON DEVELOPING A MODEL THAT WILL FOCUS ON EDUCATION OF THE UPCOMING WORKFORCE AND ENHANCING PATIENT'S CARE THIS GRANT EXPANDS THE CCT MODEL WITH THE ADDITION OF A COMMUNITY HEALTH WORKER INTO THE HOME OF FRAIL, ELDERLY PATIENTS ATTRIBUTED IN 6 PRIMARY CARE RESIDENCY PRACTICES THIS PROGRAM SUPPORTED 3,840 TOTAL PATIENTS IN FY18 LASTLY, A SAMSA WHOLE HEALTH CONNECTION GRANT IN THE AMOUNT OF \$1 6 MILLION DOLLARS AIMED AT INTEGRATING A PRIMARY CARE PRACTICE WITH THE MENTAL HEALTH CLINIC AT MUHLENBERG THE EMBEDDED CCT MODEL IS REPLICATED IN THIS LOCATION TO PROVIDE COMPLEX CARE COORDINATION TO CHRONICALLY ILL PATIENTS WITH CONFOUNDING MENTAL ILLNESS ISSUES THIS PROGRAM SUPPORTED 168 PATIENTS IN FY18 CARE TRANSITIONS & NAVIGATIONSTHE CARE TRANSITIONS & NAVIGATIONS TEAM CONSISTS OF A CENTRALIZED CALL CENTER AND NAVIGATION TEAM THE CENTRALIZED CALL CENTER CALLED 18,000 UNIQUE PATIENTS DISCHARGED FROM AN LVHN INPATIENT, OBSERVATION OR INPATIENT REHABILITATION UNIT IN FY18 THAT ARE ATTRIBUTED TO OUR PRIMARY CARE PRACTICES THIS DEPARTMENT FUNCTIONS 7 DAYS/WEEK COVERING ALL OWNED (LVPG) PRIMARY CARE PRACTICES CALL COMPLIANCE WITHIN 2 BUSINESS DAYS' AVERAGES 90% TOWARDS THE END OF FY18, THE TRANSITION MODEL TEAM WAS ADDED TO THE CENTRALIZED CALL CENTER TO PROVIDE GAP COVERAGE FOR THOSE DISCHARGED PATIENTS WHO HAVE A PCP OUTSIDE OF LVHN THIS TEAM OF RN CARE MANAGERS CALLS PATIENTS DISCHARGED WITH HEART FAILURE, SEPSIS, PNEUMONIA, COPD, AND CABG WITHIN 2 BUSINESS DAYS OF DISCHARGE CARE MANAGEMENT SERVICES ARE THEN PROVIDED FOR UP TO 30 DAYS POST-DISCHARGE THE SAME SERVICE IS ALSO PROVIDED FOR ALL HIGH-RISK PEDIATRIC PATIENTS DURING THE LAST 2 MONTHS OF FY2018, THIS TEAM WAS RESPONSIBLE FOR CALLING AN ADDITIONAL 1,300 PATIENTS POST-DISCHARGE THE NAVIGATION TEAM FORMED IN THE BEGINNING OF FY19, CONSISTING OF BOTH RN CARE NAVIGATORS AND PRE-ENGAGEMENT SPECIALISTS THIS TEAM WAS CREATED IN RESPONSE TO LVHN'S JOURNEY WITH THE CMS BPCI-A PROGRAM THE NAVIGATORS WORK WITH PATIENTS ADMITTED FOR TOTAL JOINT REPLACEMENT, SPINAL SURGERY, COPD, AND CARDIAC DEVICE PLACEMENT PATIENTS ARE FOLLOWED BY NAVIGATION SERVICES FOR 90 DAYS POST-DISCHARGE IN THE SURGICAL CASES, ATTEMPTS TO ENGAGE THE PATIENT BEGIN PRIOR TO ADMISSION</p>	

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code)	(Expenses \$	including grants of \$	(Revenue \$
<p>FY2018 - ESTIMATED VALUE OF FREE CARE, COMMUNITY SERVICE, CHARITABLE CONTRIBUTIONS, AND PROFESSIONAL AND COMMUNITY EDUCATION MEDICARE SHORTFALL \$208,977,860, MEDICAL ASSISTANCE SHORTFALL 103,438,286, UNCOMPENSATED CHARITY CARE 11,205,474, BAD DEBT 6,998,872, CLINICS SUBSIDY 12,473,905, TRICARE (CHAMPUS) SHORTFALL 1,147,302, REAL ESTATE TAXES PAID ON OWNED AND LEASED PROPERTY 3,048,431, SALISBURY TOWNSHIP SCHOOL DISTRICT AGREEMENT (INCLUDES 50% ADD-ON VALUE FOR VOLUNTARY AGREEMENTS) 217,972, STIPEND TO SALISBURY TOWNSHIP 132,000, FINANCIAL SUPPORT TO CITY OF ALLENTOWN 45,000, LINDBERG PARK SUPPORT 95,000, FREE PAP TESTS, MAMMOGRAMS & ULTRASOUNDS-CITY OF ALLENTOWN 86,942, LABORATORY TESTS & CONSULTATIVE SERVICES-CITY OF ALLENTOWN 13,325, PHYSICAL EXAMINATIONS - FIREFIGHTERS & HAZMAT PERSONNEL 89,635, CONTRIBUTION TO WESTERN SALISBURY VOLUNTEER FIRE COMPANY 40,000, SCHOOL HEALTH 20,129, VALUE OF VOLUNTEER ASSISTANCE 1,611,278, TRANSITIONAL LIVING CENTERS 337,507, DEPARTMENT OF COMMUNITY HEALTH 477,357, COMPREHENSIVE HEALTH SERVICES IN-KIND, LVHN FITNESS 163,907, LEHIGH VALLEY HOSPITAL CANCER CENTER (INCLUDES PATIENT SUPPORT & EDUCATION, COMMUNITY EDUCATION & SCREENING PROGRAMS) 1,457,486, GEORGE E MOERKIRK EMERGENCY MEDICINE INSTITUTE 445,891, PASTORAL CARE 751,981, PRESS, GANEY PATIENT SURVEY 291,484, FOREIGN LANGUAGE & SIGN LANGUAGE INTERPRETING SERVICE 1,594,322, COMMUNITY HEALTH EDUCATION PROGRAMS 114,559, PATIENT EDUCATION PUBLICATIONS 467,570, MATERIALS TO PROMOTE HEALTH-RELATED ACTIVITIES 273,379, COMMUNITY OUTREACH IN-KIND, VOLUNTARISM IN-KIND, CONTRIBUTIONS 219,058, FREE ORAL TRAUMA SURGERY CARE 481,571, AMBULANCE TRANSPORT COSTS 39,365, TRANSPORTATION FOR DISCHARGED PATIENTS 248,777, PHARMACEUTICALS FOR DISCHARGED PATIENTS 156,538, INFECTION CONTROL COMMUNITY SERVICE (INCLUDES FREE FLU VACCINE) 450,386, LVHN COURIERS FREE TRANSPORTATION SERVICES 119,940, DENTAL SCREENINGS & FREE PROCEDURES IN-KIND, DIVISION OF EDUCATION - OFFICE OF STUDENT AFFAIRS IN-KIND, HELWIG DIABETES CENTER EDUCATION & OUTREACH PROGRAMS IN-KIND, STROKE CENTER COMMUNITY EDUCATION PROGRAMS IN-KIND, SLEEP DISORDERS CENTER COMMUNITY EDUCATION IN-KIND, PATIENT CARE SERVICES - COMMUNITY SERVICE (INCLUDES CLASSES, SUPPORT GROUPS, AND PROFESSIONAL EXCELLENCE COUNCIL ACTIVITIES) IN-KIND, TRAUMA DIVISION - INJURY PREVENTION PROGRAMS IN-KIND, TOBACCO TREATMENT PROGRAM IN-KIND, WEIGHT MANAGEMENT CENTER SUPPORT GROUPS & OUTREACH IN-KIND</p> <p>SUBTOTAL \$357,732,489 MEDICAL EDUCATION \$ 7,284,936 NURSING EDUCATION 9,060,097 RESEARCH ACTIVITIES NET OF GRANT FUNDING 2,580,005 SUBTOTAL \$18,925,038 TOTAL \$376,657,527</p> <p>MAGNET STATUS FOR NURSING EXCELLENCE - IN AUGUST 2002, THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) GRANTED MAGNET DESIGNATION TO LVH AND LVH-MUHLENBERG, THE FIRST FULL-SERVICE HOSPITALS IN PENNSYLVANIA TO RECEIVE THE RECOGNITION DEVELOPED BY THE ANCC IN 1994, THE MAGNET DESIGNATION IS THE AMERICAN NURSES ASSOCIATION'S HIGHEST HONOR FOR EXCELLENCE IN NURSING AND RECOGNIZES BOTH HOSPITALS AS NATIONAL LEADERS IN NURSING EDUCATION, RESEARCH, PATIENT SATISFACTION, EVIDENCED-BASED CARE, IMPROVED PATIENT OUTCOMES, JOB RETENTION AND THE CENTRAL ROLE OF NURSING IN THE ORGANIZATION. MAGNET DESIGNATION IS FOR A PERIOD OF FOUR YEARS, AT WHICH TIME AN ORGANIZATION MUST REAPPLY. THE REAPPLICATION PROCESS IS INTENSE, NECESSITATING THAT HOSPITALS DEMONSTRATE INCREASINGLY HIGHER STANDARDS THAN PREVIOUS APPLICATIONS. IN 2006, 2011, AND 2016 LVH AND LVH-MUHLENBERG WERE REDESIGNATED AS MAGNET HOSPITALS, CONTINUING TO DEMONSTRATE THE REQUIRED EVIDENCE OF A PRACTICE ENVIRONMENT IN WHICH PROFESSIONAL NURSES AND INTERDISCIPLINARY COLLEAGUES LEAD THE REFORMATION OF HEALTH CARE AND THE CARE OF THE PATIENT, FAMILY, AND COMMUNITY. IN OCTOBER, 2013, THE MAGNET DESIGNATED HOSPITALS WERE HONORED WITH THE PRESTIGIOUS MAGNET PRIZE FOR INNOVATIONS IN TELEHEALTH. THE MAGNET PRIZE RECOGNIZES INNOVATIVE NURSING PROGRAMS AND PRACTICES IN ANCC MAGNET-DESIGNATED ORGANIZATIONS. THE \$25,000 PURSE IS BEING USED TO CONTINUE, ADVANCE, AND DISSEMINATE THE WINNING INNOVATION DEMONSTRATING OUR COMMITMENT TO NURSING EXCELLENCE AND QUALITY PATIENT CARE. IN 2020, LVH AND LVH-M WILL CONTINUE THE 'JOURNEY TO MAGNET EXCELLENCE' BY PURSUING OUR FIFTH MAGNET REDESIGNATION, TO DATE A FEAT ACCOMPLISHED BY <15 NATIONAL AND INTERNATIONAL HEALTHCARE FACILITIES.</p>			

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			
JAMES GEIGER TRUSTEE	1 00 60 00	X						470,655	0	28,389
JOSEPH E PATRUNO MD TRUSTEE	1 00 60 00	X						0	386,391	27,168
KATHY O'BRIEN TRUSTEE	1 00	X						0	0	0
KIRSTEN ANTHONY TRUSTEE	1 00	X						0	0	0
MARK LOBITZ DO TRUSTEE	1 00	X						0	0	0
MARTIN K TILL TRUSTEE/CHAIR	1 00	X		X				0	0	0
PATRICIA MARTIN MD TRUSTEE	1 00	X						0	0	0
PAUL VIKNER TRUSTEE	1 00	X						0	0	0
STEVEN R FOLLETT TRUSTEE/VICE CHAIR	1 00	X		X				0	0	0
SUSAN C YEE TRUSTEE	1 00	X						0	0	0

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			
WILLIAM KENT TRUSTEE/PRESIDENT, LVH	60 00	X						599,709	0	19,496
WILLIAM MASON TRUSTEE	1 00	X						0	0	0
MATTHEW SORRENTINO SECRETARY (AS OF 4/1/2018)	1 00			X				0	0	0
ROBERT THOMAS ASST TREASURER	1 00			X				279,267	0	21,517
TERRY CAPUANO PRESIDENT	60 00			X				1,174,664	0	38,635
THOMAS MARCHOZZI TREASURER (AS OF 1/1/2018)	1 00			X				0	0	0
THOMAS V WHALEN MD ASSISTANT SECRETARY	60 00			X				1,162,765	0	38,422
ANTHONY ARDIRE PHYSICIAN	60 00				X			529,046	0	29,260
BRIAN NESTER DO PRESIDENT/CEO LVHN	60 00				X			1,924,106	0	49,463
DEBBIE SALAS-LOPEZ ASSOC CHIEF MEDICAL OFFICE	60 00				X			781,655	0	32,915

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			
EDWARD DOUGHERTY SENIOR CHIEF BUSINESS DEVE	60 00					X		679,417	0	31,436
PAUL TIRJAN PRESIDENT, ALLSPIRE	1 00					X		678,528	0	20,639
GREGORY BRUSKO DO TRUSTEE	1 00						X	0	555,991	24,263
DAVID SPRINGHETTI FORMER SECRETARY	0 00						X	501,732	0	18,075
EDWARD F O'DEA FORMER TREASURER	0 00						X	1,005,610	0	36,088
JAMES A ROTHERHAM FORMER ASST TREASURER	0 00						X	317,933	0	25,898

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number

23-1689692

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

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

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

g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 23-1689692

Name: LEHIGH VALLEY HOSPITAL

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2017
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		0
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		47,602
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		750
j Total Add lines 1c through 1i			48,352
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	154,145,565	139,988,904	138,923,072	138,587,046	120,067,970
b Contributions	-286,153	2,556,444	5,295,781	231,046	2,458,029
c Net investment earnings, gains, and losses	10,443,683	15,657,618	-469,223	3,543,583	18,987,135
d Grants or scholarships	-777,782	681,627	724,933	752,196	381,163
e Other expenditures for facilities and programs	-2,728,637	3,375,774	3,035,793	2,686,407	2,544,925
f Administrative expenses					
g End of year balance	160,796,676	154,145,565	139,988,904	138,923,072	138,587,046

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 32 000 %
 - c** Temporarily restricted endowment ▶ 68 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		76,266,576		76,266,576
b Buildings		1,054,193,750	611,679,927	442,513,823
c Leasehold improvements		95,165,744	38,722,551	56,443,193
d Equipment		563,603,044	337,438,329	226,164,715
e Other		281,871,189	119,327,804	162,543,385
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				963,931,692

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
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	194,826,061	

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
COST SETTLEMENT RESERVES WITH THIRD PARTIES	2,090,632
DEFERRED COMPENSATION PLAN	11,301,228
PENSION LIABILITY	80,976,959
WORKERS COMPENSATION	981,523
PROFESSIONAL INSURANCE LIABILITY RESERVES	45,250,800
ASSET RETIREMENT OBLIGATION	3,953,395
UNREALIZED LOSS ON INTEREST RATE SWAP	21,860,475
CAPITAL LEASES	131,266,111
OTHER	419,878
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	298,101,001

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: 23-1689692
Name: LEHIGH VALLEY HOSPITAL

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT-LEHIGH VALLEY PHYSICIAN HOSPITAL ORG (50 00%)	13,151,276	C
(2) INVESTMENT-HEALTH NETWORK LABORATORIES (95 99%)	143,191,439	C
(3) INVESTMENT-FAIRGROUNDS MEDICAL CENTER	356,056	C
(4) INVESTMENT-GRAND VIEW-LEHIGH VALLEY HEALTH SERVICES	301,899	C
(5) INVESTMENT-LEHIGH VALLEY IMAGING	31,718,102	C
(6) INVESTMENT-WELLER HEALTH EDUCATION CENTER	1	C
(7) INVESTMENT-KUTZTOWN MEDICAL CENTER	-1,712	C
(8) INVESTMENT-WESTGATE PROFESSIONAL CENTER	6,206,000	C
(9) INVESTMENT-SECURE HEALTHCARE INFORMATION MANAGEMENT	-102,000	C
(10) INVESTMENT-LEHIGH VALLEY HEALTH NETWORK RISK RETENTION GROUP	5,000	C

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

1 (a) Description of Liability	(b) Book Value
COST SETTLEMENT RESERVES WITH THIRD PARTIES	2,090,632
DEFERRED COMPENSATION PLAN	11,301,228
PENSION LIABILITY	80,976,959
WORKERS COMPENSATION	981,523
PROFESSIONAL INSURANCE LIABILITY RESERVES	45,250,800
ASSET RETIREMENT OBLIGATION	3,953,395
UNREALIZED LOSS ON INTEREST RATE SWAP	21,860,475
CAPITAL LEASES	131,266,111
OTHER	419,878

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED FOR CONTINUING EDUCATION, SCHOLARSHIPS, RESEARCH, CLINICAL EQUIPMENT, AND NURSING AWARDS

Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

PA, NJ, NY, MD, FL

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		NITE LITES (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	1,202,014			1,202,014
2	Less Contributions				
3	Gross income (line 1 minus line 2)	1,202,014			1,202,014
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	132,686			132,686
	7 Food and beverages	183,194			183,194
	8 Entertainment	36,864			36,864
	9 Other direct expenses	149,550			149,550
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				699,720

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

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

Name ▶
 Address ▶

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 LEHIGH VALLEY HOSPITAL

Hospitals

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

Employer identification number
 23-1689692

OMB No 1545-0047
2017
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,205,474		11,205,474	0 700 %
b Medicaid (from Worksheet 3, column a)			233,671,151	130,232,865	103,438,286	6 460 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			244,876,625	130,232,865	114,643,760	7 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,372,927		7,372,927	0 460 %
f Health professions education (from Worksheet 5)			7,284,936		7,284,936	0 460 %
g Subsidized health services (from Worksheet 6)			15,383,185	1,894,299	13,488,886	0 840 %
h Research (from Worksheet 7)			2,580,005		2,580,005	0 160 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			219,058		219,058	0 010 %
j Total. Other Benefits			32,840,111	1,894,299	30,945,812	1 930 %
k Total. Add lines 7d and 7j			277,716,736	132,127,164	145,589,572	9 090 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			115,129		115,129	0.010 %
8 Workforce development						
9 Other						
10 Total			115,129		115,129	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	7,378,853	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	1,518,071	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	312,605,792
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	375,311,280
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-62,705,488
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	No
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	No

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 LVHN RECIPROCAL RISK RETENTION GROUP	MALPRACTICE INSURANCE	20.000 %	0 %	0 %
2 2 HEALTH NETWORK LABORATORIES LLC	LABORATORY SERVICES	97.930 %	0 %	0 %
3 3 HEALTH NETWORK LABORATORIES LP	LABORATORY SERVICES	95.990 %	0 %	0 %
4 4 LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC	HEALTH CARE SERVICES	50.000 %	0 %	0 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	THE CLINICS SUBSIDY OF \$12,473,905 IS THE DIFFERENCE BETWEEN CLINIC PAYMENTS AND CLINIC COSTS THE CLINICS SUBSIDY INCLUDES THE OPERATIONS OF THE MEDICAL AND SURGICAL CLINICS, CHILDREN'S CLINIC, THE DENTAL CLINIC, THE CENTER FOR WOMEN'S MEDICINE, THE FAMILY HEALTH CENTER, GERIATRICS, AND THE MENTAL HEALTH CLINIC THE CLINICS SUBSIDY IS NOT INCLUDED IN THE MEDICAL ASSISTANCE SHORTFALL OR UNCOMPENSATED CHARITY CARE VALUE REPORTED ABOVE
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 36,264,739

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	LEHIGH VALLEY HOSPITAL'S SCHOOL HEALTH PROGRAM PROVIDES FREE ON-SITE CLINICAL SERVICES, IMMUNIZATIONS, AND HEALTH EXAMS FOR STUDENTS AT LOCAL ELEMENTARY, MIDDLE AND HIGH SCHOOLS THE NET COST OF DIRECT SERVICES PROVIDED TO THESE STUDENTS IN FY18 WAS \$20,129 IN ADDITION, LEHIGH VALLEY HOSPITAL CONTRIBUTED \$95,000 FOR PHASE TWO OF THE DEVELOPMENT OF LINDBERG PARK IN SALISBURY TOWNSHIP
PART III, LINE 2	PATIENT ACCOUNTS WRITTEN OFF AS BAD DEBT ARE IDENTIFIED THE COST TO PROVIDE CARE TO THESE PATIENTS IS CALCULATED BY MULTIPLYING THE TOTAL CHARGES WRITTEN OFF AS BAD DEBT BY THE COST TO CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3	THIS AMOUNT IS THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE PROCESS TO DETERMINE IF THEY ARE ELIGIBLE FOR FINANCIAL ASSISTANCE THE COST IS DETERMINED USING COST TO CHARGE RATIOS THE RATIONALE FOR INCLUDING THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS IS THE HOSPITAL'S EXPERIENCE WITH UNINSURED PATIENTS THAT DO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROGRAM WHEN THE HOSPITAL EVALUATES UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE, THE MOST COMMON FINDING IS THAT UNINSURED PATIENTS HAVE INCOME LESS THAN 400% OF THE FEDERAL POVERTY GUIDELINE AND QUALIFY FOR FINANCIAL ASSISTANCE THE HOSPITAL BELIEVES THAT UNINSURED PEOPLE WHO CHOOSE NOT TO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS AND HAVE THEIR ACCOUNTS WRITTEN OFF AS BAD DEBT, HAVE INCOME THAT WOULD QUALIFY FOR THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM
PART III, LINE 4	BAD DEBTS - THE ORGANIZATION RECORDS A PROVISION FOR BAD DEBTS RELATED TO UNINSURED ACCOUNTS NET OF THE AGB DISCOUNT TO RECORD THE NET SELF-PAY ACCOUNTS RECEIVABLE AT THE ESTIMATED AMOUNTS THE ORGANIZATION EXPECTS TO COLLECT COINSURANCES AND DEDUCTIBLES WITHIN THE THIRD-PARTY PAYER AGREEMENTS ARE THE PATIENT'S RESPONSIBILITY SO THE ORGANIZATION INCLUDES THESE AMOUNTS IN THE SELF-PAY ACCOUNTS RECEIVABLE AND CONSIDERS THESE AMOUNTS IN ITS DETERMINATION OF THE PROVISION FOR BAD DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE IN INSTANCES WHERE THE ORGANIZATION BELIEVES A PATIENT HAS THE ABILITY TO PAY FOR SERVICES AND, AFTER APPROPRIATE COLLECTION EFFORT, PAYMENT IS NOT MADE, THE AMOUNT OF SERVICES NOT PAID IS WRITTEN-OFF AS BAD DEBTS AMOUNTS RECORDED AS PROVISION FOR BAD DEBTS DO NOT INCLUDE CHARITY CARE THE PROVISION FOR BAD DEBTS FOR THE YEARS ENDED JUNE 30, 2018 AND 2017, WAS \$52,583,000 AND \$48,120,000 RESPECTIVELY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE SOURCE OF THE MEDICARE ALLOWABLE COSTS RELATING TO REVENUE RECEIVED FROM MEDICARE IS THE FY '18 MEDICARE COST REPORT THE ENTIRE SHORTFALL ON LINE 7 SHOULD BE TREATED AS A COMMUNITY BENEFIT THE REVENUE AND EXPENSES ARE BOTH DETERMINED USING MEDICARE PRINCIPLES THE HOSPITAL IS PROVIDING THE COMMUNITY A BENEFIT IN EXCESS OF MEDICARE PAYMENTS
PART III, LINE 9B	FINANCIAL COUNSELING STAFF WILL DETERMINE WHETHER PATIENTS MEET ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ACCOUNTS THAT DO NOT MEET THE ELIGIBILITY REQUIREMENTS WILL BE REFERRED TO AN EXTERNAL RECEIVABLES FOLLOW UP AGENCY, AND IF NOT PAID, REFERRED TO A COLLECTION AGENCY AND SUBSEQUENTLY TRANSFERRED TO BAD DEBT STATUS IF THE ACCOUNTS REMAIN UNPAID

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>THE HEALTH CARE COUNCIL OF THE LEHIGH VALLEY (HCCLV) USED QUANTITATIVE AND QUALITATIVE METHODS TO ASSESS THE HEALTH CARE NEEDS OF THE LEHIGH VALLEY COMMUNITY. THERE WERE THREE FORMS OF DATA USED BY THE HCCLV TO CREATE THE CHNA. FIRST, THE MEMBER AGENCIES OF THE HCCLV PROVIDED GUIDANCE ABOUT SOME OF THE KEY ISSUES THEIR INSTITUTIONS FACE REGARDING THE HEALTH OF PEOPLE IN THE LEHIGH VALLEY. THE DISCUSSIONS AT THE MONTHLY HCCLV MEETINGS PROVIDED MEANINGFUL INSIGHT INTO THE PRIORITIES AND ROOT CAUSES THAT WERE FURTHER INVESTIGATED THROUGH SECONDARY DATA SOURCES AND THROUGH QUALITATIVE METHODS. SECOND, A THOROUGH REVIEW OF SECONDARY DATA SOURCES WAS CONDUCTED. ALL SOURCES AND INDICATORS UTILIZED IN THE FIRST COMMUNITY HEALTH NEEDS ASSESSMENT HEALTH PROFILE FROM 2013 WERE UPDATED. THEN, THE HCCLV GROUP REQUESTED THE INCLUSION OF MANY ADDITIONAL INDICATORS THAT WERE ALSO GATHERED FROM SECONDARY SOURCES. THE COMPLETE LIST OF SECONDARY SOURCES CONSULTED THROUGHOUT THE CHNA HEALTH PROFILE PROCESS IS AS FOLLOWS - COUNTY HEALTH RANKINGS WWW.COUNTYHEALTHRANKINGS.ORG- COMMUNITY COMMONS WWW.COMMUNITYCOMMONS.ORG- CDC WONDER WWW.WONDER.CDC.GOV- CDC COMMUNITY HEALTH STATUS INDICATORS WWW.CDC.GOV/COMMUNITYHEALTH/HOME- NATIONAL CENTER FOR HEALTH STATISTICS HEALTH INDICATORS WAREHOUSE WWW.HEALTHINDICATORS.GOV- PENNSYLVANIA DEPARTMENT OF HEALTH WWW.HEALTH.PA.GOV- PENNSYLVANIA DEPARTMENT OF EDUCATION WWW.EDUCATION.PA.GOV - AMERICAN COMMUNITY SURVEY WWW.CENSUS.GOV/PROGRAMS-SURVEYS/ACS QUALITATIVE INFORMATION WAS COLLECTED THROUGH THREE DIFFERENT FOCUS GROUPS. ONE WAS CONDUCTED IN LEHIGH COUNTY, ONE WAS CONDUCTED IN NORTHAMPTON COUNTY, AND THE THIRD COMPRISED TEENS BETWEEN THE AGES OF 13-19 FROM BOTH LEHIGH AND NORTHAMPTON COUNTIES. THE FOCUS GROUPS SOLICITED INFORMATION ABOUT THE NEEDS OF THE COMMUNITY, PARTICULARLY VULNERABLE POPULATIONS, AND RANKED THOSE NEEDS.</p>
PART VI, LINE 3	<p>CONSISTENT WITH THE MISSION AND VALUES OF LEHIGH VALLEY HEALTH NETWORK, IT IS THE POLICY TO PROVIDE MEDICAL CARE TO ALL INDIVIDUALS WITHOUT REGARD TO THEIR ABILITY TO PAY FOR SERVICES. THE FINANCIAL ASSISTANCE POLICY APPLIES TO UNINSURED AND UNDER-INSURED INDIVIDUALS WHO PARTICIPATE IN THE PROCESS TO EVALUATE THEIR ABILITY TO PAY FOR LVHN SERVICES. PATIENTS ARE IDENTIFIED BY LVHN REGISTRATION, BENEFITS AND VERIFICATION, CUSTOMER SERVICE, AND FINANCIAL COUNSELORS AS BEING IN FINANCIAL NEED. THE FINANCIAL COUNSELORS HELP PATIENTS COMPLETE THE APPLICATION FOR FINANCIAL ASSISTANCE. LVHN FOLLOWS THE FEDERAL POVERTY GUIDELINES TO EVALUATE ELIGIBILITY. PATIENTS WHOSE FAMILY INCOME FALLS BELOW 200% OF THE FEDERAL POVERTY GUIDELINE WILL HAVE THEIR ENTIRE BALANCE FORGIVEN FOR THEIR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER. PATIENTS WITH A FAMILY INCOME BELOW 400% OF THE FEDERAL POVERTY GUIDELINES WILL HAVE A PORTION OF THEIR BALANCE FORGIVEN FOR QUALIFYING SERVICES AT A PARTICIPATING LVHN PROVIDER. PATIENTS ARE EVALUATED FOR NO COST OR REDUCED PREMIUM INSURANCE PLANS. THE LVHN FINANCIAL COUNSELORS WILL OFFER INFORMATION TO PATIENTS WHO ARE INTERESTED IN SEEING IF THEY QUALIFY FOR THESE PROGRAMS OFFERED BY COMMERCIAL INSURANCE COMPANIES. PATIENTS OFTEN EXPRESS FINANCIAL CONCERN OR NEED BY CONTACTING THE LVHN CUSTOMER SERVICE DEPARTMENTS. THE CUSTOMER SERVICE REPRESENTATIVES EXPLAIN THE PROGRAMS AVAILABLE, FINANCIAL ASSISTANCE AND SUPPORT IN APPLYING FOR MEDICAL ASSISTANCE OR INSURANCE THROUGH THE FEDERAL HEALTH INSURANCE EXCHANGE. PATIENTS WILL BE REFERRED TO THE FINANCIAL COUNSELORS WHO WORK WITH PATIENTS TO APPLY FOR PENNSYLVANIA MEDICAL ASSISTANCE. THE FINANCIAL COUNSELORS ARE LOCATED ONSITE. THE FINANCIAL COUNSELORS VISIT PATIENTS IN THEIR INPATIENT ROOMS, IN THE CANCER CENTER, AND IN THE EMERGENCY DEPARTMENT. IN ADDITION, LVHN ADVERTISES FINANCIAL ASSISTANCE IN THE LOCAL NEWSPAPER, ON OUR PUBLIC WEBSITE AND ON THE STATEMENTS SENT TO OUR PATIENTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	LEHIGH VALLEY HOSPITAL, INC (LVH) IS A PENNSYLVANIA NOT-FOR-PROFIT MEMBERSHIP CORPORATION EXEMPT FROM FEDERAL INCOME TAXES AS A CORPORATION DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE THE PRIMARY SERVICE AREA OF LVH-CC CONSISTS OF LEHIGH, NORTHAMPTON, AND CARBON COUNTIES BASED ON INFORMATION AVAILABLE FROM THE U S CENSUS BUREAU, FOR THE 2000 DECENNIAL CENSUS AND THE 2010 DECENNIAL CENSUS, THE POPULATION OF THE PRIMARY SERVICE AREA WAS APPROXIMATELY 637,958 PEOPLE IN 2000 AND WAS ESTIMATED TO BE 712,481 IN 2010 ACCORDING TO THE AMERICAN COMMUNITY SURVEY (U S CENSUS), THE ESTIMATED POPULATION FOR THE THREE-COUNTY AREA IN 2017 WAS 725,701 DURING THE FISCAL YEAR 2018, 71 3% OF THE DISCHARGES FROM LVH-CC WERE RESIDENTS OF THE PRIMARY SERVICE AREA THE SECONDARY SERVICE AREA CONSISTS OF BERKS, LUZERNE, MONROE, AND SCHUYLKILL COUNTIES AS WELL AS NORTHERN PORTIONS OF BUCKS AND MONTGOMERY COUNTIES THE 2017 POPULATION OF THE SECONDARY SERVICE AREA WAS APPROXIMATELY 1,551,122 DURING THE FISCAL YEAR 2018, 25 2% OF THE DISCHARGES FROM LVH WERE RESIDENTS OF THE SECONDARY SERVICE AREA BASED ON U S CENSUS BUREAU DATA, THE CURRENT POPULATION OF THE COMBINED PRIMARY AND SECONDARY LVH SERVICE AREAS IS PROJECTED, TO INCREASE APPROXIMATELY 1 46% BY THE YEAR 2019, BASED ON THE EXTRAPOLATION OF THE POPULATION CAGR* FROM CENSUS YEAR 2000 - 2010 DURING THE FISCAL YEAR 2018 3 5% OF THE DISCHARGES FROM LVH-CC WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS
PART VI, LINE 5	LEHIGH VALLEY HOSPITAL QUALIFIES AS AN INSTITUTION OF PURELY PUBLIC CHARITY IN PENNSYLVANIA THIS REGULATION IS REFERRED TO AS ACT 55 TO BE CONSIDERED A PURELY PUBLIC CHARITY, NONPROFITS MUST (1) ADVANCE A CHARITABLE PURPOSE, (2) DONATE OR RENDER GRATUITOUSLY A SUBSTANTIAL PORTION OF ITS SERVICES, (3) BENEFIT A SUBSTANTIAL AND INDEFINITE CLASS OF PERSONS WHO ARE LEGITIMATE SUBJECTS OF CHARITY, (4) RELIEVE THE GOVERNMENT OF SOME BURDEN, AND (5) OPERATE ENTIRELY FREE FROM PRIVATE PROFIT MOTIVE LVH IS REQUIRED TO REAPPLY FOR THIS CHARITABLE STATUS EVERY FIVE YEARS AND CURRENTLY QUALIFIES THROUGH OCTOBER 31, 2020

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	LVHN'S COMMUNITY HEALTH NEEDS IMPLEMENTATION PLANS HAVE BEEN PREPARED IN RESPONSE TO CONCERNS IDENTIFIED IN THE CHNA REPORTS EACH LICENSED FACILITY WITHIN LVHN - LVH CEDAR CREST/LVH 17TH STREET, LVH MUHLENBERG, LVH HAZLETON AND TWO NEW CAMPUSES AT LVH SCHUYLKILL (LVH SOUTH JACKSON AND LVH EAST NORWEGIAN) - HAS PREPARED AN IMPLEMENTATION PLAN OUR IMPLEMENTATION PLANS INCLUDE ACTIVITIES DESIGNED TO ADDRESS NEEDS WITHIN OUR COMMUNITIES, WHILE ALSO PROMOTING HEALTH NOTE THAT THE IMPLEMENTATION PLANS ARE PRESENTED IN TWO SEPARATE DOCUMENTS - ONE FOR THE LVH SCHUYLKILL CAMPUSES AND ONE FOR THE OTHER LVHN COMMUNITIES SCHUYLKILL HEALTH SYSTEM CONDUCTED ITS COMMUNITY HEALTH NEEDS ASSESSMENT PRIOR TO JOINING LVHN WHILE WE WORKED TOGETHER TO CRAFT ITS IMPLEMENTATION PLAN, THE TEAM AT LVH SCHUYLKILL AND THE RESIDENTS OF SCHUYLKILL COUNTY HAVE A MUCH DEEPER UNDERSTANDING OF WHAT NEEDS TO BE DONE THERE WE FELT IT WAS IMPORTANT TO PRESENT SCHUYLKILL'S CHNA REPORT AND IMPLEMENTATION PLAN AS A SEPARATE "MATCHED SET" THE IMPLEMENTATION PLANS ARE PRESENTED IN A TABLE FORMAT AND ARE ORGANIZED BY FOUR KEY FOCUS AREAS COMMUNITY ENGAGEMENT, AT-RISK POPULATIONS, ACCESS TO CARE AND HEALTH EQUITY, AND PREVENTION AND WELLNESS WITHIN EACH KEY FOCUS AREA, OBJECTIVES AND TACTICS ARE DESCRIBED THESE ADDRESS "PRIORITY AREAS" NAMED IN THE CHNA REPORTS (HOUSING AND HOMELESSNESS, FOR EXAMPLE) EACH LVHN CAMPUS HAS ITS OWN COLUMN, WITH THEIR SPECIFIC TACTICS MARKED SOME ACTIVITIES WILL BE ADOPTED ACROSS MULTIPLE CAMPUSES COMMUNITY COLLABORATORS FOR A PARTICULAR ITEM ALSO ARE LISTED THE IMPLEMENTATION PLANS FOR ALL FACILITIES ARE FOUND AT WWW.LVHN.ORG/ABOUT_US/COMMUNITY_HEALTH_NEEDS_ASSESSMENT/COMMUNITY_HEALTH_NEEDS_IMPLEMENTATION_PLANS
PART III, SECTION B MEDICARE, LINE 8	MEDICARE PROGRAM COSTS INCLUDED IN THE ANNUAL LVHN COMMUNITY BENEFIT REPORT NOT INCLUDED OR ALLOWABLE IN THE MEDICARE COST REPORT TOTALED \$146,272,372 THIS INCLUDES COSTS OF MEDICARE MANAGED CARE, LVPG PRACTICE SUBSIDIES, NON-REIMBURSEABLE INTEREST EXPENSE, LVAS SUBSIDY, UNIVERSITY OF SOUTH FLORIDA SCHOOL COSTS, AND DISALLOWABLE RELATED ORGANIZATION COSTS

Schedule H (Form 990) 2017

Additional Data**Software ID:****Software Version:****EIN:** 23-1689692**Name:** LEHIGH VALLEY HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>PART V, SECTION B, LINE 5 THE COUNCIL'S COMMUNITY NEEDS ASSESSMENT FOCUSED ON THE HEALTH STATUS OF THE LEHIGH VALLEY (LEHIGH AND NORTHAMPTON COUNTIES) THE CHNA APPROACH INCORPORATED BEST PRACTICE STANDARDS AS RECOMMENDED BY THE AMERICAN PUBLIC HEALTH ASSOCIATION AND THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT OF THE AMERICAN HOSPITAL ASSOCIATION THE COUNCIL EMPLOYED SEVERAL HEALTH ASSESSMENT TECHNIQUES THAT USED BOTH QUALITATIVE AND QUANTITATIVE DATA THERE WERE THREE FORMS OF DATA USED BY THE HCC TO CREATE THE CHNA FIRST, THE MEMBER AGENCIES OF THE HCC PROVIDED GUIDANCE ABOUT SOME OF THE KEY ISSUES THEIR INSTITUTIONS FACE REGARDING THE HEALTH OF PEOPLE IN THE LEHIGH VALLEY THE DISCUSSIONS AT THE MONTHLY HCC MEETINGS PROVIDED MEANINGFUL INSIGHT INTO THE PRIORITIES AND ROOT CAUSES THAT WERE FURTHER INVESTIGATED THROUGH SECONDARY DATA SOURCES AND THROUGH QUALITATIVE METHODS SECOND, A THOROUGH REVIEW OF SECONDARY DATA SOURCES WAS CONDUCTED ALL SOURCES AND INDICATORS UTILIZED IN THE FIRST COMMUNITY HEALTH NEEDS ASSESSMENT HEALTH PROFILE FROM 2013 WERE UPDATED THEN, THE HCC GROUP REQUESTED THE INCLUSION OF MANY ADDITIONAL INDICATORS THAT WERE ALSO GATHERED FROM SECONDARY SOURCES THE COMPLETE LIST OF SECONDARY SOURCES CONSULTED THROUGHOUT THE CHNA HEALTH PROFILE PROCESS IS AS FOLLOWS COUNTY HEALTH RANKINGS WWW COUNTYHEALTH RANKINGS ORG COMMUNITY COMMONS WWW COMMUNITYCOMMONS ORG CDC WONDER WWW WONDER CDC GOV CDC COMMUNITY HEALTH STATUS INDICATORS WWW CDC GOV/COMMUNITYHEALTH/HOMENATIONAL CENTER FOR HEALTH STATISTICS HEALTH INDICATORS WAREHOUSE WWW HEALTHINDICATORS GOV PENNSYLVANIA DEPARTMENT OF HEALTH WWW HEALTH PA GOV PENNSYLVANIA DEPARTMENT OF EDUCATION WWW EDUCATION PA GOV AMERICAN COMMUNITY SURVEY WWW CENSUS GOV/PROGRAMS-SURVEYS/ACS QUALITATIVE INFORMATION WAS COLLECTED THROUGH THREE DIFFERENT FOCUS GROUPS ONE WAS CONDUCTED IN LEHIGH COUNTY, ONE WAS CONDUCTED IN NORTHAMPTON COUNTY, AND THE THIRD COMPRISED TEENS BETWEEN THE AGES OF 13-19 FROM BOTH LEHIGH AND NORTHAMPTON COUNTIES THE FOCUS GROUPS SOLICITED INFORMATION ABOUT THE NEEDS OF THE COMMUNITY, PARTICULARLY VULNERABLE POPULATIONS, AND RANKED THOSE NEEDS ST LUKE'S UNIVERSITY HEALTH NETWORK CONDUCTED A FOCUS GROUP IN ALLENTOWN WITH KEY STAKEHOLDERS IN 2015, AND MADE THE RESULTS AVAILABLE TO THE HCC FOR USE IN THE CHNA HEALTH PROFILE GOOD SHEPHERD REHABILITATION NETWORK ALSO COMMISSIONED A STUDY CONDUCTED BY THE LEHIGH VALLEY RESEARCH CONSORTIUM IN 2015 CALLED, "THE LEHIGH VALLEY DISABILITY COMMUNITY REEXAMINING COMMUNITY NEEDS & OPPORTUNITIES " GOOD SHEPHERD SHARED THIS REPORT WITH THE HCC FOR USE IN THE CHNA HEALTH PROFILE THERE WERE TWO FOCUS GROUP SESSIONS DURING EVENING HOURS, AND PARTICIPANTS ONLY ATTENDED ONE SESSION THE SESSIONS WERE NOT VIDEO TAPED, BUT THEY WERE AUDIO TAPED TO ENSURE THE DISCUSSION WAS CAPTURED APPROPRIATELY THE CONTENT OF THE FOCUS GROUP DISCUSSION ELICITED FEEDBACK AND SUGGESTIONS FROM THE GROUP REGARDING INCREASING OUR COLLECTIVE UNDERSTANDING OF</p>

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>HOW, AS HEALTH CARE PROVIDERS, WE CAN WORK TO SUPPORT HEALTHY BEHAVIORS, HEALTHY SOCIAL I NFLUENCES, AND MAKE THE ACCESS TO HEALTH CARE MORE MEANINGFUL AND EFFECTIVE THE FOCUS GRO UP DISCUSSED ISSUES COMMON TO EVERYONE LIVING IN THE LEHIGH VALLEY THE FOCUS GROUP QUESTI ONS DID NOT INCLUDE DISCUSSIONS ABOUT PARTICULAR PROVIDERS, DISCUSSIONS ABOUT SPECIFIC HEA LTH SYSTEMS IN THE LEHIGH VALLEY, OR COMPARISONS AND/OR DEBATES ABOUT PARTICULAR HEALTH IS SUES (I E IT'S HARDER TO HAVE DIABETES THAN HEART DISEASE, ETC) NORTHAMPTON AND LEHIGH C OMMUNITY COLLEGE CAMPUSES WERE SELECTED AS THE LOCATIONS FOR THE TWO FOCUS GROUPS BY SELE CTING THESE LOCATIONS WE WERE ABLE TO MAXIMIZE DIVERSE PARTICIPATION BY HAVING LOCATIONS I N NORTHAMPTON COUNTY AND LEHIGH COUNTY, HAVE SESSIONS AFTER TRADITIONAL WORK HOURS TO MAKE IT CONVENIENT FOR WORKERS, HAVE SESSIONS DURING THE WEEK SO THEY DO NOT CONFLICT WITH WEE KEND ACTIVITIES AND REFRESHMENTS WERE AVAILABLE KIDSPEACE, AN HCC MEMBER AGENCY THAT HAS AS A SPECIALTY AREA PROVIDING MENTAL HEALTH CARE FOR CHILDREN AND YOUTH, VOLUNTEERED TO HA VE ONE OF THEIR TEEN SUPPORT GROUPS SERVE AS A FOCUS GROUP TO GATHER FEEDBACK FROM YOUNG P EOPLE THE HCC GROUP AGREED TO UTILIZE THE KIDSPEACE TEEN GROUP AS A THIRD FOCUS GROUP TH E YOUTH FOCUS GROUP WAS COMPRISED OF EIGHT TEENS RANGING IN AGE FROM 13-19 WHO RESIDE IN A VARIETY OF DIFFERENT TOWNS AND SCHOOL DISTRICTS IN LEHIGH AND NORTHAMPTON COUNTIES THE G ROUP MEETS WEEKLY ON THURSDAY EVENINGS AT A COMMUNITY SITE OPERATED BY KIDSPEACE CONSENT TO PARTICIPATE IN THE FOCUS GROUP WAS GIVEN TO KIDSPEACE BY THE TEENS AND THEIR PARENTS T HE HCC PROJECT MANAGER TOGETHER WITH THE KIDSPEACE STAFF RESPONSIBLE FOR THE TEEN GROUP CO NDUCTED THE FOCUS GROUP THE PROCESS, METHODS AND CONTENT OF THE YOUTH FOCUS GROUP DISCUSSI ON WAS CONDUCTED IN EXACTLY THE SAME WAY AS THE ADULT GROUPS, USING THE SAME TOOLS THE MA JOR DIFFERENCE WAS THAT ALL PARTICIPANTS WERE ALREADY ENGAGED IN SERVICES WITH KIDSPEACE, AND WERE NOT RECRUITED IN EQUAL NUMBERS BY THE OTHER HCC MEMBER AGENCIES</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 6A THE HEALTH CARE COUNCIL OF THE LEHIGH VALLEY IS COMPRISED OF REPRESENTATIVES FROM EACH OF THE FIVE NON-PROFIT HOSPITALS IN THE LEHIGH VALLEY GOOD SHEPHERD REHABILITATION NETWORK, KIDSPEACE, LEHIGH VALLEY HEALTH NETWORK, SACRED HEART HOSPITAL NETWORK (ST LUKE'S SACRED HEART CAMPUS), ST LUKE'S UNIVERSITY HEALTH NETWORK, THE ALLENTOWN AND BETHLEHEM HEALTH BUREAUS, NEIGHBORHOOD HEALTH CENTERS OF THE LEHIGH VALLEY, AND THE DOROTHY RIDER POOL HEALTH CARE TRUST EACH AGENCY SENDS 1-3 REPRESENTATIVES, TYPICALLY REPRESENTING STAFF WHO HAVE RESPONSIBILITY FOR COMMUNITY WORK

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 7D THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS MAILED TO KEY COMMUNITY LEADERS AND WAS PROVIDED PRESS COVERAGE IN THE COMMUNITY NEWSPAPER AND LOCAL TELEVISION STATION

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>PART V, SECTION B, LINE 11 COMMUNITY ENGAGEMENT1 1 CONNECT WITH LOCAL FEDERALLY QUALIFIED HEALTH CENTER (NHCLV), COMMUNITY AND FAITH-BASED ORGANIZATIONS TO SUPPORT THE DIVERSE HEALTH NEEDS OF OUR COMMUNITIES - MAINTAIN STAKEHOLDER LISTING AND AREAS OF COMMON INTEREST, DATES WE MET THEY HAD A 1 YEAR CELEBRATION FOR THE HEALTH CENTER AT MOUNTAINTOP IN APRIL 2017 IT WAS A WEEK-LONG HEALTH FAIR THAT INCORPORATED COMMUNITY PARTNERS, INCLUDING PHARM ACIES AND LOCAL WELLNESS CENTERS SINCE FEBRUARY 2017, THE DEPARTMENT OF COMMUNITY HEALTH (DCH) DEVELOPED A WORK PLAN, A SCRIPT DETAILING THE PURPOSE/GOAL OF OUR INITIATIVES, TARGET AUDIENCE AND DELIVERABLES, AND TARGETED QUESTIONNAIRES TO USE AS GUIDELINES AS WE MEET WITH COMMUNITY-BASED ORGANIZATIONS (CBOS), WE HAVE PURCHASED THE NECESSARY MATERIALS FOR THIS INITIATIVE (IE BRANDED FOLDERS, COPIES OF THE CHNA IMPLANTATION PLAN TO BE DISTRIBUTED TO CBOS) DCH HAS PRIORITIZED MEETING WITH FAITH-BASED ORGANIZATIONS (FBOS) TO START WE REACHED OUT TO A FEW DOZEN CHURCHES AND MET WITH AND ASSESSED 5 FBOS AS OF JUNE 30, 2017 1 2 PARTNER WITH UNITED WAY 211 TO CREATE AND MAINTAIN A DATABASE (UW211 EAST) OF COMMUNITY RESOURCES, ACCESSIBLE TO LVHN CASE MANAGERS, CLINICIANS, PATIENTS, CAREGIVERS AND COMMUNITY ORGANIZATIONS IN FY17, 150 RESOURCES WERE UPDATED ON THE PA211 EAST WEBSITE, THERE WERE 2,326 VISITS TO THE PA211 EAST WEBSITE AND 5,015 PHONE CALLS WERE MADE WITHIN LEHIGH AND NORTHAMPTON COUNTIES 1 3 EDUCATE AND SUPPORT PATIENTS, CAREGIVERS AND COMMUNITY MEMBERS A ROUND ADVANCE CARE PLANNING (ACP) HOST COMMUNITY BASED CONVERSATIONS TO EDUCATE ABOUT ADVANCE CARE PRINCIPLES, SHARED DECISION-MAKING ENCOURAGE COMPLETION OF ACP DOCUMENTS IN FY17, A STRATEGIC PLAN WAS ESTABLISHED TO FOCUS YEARLY EFFORTS FOR ENGAGING THE COMMUNITY 370 COMMUNITY MEMBERS PARTICIPATED IN CONVERSATIONS ABOUT THEIR FUTURE ADVANCE HEALTHCARE PLANS SEVERAL METHODS OF ENGAGEMENT WERE UTILIZED IN THE PAST FISCAL YEAR WHICH RESULTED IN FOUR CONVERSATION GAMES, TWO VIDEO AND DISCUSSION EVENTS, AND TWO INFORMATION TABLES IN PARTNERSHIP WITH FIVE LOCAL ORGANIZATIONS PARTICIPANTS IN THE EVENTS WERE ASSESSED ON THEIR KNOWLEDGE OF ADVANCE DIRECTIVES (AD) AND WHETHER PARTICIPANTS HAD COMPLETED AN AD DEMOGRAPHIC INFORMATION INDICATES THE MAJORITY OF PARTICIPANTS WERE FEMALE (72%), HAVE POST-HIGH SCHOOL EDUCATION (79%) AND WERE OVER THE AGE OF 65 (56.5%) AMONG THE 321 PARTICIPANTS, THE MAJORITY (87.2%) UNDERSTOOD OR HAD HEARD ABOUT AN AD AMONG A SUB-SET OF 172 RESPONDENTS, LESS THAN HALF OF THE PARTICIPANTS (47.7%) HAVE COMPLETED AN AD 2 1 PROMOTE LVHN COMMUNITY EXCHANGE (CE) TIME-BANKING PROGRAM TO INCREASE SOCIAL CONNECTIONS IN FY17, 110 MEMBERS EXCHANGED 1,150 HOURS AN ANNUAL MEMBER SATISFACTION SURVEY WAS ADMINISTERED AND APPROXIMATELY 75% OF MEMBERS SURVEYED FELT THAT THEIR PARTICIPATION IN COMMUNITY EXCHANGE INCREASED THEIR INVOLVEMENT IN THE COMMUNITY IN SPRING 2017, FUNDING FOR THE PROGRAM ENDED AND IT WAS TRANSITIONED TO A MEMBER</p>

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>-LED, SELF-SERVICE MODEL 3 1 LVHN'S STREET MEDICINE PROGRAM PROVIDES MEDICAL CARE WITHIN D EFINED SHELTER-BASED CLINICS AND ON "STREET ROUNDS" TO THE UNSHELTERED IN FY17, THE STREET MEDICINE PROGRAM SAW 973 HOMELESS PATIENTS IN AN OUTPATIENT SETTING AND WERE CONSULTED FO R 231 PATIENTS WHO WERE ADMITTED TO THE HOSPITAL PATIENTS ASSOCIATED WITH THE STREET MEDI CINE PROGRAM ATTENDED THE EMERGENCY DEPARTMENT ON 1,872 OCCASIONS IN FY17 AND WERE ADMITTE D TO THE HOSPITAL 595 TIMES 3 2 STREET MEDICINE COLLABORATES WITH LVHN CASE MANAGEMENT, CO MMUNITY COLLABORATORS TO PROVIDE CASE MANAGEMENT SERVICES, IMPROVE ACCESS TO INSURANCE, AN D INTRODUCE PATIENTS TO A MEDICAL HOME WHEN READY IN FY17, STREET MEDICINE PATIENT INSURAN CE BREAKDOWN WAS AS FOLLOWS AMONG PATIENTS SEEN IN THE OUTPATIENT SETTING, 43% WERE SELF- PAY, 40% HAD MEDICAID, 12% HAD MEDICARE, 2 7% HAD COMMERCIAL INSURANCE, AND 2% HAD BLUES C ROSS PLANS AMONG PATIENTS IN THE INPATIENT SETTING, 18% WERE SELF-PAY, 50% HAD MEDICAID, 25% HAD MEDICARE, 2% HAD COMMERCIAL INSURANCE, AND 4 5% HAD BLUE CROSS PLANS 3 3 HOST AND/ OR PARTICIPATE IN A MULTI-SECTOR DISCUSSION ON HOUSING AND HEALTH WITH AREA STAKEHOLDERS I N RESPONSE TO THE 2016 CHNA, REPRESENTATIVES FROM LEHIGH VALLEY HEALTH NETWORK (LVHN)'S DE PARTMENT OF COMMUNITY HEALTH, THE DOROTHY RIDER POOL HEALTH CARE TRUST, AND DESALES UNIVER SITY CAME TOGETHER TO CREATE A SYMPOSIUM EXPLORING THE INTERSECTION OF HOUSING AND HEALTH THE FORUM WAS DESIGNED FOR KEY LEADERS IN THE LEHIGH VALLEY TO LEARN, CONNECT, AND ACT TO IMPROVE THE QUALITY OF LIFE IN THE LEHIGH VALLEY THE EVENT WAS HELD ON SEPTEMBER 16, 2016 AT DESALES UNIVERSITY AND 158 PEOPLE WERE INVITED THE KEYNOTE SPEAKER, JOHN T COOK, PHD , MAED FROM CHILDREN'S HEALTHWATCH IN BOSTON, CHALLENGED ATTENDEES TO EXPERTS "HOUSING AS A VACCINE" THAT CAN PREVENT A WIDE RANGE OF FUTURE PROBLEMS LOCAL EXPERTS FROM EDUCATION , YOUTH SERVICES, AND LEGAL SERVICES, SHARED THEIR EXPERIENCE REGARDING HOW HOUSING AND HE ALTH AFFECT THEIR WORK IN THE LEHIGH VALLEY 4 1 HEALTH ADVOCACY PROGRAM PROVIDE SUPPORT, NAVIGATION AND PROBLEM-SOLVING ASSISTANCE FOR PATIENTS WITH SOCIAL NEEDS, USING SPECIALLY TRAINED UNIVERSITY STUDENTS INTERESTED IN THE HEALTH PROFESSION OR SOCIAL SCIENCES IN FY17 , 153 PATIENTS WERE ENROLLED IN THE HEALTH ADVOCACY PROGRAM OF THOSE PATIENTS, THERE WERE 89 PATIENTS WHO SUCCESSFULLY CONNECTED TO RESOURCES STARTING IN JANUARY 2017, HAP BEGAN ADMINISTERING A PERCEIVED STRESS SCALE 62 PATIENTS SAW A 7% DECREASE IN THEIR PERCEIVED S TRESS AFTER BEING CONNECTED WITH RESOURCES 4 2 PILOT A CIVIL LEGAL ASSISTANCE PROGRAM IN C OLLABORATION WITH NORTH PENN LDGAL SERVICES FOR PATIENTS WITH LEGAL ISSUES THAT AFFECT THE IR HEALTH AND WELL-BEING IN FY17, 266 REFERRALS WERE MADE TO NORTH PENN LEGAL SERVICES RES ULTING IN 199 OPEN CASES THE TOP THREE REASONS FOR REFERRAL WERE HOUSING, CUSTODY, AND PU BLIC UTILITIES MANY OF THE CASES TAKE LONG-PERIODS OF TIME TO CONCLUDE AND WILL CONTINUE INTO FY18 5 1 HEALTHY CORNER</p>

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	<p>STORE INITIATIVE (HCSI) SEVERAL LOCAL CORNER STORES IN LOW INCOME COMMUNITIES HAVE BEEN IDENTIFIED AND ENCOURAGED TO ADD > 4 HEALTHY FOOD ITEMS TO THEIR STORE INVENTORY AFTER BASE LINE ASSESSMENT STORE OWNERS RECEIVE TRAINING BY STAFF ON HOW TO DISPLAY AND SELL HEALTHY FOOD ITEMS FOLLOW-UP ASSESSMENTS DETERMINE ADHERENCE TO RECOMMENDATIONS THE HEALTHY CORNER STORE INITIATIVE IN THE LEHIGH VALLEY HAS ENROLLED AT TOTAL OF 52 CORNER STORES IN THE 3 MAJOR CITIES, 50% IN ALLENTOWN (26), 35% IN BETHLEHEM (18), AND 15% IN EASTON (8), WHICH ARE PROPORTIONATELY IN LINE WITH THE SIZE OF THE CITIES ADDITIONALLY, 100% OF THE ENROLLED CORNER STORES IN ALLENTOWN HAVE ADDED 4 NEW HEALTHY FOOD PRODUCTS TO THEIR INVENTORY (9 4% IN BETHLEHEM AND 75% IN EASTON) OVERALL, 94% OF THE STORES IN THE LEHIGH VALLEY HAVE IMPLEMENTED ALL CORE COMPONENTS OF THE PROGRAM (49 OF THE 52 ENROLLED CORNER STORES) 5 2 PARTICIPATION IN THE REGIONAL FOOD POLICY COUNCIL WHICH SEEKS TO IMPROVE FOOD SECURITY IN THE LEHIGH VALLEY AND TO SUPPORT GROWTH IN THE LOCAL FOOD ECONOMY LVHN PARTICIPATED IN AT LEAST 75% OF FOOD POLICY COUNCIL MEETINGS AND EVENTS THE MISSION OF LVFPC IS TO PROMOTE AN ENVIRONMENTALLY HEALTHY FOOD SYSTEM BY STRENGTHENING THE LOCAL FOOD ECONOMY, INCREASING ACCESS TO FRESH FOODS FOR EVERYONE, REDUCING FOOD INSECURITY, AND SUPPORTING LOCAL FARMING IN THE LEHIGH VALLEY WE FOCUS ON FOOD ACCESS WHICH IS ONE OF THE THREE LVFPC PRIORITY STRATEGIES (FOOD AGGREGATION AND LAND USE BEING THE OTHER TWO PRIORITIES) OUR ROLE IS TO CO- CHAIR THE CONSUMER EDUCATION WORKING GROUP, WHICH WILL WORK TOWARD A COMPREHENSIVE, CONSISTENT NUTRITION EDUCATION EFFORT IN THE LEHIGH VALLEY, WORKING TO INFLUENCE EACH OF THE LEVELS OF THE SOCIO-ECOLOGICAL PUBLIC HEALTH MODEL (IE INDIVIDUAL, INTERPERSONAL, ORGANIZATIONAL, COMMUNITY, AND PUBLIC POLICY) 5 3 FOOD COLLECTION DRIVES NONPERISHABLE FOOD IS COLLECTED AT LVHN'S DRIVE-THROUGH FLU VACCINE EVENTS AND BY EMPLOYEES THROUGHOUT THE YEAR TO ASSIST LOCAL FOOD CUPBOARDS 18,000 POUNDS OF FOOD WERE COLLECTED AND DONATED DURING LVHN'S DRIVE THROUGH FLU VACCINE EVENTS 6 2 IMPLEMENT PARENTING CLASSES WITHIN ACHIP AND IN COLLABORATION WITH OTHER LOCAL AGENCIES, PILOT STRATEGIES TO INCREASE ENGAGEMENT IN FY17, A TOTAL OF 22 PARENTS PARTICIPATED IN PARENTING CLASSES OFFERED IN DOWNTOWN ALLENTOWN FIVE PARENTS COMPLETED THE ENTIRE 8 WEEK PROGRAM EFFORTS ARE UNDERWAY TO INCREASE ENGAGEMENT IN THE CLASSES AND PARENTS' ABILITY TO COMPLETE ALL SESSIONS IN FY18, A TOTAL OF 23 PARENTS PARTICIPATED IN PARENTING CLASSES OFFERED IN DOWNTOWN ALLENTOWN AND SHOWED A SIGNIFICANT INCREASE IN PARENTING SKILLS FROM THE BEGINNING TO THE END OF THE PROGRAM</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 18E COLLECTION ACTIVITIES ARE LIMITED TO HOSPITAL SENDING FOUR STATEMENTS REQUESTING PAYMENT THE STATEMENTS INCLUDE INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, SOLICITING THE PATIENTS PARTICIPATION IN THE FINANCIAL ASSISTANCE PROGRAM

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION A)	<p>AT-RISK POPULATIONS 1 DEPRESSION SCREENING WITHIN PRACTICES USING EPIC ELECTRONIC HEALTH RECORD, IMPLEMENT ANXIETY/DEPRESSION SCREENING USING PHQ-2/9 (A STANDARDIZED TOOL), PROVIDE FEEDBACK TO CLINICIANS REGARDING THEIR SCREENING RATES IN FY17, 58% OF PATIENTS, AGE 12 YEARS AND OLDER WITHOUT AN ACTIVE DIAGNOSIS OF DEPRESSION OR BIPOLAR DISORDER, WERE SCREENED FOR DEPRESSION, AND, IF POSITIVE, HAD A FOLLOW UP PLAN BETWEEN JULY AND DECEMBER 2016 THIS PERCENTAGE INCREASED TO 60% BETWEEN JANUARY AND JUNE OF 2017 65% OF PATIENTS, AGE 12 YEARS AND OLDER WITHOUT AN ACTIVE DIAGNOSIS OF DEPRESSION OR BIPOLAR DISORDER, WERE SCREENED FOR DEPRESSION, AND, IF POSITIVE, HAD A FOLLOW UP PLAN IN FY18 1 2 ASSESS AND IMPROVE TREATMENT AND REFERRAL WORKFLOWS FOR PATIENTS WHO SCREEN POSITIVE FOR DEPRESSION WITH PHQ- 9 WITHIN SELECTED PRIMARY CARE PRACTICES, PHQ SCORE >9 IN ADULTS, >5 IN CHILDREN AND ADOLESCENTS IN FY 17, 6,051 BEHAVIORAL HEALTH REFERRALS WERE MADE 77% WERE REFERRED TO INTERNAL PROVIDERS 23% WERE REFERRED TO NON-LVHN PROVIDERS IN ADDITION, A WORK GROUP WAS ESTABLISHED TO ADDRESS HOW TO BETTER ASSIST PATIENT ACCESS TO BEHAVIORAL HEALTH CARE A DISCUSSION IS UNDERWAY ON HOW TO OPTIMIZE THIS WORKFLOW IN FY 18, 4,363 BEHAVIORAL HEALTH REFERRALS WERE MADE 85% WERE REFERRED TO INTERNAL PROVIDERS 15% WERE REFERRED TO NON-LVHN PROVIDERS 2 1 PUBLIC HEALTH INFORMATIONAL CAMPAIGN TO PROMOTE IMPORTANCE OF EARLY IDENTIFICATION OF DEPRESSION AND CONNECTING TO TREATMENT FOR BEHAVIORAL HEALTH ISSUES, EMPLOYEE ASSISTANCE PROGRAMS "TELL YOUR STORY CAMPAIGN "IN FY17, INITIAL CONVERSATIONS WERE HELD ABOUT THE IDEA OF A PUBLIC HEALTH CAMPAIGN TO REDUCE STIGMA AROUND MENTAL HEALTH LVHN LEADERSHIP FROM MARKETING, COMMUNITY HEALTH, AND PSYCHIATRY ENGAGED IN THE PLANNING OF THIS CAMPAIGN THE CAMPAIGN WILL BE ENTITLED "TELL YOUR STORY AND IS ALSO BEING DONE IN ALIGNMENT WITH THE LOCAL CHAPTER OF THE NATIONAL ASSOCIATION FOR MENTAL ILLNESS (NAMI) AND LOCAL DIGITAL STORYTELLING EFFORTS WITHIN ALLENTOWN FY17 PRIMARILY INCLUDED PLANNING AND DEVELOPMENT AND CONTINUES THROUGH FY18 WITH EXPANSION TO THE COUNTIES OUTSIDE OF THE LEHIGH VALLEY IN FY18, SIX DIGITAL STORIES WERE DEVELOPED TO HIGHLIGHT STORIES OF INDIVIDUALS WHO HAVE STRUGGLED WITH MENTAL HEALTH ISSUES, INCLUDING DEPRESSION IN FY19, A COMMUNICATION PLAN WILL BE IMPLEMENTED TO SHARE THESE STORIES 4 1 INPATIENT BEHAVIORAL HEALTH UNIT TEAM PROVIDES SAFE ACUTE PSYCHIATRIC CARE FOR COMMUNITY FOCUSED ON SAFETY AND STABILIZATION 6,022 PSYCHIATRIC EVALUATIONS WERE COMPLETED WITHIN THE EMERGENCY DEPARTMENT IN FY17 IN ADDITION, 2,454 PSYCHIATRIC INPATIENT ADMISSIONS OCCURRED IN FY17 IN FY18, 4,177 PSYCHIATRIC EVALUATIONS WERE COMPLETED WITHIN THE EMERGENCY DEPARTMENT IN ADDITION, 2,384 PSYCHIATRIC INPATIENT ADMISSIONS OCCURRED IN FY18 4 2 PARTIAL/RESIDENTIAL PROGRAMS (ADULT AND ADOLESCENT TRANSITIONS, ALTERNATIVES AND TRANSITIONAL LIVING CENTER) PROVIDE INTENSIVE TREATMENT, EDUCATION AND SUPPORT, IMPROVING COMMUNITY FU</p>

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

Form and Line Reference	Explanation
<p>PART V, SECTION B, LINE 11 (CONTINUATION A)</p>	<p>NCTION AND AVOIDING UNNECESSARY HOSPITALIZATIONS THERE WERE 1,558 ADMISSIONS TO PARTIAL/RESIDENTIAL PROGRAMS FOR A TOTAL OF 15,324 DAYS IN FY17 THERE WERE 1,483 ADMISSIONS TO PARTIAL/RESIDENTIAL PROGRAMS FOR A TOTAL OF 14,919 DAYS IN FY18 4 3 OUTPATIENT PSYCHIATRIC CARE MULTIPLE PROGRAMS PROVIDE EVALUATION, DIAGNOSIS AND TREATMENT FOR MEMBERS OF OUR COMMUNITY THERE WERE 1,806 NEW PATIENTS IN THE OUTPATIENT CLINICS FOR A TOTAL OF 58,245 VISITS ACROSS 7 CLINICAL SITES IN FY18, THERE WERE 2,035 NEW PATIENTS IN THE OUTPATIENT CLINICS FOR A TOTAL OF 52,118 VISITS ACROSS 7 CLINICAL SITES 5 1 COMMUNITY ASTHMA EDUCATION PROGRAM (CAEP) FOR CHILDREN - ENGAGES COMMUNITY HEALTH WORKERS TO CONDUCT INDIVIDUAL AND GROUP EDUCATION SESSIONS AND IN-HOME ASSESSMENTS FOR ASTHMA TRIGGER REMEDIATION THE CAEP PROGRAM ENDED IN APRIL 2017, DUE TO FUNDING CONSTRAINTS AMONG 84 PATIENTS WHO COMPLETED THE PROGRAM BETWEEN JUNE AND DECEMBER OF 2016, STATISTICALLY SIGNIFICANT IMPROVEMENTS (P < .05) WERE DEMONSTRATED IN THE FOLLOWING AREAS ASTHMA-RELATED KNOWLEDGE, PARENTS' ABILITY TO PROPERLY ADMINISTER ASTHMA MEDICATION, THE NUMBER OF DAYS THE CHILD EXPERIENCED ANY ASTHMA SYMPTOMS, THE NUMBER OF NIGHTS THE CHILD WOKE UP DURING THE NIGHT DUE TO ASTHMA, THE NUMBER OF DAYS THE CHILD USED HIS OR HER RESCUE INHALER OR NEBULIZER TREATMENT EMERGENCY DEPARTMENT VISITS AND IN-PATIENT HOSPITALIZATIONS ALSO DECREASED FROM 6 MONTHS BEFORE PARTICIPATION IN THE PROGRAM TO 6 MONTHS AFTER PARTICIPATION AMONG THE 84 FAMILIES WHO COMPLETED THE PROGRAM WE CONTINUE TO EXPLORE NEW WAYS TO ADDRESS ASTHMA AMONG PEDIATRIC POPULATIONS AND TO CONTINUE TO PROVIDE EFFECTIVE SERVICES TO FAMILIES WHO ARE STRUGGLING TO MANAGE THEIR CHILD'S ASTHMA 5 2 GERIATRIC WORKFORCE ENHANCEMENT PROGRAM (GWEP) - ENGAGES COMMUNITY HEALTH WORKERS (CHWS) TO PARTNER WITH NURSES IN CONDUCTING HOME VISITS TO GERIATRIC PATIENTS (AND THEIR CAREGIVERS) WITH CHRONIC ILLNESSES OR MEMORY-RELATED DISORDERS, INCLUDING ALZHEIMER'S DISEASE CHWS ASSESS PATIENTS' SOCIAL NEEDS AND PROVIDE CONNECTIONS TO COMMUNITY RESOURCES 29 CLASSES ADDRESSING CHRONIC DISEASE SELF-MANAGEMENT, DEMENTIA, FALL PREVENTION, AND HOME SAFETY FOR COMMUNITY-DWELLING OLDER ADULTS WERE HELD DURING FY17 205 INDIVIDUALS PARTICIPATED IN THOSE CLASSES 34 CLASSES ADDRESSING CHRONIC DISEASE SELF-MANAGEMENT, DEMENTIA, FALL PREVENTION, AND HOME SAFETY FOR COMMUNITY-DWELLING OLDER ADULTS WERE HELD DURING FY18 453 INDIVIDUALS PARTICIPATED IN THOSE CLASSES 5 3 SEE ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PROJECT IN COMMUNITY ENGAGEMENT SECTION (6 2) 6 1 POPULATION HEALTH DEPARTMENT (COMMUNITY CARE TEAMS - NURSE CASE MANAGER, SOCIAL WORKER, BEHAVIORAL HEALTH SPECIALIST, +/- PHARMACIST, TRANSITIONS OF CARE CALL CENTER AND CENTRALIZED PAYER RESOURCES) WILL ENGAGE AND MANAGE PATIENTS IN THEIR HEALTH AND ADDRESS BARRIERS TO CARE IN FY17, OVER 2,500 PATIENTS WERE SERVED BY THE CCT FOR THESE CCT MANAGED PATIENTS, THERE WAS AN AVERAGE DECREASE IN INPATIENT ENCOUNTERS OF 140 FR</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION A)	<p>OM 6 MONTHS PRIOR TO THE INTERVENTION TO 6 MONTHS POST INTERVENTION IN ADDITION, ED UTILI ZATION DECREASED BY AN AVERAGE OF 156 VISITS FOR THIS PATIENT POPULATION FROM THE 6 MONTHS PRIOR TO BEING SERVED BY THE CCT TEAM TO THE 6 MONTHS AFTER WORKING WITH THE CCT TEAM IN FY18, OVER 5,000 PATIENTS WERE SERVED BY THE CCT FOR THESE CCT MANAGED PATIENTS, THERE W AS AN AVERAGE DECREASE IN INPATIENT ENCOUNTERS OF 108 FROM 6 MONTHS PRIOR TO THE INTERVENT ION TO 6 MONTHS POST INTERVENTION IN ADDITION, ED UTILIZATION DECREASED BY AN AVERAGE OF 96 VISITS FOR THIS PATIENT POPULATION FROM THE 6 MONTHS PRIOR TO BEING SERVED BY THE CCT T EAM TO THE 6 MONTHS AFTER WORKING WITH THE CCT TEAM 6 2 SOCIAL WORKERS PLACED IN PRACTICE S SERVED BY POPULATION HEALTH DEPARTMENT WILL ASSIST PATIENTS IN OBTAINING MEDICATIONS THE Y CANNOT AFFORD IN FY17, 1,515 MEDICATION ORDERS WERE PLACED ACROSS 34 PRACTICES, RESULTIN G \$2,546,363 WORTH OF MEDICATIONS OBTAINED IN FY18, 2,362 MEDICATION ORDERS WERE PLACED AC ROSS 41 PRACTICES, RESULTING IN \$3,991,739 WORTH OF MEDICATIONS OBTAINED 6 3 SOCIAL WORKER S PLACED IN PRACTICES SERVED BY POPULATION HEALTH DEPARTMENT ASSIST ELIGIBLE PATIENTS IN A PPLYING FOR SOCIAL SECURITY DISABILITY INCOME USING THE SOAR PROCESS SOAR IS A PROGRAM DES IGNED TO INCREASE ACCESS TO SSI/SSDI FOR ELIGIBLE ADULTS WHO ARE EXPERIENCING, OR AT RISK OF, HOMELESSNESS AND HAVE A MENTAL ILLNESS FOUR TOTAL SOAR APPLICATIONS WERE COMPLETED IN FY17, 3 APPROVED AND 1 WAS DENIED IN FY18, 4 SOAR APPLICATIONS WERE COMPLETED, 2 WERE AP PROVED, AND 2 WERE PENDING 8 1 LV CHILDREN'S HOSPITAL CHILD ADVOCACY CENTER ADDRESSES NEED S OF CHILDREN WHO ARE AT RISK FOR OR ARE VICTIMS OF VIOLENCE AND/OR NEGLECT CHILD PROTECT ION TEAM RESOURCES ARE AVAILABLE WITHIN EMERGENCY DEPARTMENT, INPATIENT UNITS AND IN AN OU TPATIENT SETTING FOR AGENCY AND COMMUNITY REFERRALS FOLLOW-UP SERVICES, COMMUNITY OUTREAC H AND PROFESSIONAL EDUCATIONAL PROGRAMS ARE ALSO AVAILABLE AS PART OF THE FOUNDATIONAL WOR K OF ESTABLISHING A CHILD ADVOCACY CENTER, A CLINICAL PATHWAY FOR CHILDREN WITH SUSPICIOUS BRUISING WAS APPROVED AND PUBLISHED BY THE NETWORK IN FEBRUARY 2017 A CLINICAL PATHWAY F OR SKELETAL SURVEYS IS ALSO BEING DEVELOPED A NO HIT ZONE WAS APPROVED AND ROLLED OUT IN THE NETWORK IN JUNE 2017 A TRAINING WAS HELD FOR 17 TF-CBT THERAPISTS FOR 1 DAY IN MARCH 2017, AND 7 OF 22 TFCBT THERAPISTS HAVE ACHIEVED CERTIFICATION IN FY18, THERE WERE 1,593 REPORTED CASES OF CHILD ABUSE, 131 SUBSTANTIATED CASES, 214 MEDICAL EXAMS AND 254 FORENSIC EXAMS WERE PERFORMED, AND 593 TOTAL CHILDREN WERE SERVED BY THE CHILDREN'S ADVOCACY CENTE R (CAC)</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	<p>ACCESS TO CARE1 1 MAINTAIN AND BROADLY COMMUNICATE LEHIGH VALLEY HEALTH NETWORK'S FINANCIAL ASSISTANCE POLICY, PROVIDING FREE OR DISCOUNTED CARE FOR QUALIFYING PATIENTS FOR THE LEHIGH VALLEY CEDAR CREST, 17TH STREET, AND MUHLENBERG CAMPUSES, 17,349 APPLICATIONS (WHICH CAN INCLUDE MORE THAN ONE PATIENT IN A FAMILY) WERE RECEIVED FOR THE FINANCIAL ASSISTANCE PROGRAM IN FY17 ALL APPLICATIONS WERE REVIEWED WITHIN 5 DAYS OF BEING RECEIVED, WHICH RESULTED IN 22,347 PATIENTS BEING APPROVED FOR FINANCIAL ASSISTANCE AND 4,042 PATIENTS BEING DENIED IN FY18, 31,246 APPLICATIONS WERE RECEIVED FOR THE FINANCIAL ASSISTANCE PROGRAM THIS RESULTED IN 22,426 PATIENTS APPROVED FOR FINANCIAL ASSISTANCE AND 2,135 PATIENTS BEING DENIED 2 3 IMPROVEMENT IN TIMELY ACCESS TO PRIMARY CARE CLINICIAN SERVICES 25 VIRTUAL EXPRESS CARE VISITS OCCURRED AT BANGOR HEALTH CENTER IN FY17 (MUHLENBERG SPECIFIC) THE GOAL IS THAT NEW PATIENTS IN PRIMARY CARE WILL BE SCHEDULED WITHIN 7 DAYS OF REQUESTED APPOINTMENT , NEW PATIENT APPOINTMENT IN SPECIALTY SERVICES WILL BE SCHEDULED WITHIN 14 DAYS OF A REQUESTED APPOINTMENT AT START OF FY17, LVPG TOTAL NEW PATIENT APPOINTMENT LAG WAS 48 37% (THIS IS THE TOTAL PERCENTAGE OF PATIENTS THAT WERE SCHEDULED WITHIN THE 7/14 DAY TIME FRAME AS NOTED ABOVE) - 46 05% FOR PRIMARY CARE AND 49 3% FOR SPECIALTY AS OF 2/28/17, LVPG TOTAL NEW PATIENT APPOINTMENT LAG IS 51 44%, WITH 53 13% OF APPOINTMENTS FOR PRIMARY CARE AND 50 79% FOR SPECIALTY CARE SCHEDULED WITHIN THE 7/14 DAY TIME FRAME VACANT CLINICIAN POSITIONS (INCLUDING CLINICIAN FMLAS) ARE CONTRIBUTING TO THIS LAG STRATEGIES TO HELP IMPROVE THIS LAG INCLUDE DIRECT SCHEDULING AND ONE CALL/ONE CLICK AND OPEN SCHEDULING IN FY18, 5 8,952 PRIMARY CARE VISITS OCCURRED ACROSS ALL MUHLENBERG PRACTICES TRACKING OF LAG TIMES IS IN TRANSITION AND WILL BE REVISITED IN FY19 7 1 PROVIDE LVHN COLLEAGUES WITH CULTURAL, LINGUISTIC TRAINING VIA VARIETY OF DELIVERY MECHANISMS IN FY17, A CULTURAL AWARENESS LEARNING MODULE ENTITLED PATIENT VOICES (ETIQUETTE FOR THE CARE OF PEOPLE WITH DISABILITIES) WAS INCLUDED IN THE TLC BUNDLES PART 1 HAD 12,056 COURSE COMPLETIONS (A 98 77% COMPLETION RATE) AND PART 2 HAD 11,779 COURSE COMPLETIONS (A 97 66% COMPLETION RATE) IN FY18, 1TLC BUNDLE WAS OFFERED WITH 12,882 COURSE COMPLETIONS (98%OF LVHN COLLEAGUES) ALSO, 64 IN-PER SON EDUCATIONS SESSIONS WERE OFFERED 7 2 PATIENT'S PREFERRED LANGUAGE FOR HEALTH CARE DISCUSSIONS IS RECORDED AT TIME OF REGISTRATION IN FY 17, NEARLY 600,000 PATIENTS (INPATIENT AND OUTPATIENT) HAD THEIR PREFERRED LANGUAGE DOCUMENTED, ACROSS 68 LANGUAGES 83% PREFER ENGLISH, 3 68% PREFER SPANISH, AND 0 22% PREFER ARABIC, WITH THE REMAINING PATIENTS PREFERING OTHER LANGUAGES IN FY18, NEARLY 600,000 PATIENTS HAD THEIR PREFERRED LANGUAGE DOCUMENTED, ACROSS 68 LANGUAGES 83% OF PATIENTS PREFER ENGLISH, 4 5% PREFER SPANISH, AND 0 2% PREFER ARABIC APPROXIMATELY 8% HAVE AN UNSPECIFIED PREFERRED LANGUAGE 7 3 ASSESS AVAILABILITY OF LANGUAGE ASSISTANCE RESOURCES</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	<p>CES IN ALL CARE DELIVERY SITES TO MEET NEEDS OF PATIENTS WITH LIMITED ENGLISH PROFICIENCY I N FY 17, THERE WERE 9,011 LIVE ENCOUNTERS WITH INTERPRETERS AT CEDAR CREST, 17TH STREET, A ND MUHLENBERG TOTALING 180,318 INTERPRETING MINUTES AT LVH CEDAR CREST AND 17TH STREET CA MPUSES, 39,300 INTERPRETING ENCOUNTERS OCCURRED VIA IPAD AND 22,757 ENCOUNTERS VIA PHONE AT MUHLENBERG, 3,478 INTERPRETING ENCOUNTERS OCCURRED VIA IPAD AND 1,036 ENCOUNTERS VIA PH ONE IN FY18, 12,974 LIVE ENCOUNTERS WITH INTERPRETERS OCCURRED TOTALING 319,779 INTERPRETI NG MINUTES AT LVH-CEDAR CREST AND 17TH STREET THERE WERE 24,290 ENCOUNTERS VIA IPAD AND 1 3, 819 ENCOUNTERS VIA PHONE AT MUHLENBERG THERE WERE 3,478 ENCOUNTERS VIA IPAD AND 1,649 ENCOUNTERS VIA PHONE PREVENTION AND WELLNESS1 1 CAPTURE (BMI) DATA FOR LVHN PATIENTS THROU GH EPIC (LVHN'S ELECTRONIC HEALTH RECORD), ANALYZE AGGREGATED DATA TO IDENTIFY OPPORTUNITI ES FOR PRACTICE-BASED OR PROGRAMMATIC INTERVENTIONS 1 2 IDENTIFY AND REFER PATIENTS IDENTI FIED AS "HIGH RISK" (BY VIRTUE OF LIFESTYLE ISSUES OR CO-MORBID CONDITIONS) TO LVHN AND CO MMUNITY RESOURCES TO ASSIST WITH PATIENT ENGAGEMENT, EDUCATION, MOTIVATION AND SUPPORT FOR MANAGEMENT OF THEIR CONDITION DATA BELOW REFERS TO 1 1 AND 1 2 BETWEEN JULY AND DECEMBER OF 2016, OUT OF A TOTAL OF 207,377 PATIENTS 18 YEARS AND OLDER, 75% HAD A BMI DOCUMENTED, AND IF OUTSIDE NORMAL PARAMETERS, A FOLLOW UP PLAN IS DOCUMENTED OUT OF A TOTAL OF 186,67 3 PATIENTS 18 YEARS AND OLDER, 76% HAD A BMI DOCUMENTED, AND IF OUTSIDE NORMAL PARAMETERS, A FOLLOW UP PLAN IS DOCUMENTED BETWEEN JANUARY AND JUNE OF 2017 IN FY18, OUT OF A TOTAL OF 232,842 PATIENTS 18 YEARS AND OLDER, 74% HAD A BMI DOCUMENTED, AND IF OUTSIDE NORMAL PA RAMETERS, A FOLLOW UP PLAN IS DOCUMENTED 1 3 COMMUNITY CANVAS A SCHOOL- AND COMMUNITY-BAS ED EDUCATIONAL PROGRAM THAT INCLUDES IN-SCHOOL INSTRUCTION AND EVENING PROGRAMS FOR FAMILI ES OF ELEMENTARY STUDENTS, AND EMPHASIZES WELLNESS THROUGH HEALTHY HABITS AND GOOD NUTRITI ON IN 2016-17 SCHOOLS IN EASTON AND WHITEHALL ARE INCLUDED IN THE PROGRAM IN THE 2016-201 7 SCHOOL YEAR, THE COMMUNITY CANVAS PROGRAM ENGAGED SIX ELEMENTARY SCHOOLS IN THE EASTON A ND WHITEHALL SCHOOL DISTRICTS 2,225 UNIQUE STUDENTS PARTICIPATED WITH A TOTAL OF 8,725 TO TAL REACHES ACROSS THE SCHOOLS COMMUNITY CANVAS UTILIZED A PRE AND POST-TEST TO ASSESS LE ARNINGS FROM THE PROGRAM SOME KEY FINDINGS INCLUDE BETWEEN 67% AND 72% OF STUDENTS KNEW YOU SHOULD HAVE AT LEAST 5 SERVINGS OF FRUIT AND VEGETABLES PER DAY ALSO, 72 9% OF THE ST UDENTS KNEW THAT ALL THE FAST FOOD RESTAURANTS SHOWN HAVE SOME HEALTHY FOOD AVAILABLE AND SOME "HEALTHIER" FAST FOOD RESTAURANTS HAD SOME VERY UNHEALTHY FOOD OVERALL, THERE WAS A SIGNIFICANT INCREASE IN KNOWLEDGE GAINED IN-CLASSROOM AND REINFORCED AT HOME VIA HANDOUTS PROVIDED IN THE 2017-2018 SCHOOL YEAR, COMMUNITY CANVAS EXPANDED TO 8 SCHOOLS THE PROGRAM ENGAGED 2,730 UNIQUE STUDENTS AND TEACHERS ACROSS 105 UNIQUE CLASSROOMS 66 CLASSROOMS PA RTICIPATED IN "GARDEN IN A CLA</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	<p>SSROOM "1 4 SURGICAL WEIGHT MANAGEMENT INFORMATION SESSIONS INFORMATION EVENTS HELD MONTH LY, FACILITATED BY THE WEIGHT MANAGEMENT CENTER'S REGISTERED NURSE PATIENT NAVIGATOR PART ICIPIANTS ARE PROVIDED WITH OPTIONS AVAILABLE AT THE CENTER FOR MEDICALLY SUPPORTED, NONSUR GICAL WEIGHT MANAGEMENT ATTENDEES LEARN HOW THE TEAM OF PHYSICIANS, RN PATIENT NAVIGATOR, REGISTERED DIETITIANS AND BEHAVIORAL HEALTH SPECIALISTS CAN TAILOR AN INDIVIDUALIZED, SAF E AND EFFECTIVE PROGRAM OF DIET, NUTRITION, EXERCISE AND LIFESTYLE CHANGES IN FY17, 2,124 INDIVIDUALS SIGNED UP FOR FREE INFORMATION EVENTS ABOUT NONSURGICAL WEIGHT MANAGEMENT SERV ICES 1,552 PEOPLE ATTENDED THE EVENTS, 75% OF WHOM WERE POTENTIAL SURGERY CANDIDATES 546 INDIVIDUALS WHO ATTENDED AN EVENT, ALSO SCHEDULED A PHYSICAL IN FY18, 1,680 INDIVIDUALS SIGNED UP FOR FREE INFORMATION EVENTS ABOUT NONSURGICAL WEIGHT MANAGEMENT SERVICES 1,276 PEOPLE ATTENDED THE EVENTS, 58% OF WHOM WERE POTENTIAL SURGERY CANDIDATES 656 INDIVIDUALS WHO ATTENDED AN EVENT, ALSO SCHEDULED A PHYSICAL 3 1 FREE MASS INFLUENZA IMMUNIZATION "DR IVE-THROUGH" PROGRAM HELD AT TWO MAJOR VENUES IN THE LEHIGH VALLEY REGION 18,120 COMMUNITY MEMBERS RECEIVED THE FLU VACCINE THROUGH THE DRIVE-THRU PROGRAM IN 2017 \$331,200 PROVIDE D IN FREE CARE FOR FLU VACCINE AND SUPPLIES IN 2018, 10,017 COMMUNITY MEMBERS RECEIVED THE FLU VACCINE THROUGH THE DRIVE-THRU PROGRAM THE DOLLAR AMOUNT OF FREE CARE AND SUPPLIES H AS NOT BEEN MADE AVAILABLE YET 3 2 FREE INFLUENZA VACCINE CLINICS WITHIN REGIONAL SOUP KIT CHENS AND HOMELESS SHELTERS TO REACH VULNERABLE PATIENTS AT RISK FOR INFLUENZA 64 FLU VACC INES WERE ADMINISTERED ACROSS 6 CLINICAL SITES IN FY17 IN FY18, 162 PATIENTS WERE VACCINAT ED 4 1 DENTAL SEALANT PROGRAM, PROVIDES SECOND AND THIRD-GRADE CHILDREN FROM LOWER-INCOME COMMUNITIES IN BOTH ALLENTOWN AND EASTON SCHOOL DISTRICTS ACCESS TO DENTAL SEALANTS, AN EV IDENCE BASED FORM OF PREVENTIVE ORAL HEALTH CARE CHILDREN ALSO RECEIVE A TOOTHBRUSH AND I NSTRUCTION IN HOW TO USE IN ALLENTOWN SCHOOL DISTRICT IN FY17, 1,447 STUDENTS RETURNED THE IR CONSENT FORMS, 733 RECEIVED AN EXAM, AND 567 STUDENTS HAD THEIR TEETH SEALED IN EASTON AREA SCHOOL DISTRICT, 618 STUDENTS RETURNED THEIR CONSENT FORMS, 233 RECEIVED AN EXAM, AN D 186 RECEIVED SEALANTS IN TOTAL 2,214 SEALANTS WERE PLACED IN FY17 THIS PROGRAM WAS DIS CONTINUED IN FY18</p>

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

Form and Line Reference	Explanation
<p>PART V, SECTION B, LINE 11 (CONTINUATION C)</p>	<p>4 2 BUILDING 21 OF ALLENTOWN SCHOOL DISTRICT HEALTH CARE CAREER DISCOVERY PROGRAM EXPOSES STUDENTS TO A WIDE VARIETY OF HEALTH CARE CAREERS AND POSITIVE ADULT ROLE MODELS IN AUTHENTIC, REAL-WORLD SETTINGS YEAR 1 PILOT COMPLETE WITH GOAL OF CREATING AN EVIDENCE BASED, FOUR-YEAR MODEL YEAR 2 PILOT WITH PROGRAM EXPANSION TO TWO OTHER HIGH SCHOOLS IN ALLENTOWN SCHOOL DISTRICT THE LEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF EDUCATION PROVIDED SEVERAL YOUTH PROGRAMMING OPPORTUNITIES THROUGHOUT FY17 A CURRICULUM WAS OFFERED AT THE BETHLEHEM AREA VOCATIONAL TECHNICAL SCHOOL WHICH WAS DESIGNED TO PROVIDE STUDENTS WITH THE NECESSARY INFORMATION AND SKILLS TO BE CONSIDERED SAFE IN A CLINICAL ENVIRONMENT IT FOCUSED ON SEVERAL CLINICAL COMPONENTS FOR A MULTIFOCAL OVERVIEW OF PROFESSIONAL HEALTH CAREERS THERE WERE 38 GRADUATES FROM THE PROGRAM, AND 100% OF THE GRADUATES ENROLLED IN POST-SECONDARY EDUCATION LVHN ALSO PARTNERED WITH LEHIGH CAREER AND TECHNICAL INSTITUTE, PENN STATE LEHIGH VALLEY, AND LEHIGH CARBON COMMUNITY COLLEGE TO OFFER A DUAL-ENROLLMENT PROGRAM TO STUDENTS WHICH COMBINES COLLEGE LEVEL SCIENCE COURSES, HONORS HEALTH CURRICULA, AND OBSERVATION IN A HEALTHCARE SETTING THERE WERE 49 GRADUATES FROM THE PROGRAM, AND 100% OF THE GRADUATES ENROLLED IN POST-SECONDARY EDUCATION LVHN ALSO OFFERED A HEALTH CARE CAREER DISCOVERY DAY WHICH EXPOSES STUDENTS TO A WIDE VARIETY OF HEALTH CARE CAREERS AND POSITIVE ADULT ROLE MODELS IN AUTHENTIC, REAL-WORLD SETTINGS 329 STUDENTS PARTICIPATED IN HEALTH CARE CAREER DISCOVERY PROGRAMMING A SIMILAR PROGRAM WAS ALSO OFFERED TO THE CHILDREN OF LVHN STAFF (9TH-12TH GRADE) WHICH EXPOSED CHILDREN TO A WIDE VARIETY OF CAREERS, FIELDS OF STUDY, AND POSITIVE ADULT ROLE MODELS WHO DEMONSTRATE PROFESSIONALISM 64 STUDENTS PARTICIPATED IN FY 18, AT THE BETHLEHEM AREA VOCATIONAL TECHNICAL SCHOOL, 41 STUDENTS GRADUATED FROM THE PROGRAM, 98% OF WHOM WENT ON TO POST-SECONDARY EDUCATION AT THE LEHIGH CAREER AND TECHNICAL INSTITUTE, 58 STUDENTS GRADUATED FROM THE PROGRAM, 100% OF WHICH WENT ON TO POST-SECONDARY EDUCATION AT LVHN'S HEALTHCARE CAREER DISCOVERY DAY, 407 STUDENTS PARTICIPATED WITH 41 LVHN DEPARTMENTS PARTICIPATING 4 3 PROVISION OF SCHOOL-BASED HEALTH SERVICES TO ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS, ADDRESSING DEFICIENT PHYSICALS AND VACCINES IN FY17, PLANNING MEETINGS WERE HELD, AN MOU WAS DRAFTED, AND APPROVAL WAS RECEIVED FOR BEHAVIORAL HEALTH SERVICES AND WELLNESS EDUCATION IN THE ALLENTOWN SCHOOLS SCHOOL-BASED HEALTH SERVICES ARE PRESENT AT FIVE SCHOOLS SOUTH MOUNTAIN MIDDLE SCHOOL, LINCOLN LEADERSHIP ACADEMY, MOSSER ELEMENTARY SCHOOL, CENTRAL ELEMENTARY SCHOOL, AND EXECUTIVE EDUCATION ACADEMY CHARTER SCHOOL 128 STUDENTS HAD NOT COMPLETE PHYSICALS AND IMMUNIZATIONS OF THOSE 128, 44 RETURNED CONSENTS AND 21 COMPLETED THE REQUIREMENTS IN FY18, SCHOOL-BASED HEALTH SERVICES WERE PRESENT AT FIVE SCHOOLS SOUTH MOUNTAIN MIDDLE SCHOOL, LINCOLN LEADERSHIP ACADEMY, MOSSER ELEMENTARY SCHOOL, CENTRAL ELE</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION C)	<p>MENTARY SCHOOL, AND EXECUTIVE EDUCATION ACADEMY CHARTER SCHOOL 275 STUDENTS RETURNED CONS ENTS AND OF THOSE 275, 105 RECEIVED PHYSICALS 5 1 ENSURE ALL CHWS WORKING WITHIN LVHN RECE IVE TRAINING IN CHW COMPETENCIES 100% OF CHWS WHO HAVE BEEN WORKING AT LVHN FOR MORE THAN 3 MONTHS DURING FY17 COMPLETED THE AHEC TRAINING (N = 9) COMMUNITY HEALTH WORKERS ARE AN EXPANDING WORKFORCE IN HEALTH CARE IN THE LEHIGH VALLEY IT IS IMPORTANT FOR ALL CHWS TO B E ABLE TO DEMONSTRATE CERTAIN COMPETENCIES IN ORDER FOR THEM TO BE SUCCESSFUL IN THEIR JOB ROLES NO ADDITIONAL CHWS WERE HIRED IN FY18 5 2 DEPLOY CHWS IN PROGRAMS AND PRACTICES TH AT SERVE INDIVIDUALS AND FAMILIES WITH SOCIAL AND ECONOMIC NEEDS IN FY17, 9 CHWS WORKING A T LVHN PROVIDED PATIENTS OR COMMUNITY RESIDENTS WITH LINKS TO COMMUNITY BASED SERVICES AND SOCIAL SUPPORT TARGET POPULATIONS INCLUDE FAMILIES WITH YOUNG CHILDREN, ELDERLY INDIVIDU ALS, AND FAMILIES IN THE SCHOOL SYSTEM CHWS ARE BEST SUITED TO WORK WITH PATIENTS AND FAM ILIES WHO ARE STRUGGLING WITH THE BURDENS OF SOCIAL DETERMINANTS OF HEALTH THEY CAN HELP TO ALLEVIATE THESE BURDENS, ENABLING PATIENT AND FAMILIES TO BETTER MANAGE THEIR HEALTH AN D IMPROVE THE QUALITY OF THEIR LIVES THESE 9 CHWS CONTINUED TO WORK WITH THE SAME TARGET POPULATIONS AS FY17 IN FY18</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION D)	<p>6 1 GUIDELINE DEVELOPMENT FOR ACUTE AND CHRONIC PAIN MANAGEMENT, PATIENT SCREENING FOR SAFE PRESCRIBING OF OPIOID ANALGESICS, PHYSICIAN OUTREACH AND EDUCATION 23 SMALL GROUP/PRACTICE SESSIONS AND 11 LARGE GROUP EDUCATION SESSIONS WERE HELD IN FY 17 REACHING OVER 350 PROVIDERS, CLINICAL AND OFFICE STAFF, AND RESIDENTS 43 SMALL GROUP/PRACTICE SESSIONS AND 15 LARGE GROUP EDUCATION SESSIONS WERE HELD IN FY 18 REACHING OVER 3,000 PROVIDERS, CLINICAL AND OFFICE STAFF, AND RESIDENTS 7 2 MAKE D & A RESOURCE LISTINGS AVAILABLE TO CLINICAL SETTINGS, CASE MANAGERS, SOCIAL WORKERS LISTINGS OF DRUG AND ALCOHOL RESOURCES ARE COMPILED FOR 7 COUNTIES IN THE AREA THE PROVIDERS IN THE RESOURCE LIST ARE THE AGENCIES THAT LVHN PROVIDERS REFER TO FOR SUBSTANCE ABUSE/ADDICTION SERVICES LVHN PSYCHIATRY DEPARTMENT DEVELOPED A CENTRAL LOCATION THAT HOUSES ALL OF THE RESOURCE LISTINGS FOR PROVIDERS 8 1 HOST AND SPONSOR COMMUNITY-BASED OPIOID-ABUSE PREVENTION PRESENTATIONS TARGETED TO SCHOOLS, PARENTS, INCLUDE OUTREACH TO FAMILIES EXPERIENCING ADDICTION AN OPIOID TASK FORCE WAS ESTABLISHED AND A CHARTER WAS DRAFTED THE TEAM MET MONTHLY IN PREPARATION FOR A SUBSTANCE USE DISORDERS SYMPOSIUM TO BE HELD IN THE FALL OF 2017 COLLEAGUES FROM LVHN DEPARTMENT OF EDUCATION WERE ENGAGED IN MONTHLY MEETINGS, AS WAS LVHN MARKETING LEADERS FROM THE ACO, EMERGENCY DEPARTMENT, AND TOXICOLOGY WERE ALSO PRESENT AT THE MEETINGS TO PROVIDE FEEDBACK AND ALIGN EFFORTS WITH NETWORK SUBSTANCE USE INITIATIVES ALREADY UNDERWAY IN FY18, A 3 SESSION SYMPOSIUM, ENTITLED, "SAVING LIVES THROUGH INTERVENTION SUBSTANCE USE DISORDERS" WAS OFFERED TO LVHN PROVIDERS IT OFFERED CME CREDITS AT THE LVHN CEDAR CREST CAMPUS FOR MORE THAN 1 00 ATTENDEES 9 1 PROVIDE EDUCATIONAL OUTREACH TO VULNERABLE POPULATIONS IN URBAN AREAS ABOUT COLON CANCER SCREENING AND ASSIST WITH ACCESS TO SCREENING OPTIONS 10 COMMUNITY MEMBERS PARTICIPATED IN 5 PATIENT AND STAKEHOLDER ADVISORY COMMITTEE MEETINGS IN FY 17 IN ADDITION, ONE COMMUNITY HEALTH FAIR WAS HELD WITH 253 ATTENDEES, 2 PATIENT FOCUS GROUPS WERE HELD WITH 12 ATTENDEES, AND 3 NETWORK STAKEHOLDER INTERVIEWS WERE CONDUCTED NO ADDITIONAL ACTIVITIES TOOK PLACE IN FY18 9 2 ENGAGE COMMUNITY MEMBERS, PATIENTS, PAYERS, EMPLOYERS AND HEALTH CARE SYSTEMS THROUGH A LEARNING COMMUNITY MODEL DESIGNED TO DEVELOP COMMON AGENDA FOR REDUCING COLORECTAL (CRC) AND LUNG CANCER (LCA) SCREENING DISPARITIES AMONG MINORITY POPULATIONS FUNDED BY THE PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI), THE REDUCING CANCER DISPARITIES BY ENGAGING STAKEHOLDERS (RCADES) PROJECT BEGAN ON NOVEMBER 1, 2015 THE RCADES PROJECT AIMS TO FORM A NEW "COLLECTIVE IMPACT LEARNING COMMUNITY" TO ADVANCE THE IDENTIFICATION, ADAPTATION, AND USE OF EVIDENCE-BASED INTERVENTIONS THAT REDUCE CANCER SCREENING DISPARITIES IN HEALTH SYSTEMS THE RCADES LEARNING COMMUNITY INCLUDES A COORDINATING TEAM FROM THE CENTER FOR HEALTH DECISIONS (CHD) AT THOMAS JEFFERSON UNIVERSITY (THE "BACKBONE ORGANIZATION"), A STEERI</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION D)	<p>NG COMMITTEE, A LEHIGH VALLEY HEALTH NETWORK PATIENT AND STAKEHOLDER ADVISORY COMMITTEE (LVHN-PASAC), A DELAWARE VALLEY ACCOUNTABLE CARE ORGANIZATION PATIENT AND STAKEHOLDER ADVISORY COMMITTEE (DVACO-PASAC), AND OTHER KEY STAKEHOLDERS, INCLUDING PATIENTS, CLINICIANS, HEALTH SYSTEM ADMINISTRATORS, INSURERS, EMPLOYERS, AND OTHER KEY STAKEHOLDERS THE GOAL OF THIS LEARNING COMMUNITY IS TO EXPLORE MOVING EVIDENCE-BASED INTERVENTIONS INTO PRACTICE AND POPULATION HEALTH MANAGEMENT IN FY 17 AND FY18, 72 COMMUNITY MEMBERS PARTICIPATED IN A SERIES OF 14 SESSIONS FOR THE LVHN-PASAC, ALL REPORTED THAT PARTICIPATION HELPED THEM BETTER UNDERSTAND THE IMPLEMENTATION PROCESS 10 1 PUBLIC HEALTH MESSAGING CAMPAIGN TO ENCOURAGE EARLY PREGNANCY CARE INITIAL STEPS HAVE BEEN TAKEN TO COLLECT DEMOGRAPHIC INFORMATION TO BETTER UNDERSTAND THE APPROPRIATE TARGET AUDIENCE FOR THIS CAMPAIGN THE WORK WILL CONTINUE INTO FY18 A NEW TOWER OPENED UP IN FY18 FOR LABOR AND DELIVERY AT OUR MUHLENBERG CAMPUS CEDAR CREST/17TH STREET-SPECIFIC TACTICS COMMUNITY ENGAGEMENT 6 1 OUTREACH TO YOUNG MOTHERS, CHILDREN AND FAMILIES IN THE ALLENTOWN PROMISE NEIGHBORHOOD, USING COMMUNITY HEALTH WORKERS AND A NURSE NAVIGATOR TO PROVIDE EDUCATION, SUPPORT, CONNECTION TO HEALTH CARE AND SOCIAL SERVICES - GOALS INCLUDE SUPPORTING FAMILIES, EARLY CHILDHOOD EDUCATION, IMPROVING HEALTH AND HEALTH CARE UTILIZATION FROM JANUARY 2017 THROUGH JUNE 2018, 271 FAMILIES ENROLLED IN THE ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PROJECT MORE THAN 800 CONNECTIONS MADE BY CHWS TO COMMUNITY RESOURCES, THE TOP THREE BEING HOUSING, SOCIAL SUPPORT, AND CHILD EDUCATION 52 PARENTS PARTICIPATED IN GROUP-BASED EDUCATION SESSIONS AND 27 PARENTS COMPLETED A KNOWLEDGE AND SKILLS SURVEY AT THE BEGINNING AND END THE 27 PARENTS WHO PARTICIPATED IN THE PRE AND POST TEST SHOWED A STATISTICALLY SIGNIFICANT IMPROVEMENT IN THEIR PARENTING SKILLS 6 3 EARLY HEAD START - SAFESTART PROGRAM PROVIDES QUALITY EARLY CHILDHOOD EDUCATION TO YOUNG CHILDREN OF FAMILIES INVOLVED WITH PA'S OFFICE OF CHILDREN AND YOUTH GOALS INCLUDE ADDRESSING HEALTH PROBLEMS, DEVELOPMENTAL DELAYS AND EMOTIONAL TRAUMA IN SCHOOL YEAR 2 016-2017, 29 CHILDREN AGES 9-36 MONTHS WERE SERVED IN THE EARLY HEAD START/SAFESTART PROGRAM IN SCHOOL YEAR 2017-2018, 36 CHILDREN AGES 9-36 MONTHS WERE SERVED IN THE PROGRAM ALL AGE GROUPS OF THE CHILDREN SHOWED IMPROVEMENT IN AREAS OF SOCIAL AND EMOTIONAL DEVELOPMENT AND PHYSICAL DEVELOPMENT DURING BOTH SCHOOL YEARS THEY ALSO SHOWED IMPROVEMENTS IN HEALTH OUTCOMES INCLUDING PHYSICALS, DENTAL EXAMS, AND IMMUNIZATIONS AT-RISK POPULATIONS 7 1 IMPROVE CAPACITY BY OFFERING ADDITIONAL STI CLINIC SERVICES AT 17TH ST CAMPUS (INCLUDING EVENING HOURS) TO ADDRESS COMMUNITY NEED AND TO SUPPLEMENT SERVICES OFFERED BY ALLENTOWN HEALTH BUREAU (AHB) A CONTRACT WITH THE STATE HAS NOT BEEN EXECUTED, AND THE NETWORK IS WORKING THROUGH BARRIERS WITH THE PA ATTORNEY GENERAL'S OFFICE THE LAUNCH OF THE STI CLINIC WILL BE DELAYED UNTIL FY18 THE P</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION D)	<p>PROGRAM RECEIVED A FULLY EXECUTED PREFERRED PROVIDER AGREEMENT FROM THE STATE OF PENNSYLVANIA AND THE STAFF IS NOW IN THE PROCESS OF DEVELOPING A BUSINESS PLAN WITH THE HOPES OF LAUNCHING THE PROGRAM IN FALL 2018</p> <p>PREVENTION AND WELLNESS2 1 HEALTHY LATINAS PILOT PROGRAM HEALTHY LATINAS IS A COMMUNITY-BASED, MULTICOMPONENT INTERVENTION TARGETING OVERWEIGHT AND OBESE HISPANIC ADOLESCENT FEMALES AND THEIR MOTHERS OR CAREGIVERS AIM OF THIS PROGRAM IS TO PROMOTE HEALTHY HABITS, PHYSICAL ACTIVITY AND BODY IMAGE AS WELL AS DECREASE UNHEALTHY WEIGHT GAIN HEALTHY LATINAS IS A PILOT PROGRAM BASED ON A SUCCESSFUL MODEL, HEALTHY CHIC AS, IMPLEMENTED IN MIAMI, FLA THE HEALTHY LATINAS PILOT PROJECT WAS IMPLEMENTED IN FY18 1 1 PARTICIPANTS CONSENTED TO THE PROGRAM ATTENDING AN AVERAGE OF 6 83 CLASSES (OUT OF TEN POSSIBLE CLASSES) WITH 4 PARTICIPANTS COMPLETING THE PROGRAM WHILE A SMALL SAMPLE, THESE 4 SHOWED INCREASED KNOWLEDGE IN HEALTHY FOOD CHOICE, INCREASED PHYSICAL ACTIVITY, AND IMPROVED BODY IMAGE AND SELF-ESTEEM 4 4 ELECT PREGNANT AND PARENTING PROGRAM FOR AT-RISK POPULATION COMMUNITY HEALTH STAFF TEACHES HEALTH-RELATED TOPICS AT WILLIAM ALLEN HS EACH MONTH IN OCTOBER 2016 THROUGH APRIL 2017 THERE WERE 22 PARTICIPANTS IN THE ELECT PROGRAM THE PROGRAM ENDED IN APRIL 2017 DUE TO A LOSS OF PROGRAM FUNDING AND A CHANGE OF DIRECTION FOR THE ALLENTOWN SCHOOL DISTRICT 7 1 IMPROVE COMMUNICATION PROCESS FOR REFERRALS FOR ASSESSMENT BY COUNTY DRUG & ALCOHOL (D & A) PROVIDERS PILOT LIAISON IN ED FOR "WARM HAND-OFFS" TO D & A FROM LVHN CLINICIANS FROM JANUARY 2017 THROUGH JUNE 2018, 101 PATIENTS WERE SCREENED BY AN ADDICTION RECOVERY SPECIALIST IN THE EMERGENCY DEPARTMENT OF THOSE REFERRALS, ALCOHOL WAS THE MAIN SUBSTANCE USED (37 5%) AND THE REMAINDER USED WERE NARCOTICS (62 5%) AFTER SCREENING, 63% OF THE REFERRALS WERE SENT BACK HOME WITH A REFERRAL TO OUTPATIENT TREATMENT, AND 27% WERE REFERRED DIRECTLY TO AN INPATIENT REHABILITATION FACILITY THE HOST PROGRAM BEGAN AT LVHN IN JANUARY 2017 153 REFERRALS WERE MADE TO THE HOST PROGRAM FROM JANUARY 2017 THROUGH JUNE 2018</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION E)	<p>MUHLBERG-SPECIFIC TACTICS AT-RISK POPULATIONS</p> <p>3 1 BEHAVIORAL HEALTH INTEGRATION PILOT CO-LOCATED MEDICAL AND BEHAVIORAL HEALTH CARE SAMSHA GRANT SITE IMPLEMENTATION OF A REVERSE CO-LOCATION MODEL OF CARE FOR SERIOUSLY MENTALLY ILL PATIENTS TO INCLUDE NURSE CARE COORDINATION AND PARTICIPATION IN WELLNESS EVENTS IN FY17 92 PATIENTS WERE REFERRED BY THE CO-LOCATED PRIMARY CARE CLINICIAN AT THE WHOLE HEALTH CONNECTIONS CLINIC AND SUCCESSFULLY SEEN BY THE SPECIALIST OR RECEIVED NECESSARY SERVICES 53 PATIENTS PARTICIPATED IN WELLNESS ACTIVITIES AT THE WHOLE HEALTH CONNECTIONS CLINIC WELLNESS ACTIVITIES INCLUDE SUPPORT GROUPS, TOBACCO CESSATION, YOGA, AND SOLUTIONS FOR WELLNESS, AN EVIDENCED BASED PROGRAM THAT PROMOTES ADOPTION OF HEALTHY BEHAVIORS AROUND PHYSICAL ACTIVITY AND DIET AMONG PATIENTS WITH SERIOUS MENTAL ILLNESS IN FY18, 136 PATIENTS WERE REFERRED AND 102 PATIENTS PARTICIPATED IN WELLNESS ACTIVITIES ACCESS TO CARE AND HEALTH EQUITY</p> <p>2 1 EXPANSION OF PRIMARY CARE SERVICES FOR VULNERABLE POPULATIONS A TOTAL OF 34,397 PRIMARY CARE VISITS OCCURRED IN FY 17 IN NORTHAMPTON COUNTY A TOTAL OF 39,389 ADDITIONAL VISITS OCCURRED AT EXPRESSCARE IN NORTHAMPTON COUNTY IN FY18, 38,388 PRIMARY CARE VISITS OCCURRED IN NORTHAMPTON COUNTY A TOTAL OF 13,721 EXPRESSCARE VISITS OCCURRED IN NORTHAMPTON COUNTY</p> <p>2 2 RECRUITMENT OF PRIMARY CARE CLINICIANS TO SUPPORT TIMELY ACCESS TO CARE 9 NEW PROVIDERS HAVE BEEN ADDED OVER THE COURSE OF FY17 IN PRIMARY CARE IN NORTHAMPTON COUNTY THERE WERE 8 PROVIDERS AT THE BEGINNING OF FY17 AND 17 PROVIDERS AT THE END OF FY17 AND GOING INTO FY18</p> <p>3 1 PALMER TOWNSHIP AND EASTON HEALTH CENTERS (OPENED SUMMER 2017) WILL PROVIDE IMPROVED FACE-TO-FACE AND TELEMEDICINE ACCESS TO COMPLEX DISEASE CARE SIX NEW PROVIDERS HAVE BEEN ADDED OVER THE COURSE OF FY17 IN SPECIALTY CARE IN NORTHAMPTON COUNTY THERE WERE 4 PROVIDERS AT THE BEGINNING OF FY17 AND 10 PROVIDERS AT THE END OF FY17 A TOTAL OF 2,123 VISITS OCCURRED IN SPECIALTY CARE, A TOTAL OF 1,444 UNIQUE PATIENTS WERE SEEN SEVEN OF THE 10 SPECIALTY CARE AREAS ONLY BEGAN SEEING PATIENTS IN JUNE OF 2017 IN FY18, A TOTAL OF 12,844 VISITS OCCURRED IN SPECIALTY CARE IN NORTHAMPTON COUNTY AND 12,205 UNIQUE PATIENTS WERE SEEN PREVENTION AND WELLNESS</p> <p>2 2 REDEDICATION OF THE "HEALTH & WELLNESS CENTER," WHICH OFFERS FITNESS, REHAB AND OTHER HEALTH PROMOTION SERVICES THE REDEDICATION OF THE HEALTH & WELLNESS CENTER OCCURRED IN MAY OF 2014 AND CONTINUES TO BE IN OPERATION THROUGH FY 17 AND 18</p> <p>10 2 DEVELOPMENT OF NEW PAVILION ON LVH-M CAMPUS THAT WILL IMPROVE ACCESS TO FAMILY BIRTH AND NEWBORN CARE SERVICES 1,314 PATIENTS RECEIVED OB CARE BETWEEN NOVEMBER 2016 (WHEN THE MATERNITY CARE PATHWAY WAS IMPLEMENTED) AND FEBRUARY 2017 WITH 4 6% RECEIVING INITIAL CARE AT 13 WEEKS OR LATER 2748 PATIENTS RECEIVED OB CARE BETWEEN JANUARY 2017 AND JUNE 2017 WITH 4 4% RECEIVING INITIAL CARE AT 13 WEEKS OR LATER IN FY 18, A TOTAL OF 3,132 UNIQUE PATIENTS STARTED OB CARE OF THIS NUMBER, THE NUMBER OF UNIQUE PATIENTS</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION E)	WHO ARE "NEW" TO THE NETWORK WAS 282 OF THOSE UNIQUE PATIENTS, THE PERCENTAGE OF PATIENT S WHO PRESENTED FOR OB CARE AT 13 WEEKS OR GREATER IN THIS TIME FRAME WAS NEARLY 6%

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I General Information on Grants and Assistance

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

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

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

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING LOANS AND SCHOLARSHIPS	60	754,287		BOOK	
(2) JIROLANO TUITION AIDE SCHOLARSHIP	1	600		BOOK	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	<p>LOAN AGREEMENTS - LOAN AGREEMENTS WERE AWARDED TO SENIOR NURSING STUDENTS IN A BACHELOR OF SCIENCE NURSING PROGRAM CRITERIA FOR LOAN AGREEMENTS TO STUDENTS IN A BSN GRADUATE NURSE PROGRAM ARE A COMPLETED APPLICATION, AN ASSESSMENT SURVEY, 2 LETTERS OF RECOMMENDATION FROM THEIR MOST RECENT CLINICAL INSTRUCTORS, AN OFFICIAL TRANSCRIPT DEMONSTRATING AN OVERALL GPA OF 3 0 OR HIGHER AND A ONE PAGE ESSAY DESCRIBING THEIR MOTIVATION, LEADERSHIP AND ACADEMIC ACCOMPLISHMENTS IN NURSING IF ABOVE INFORMATION IS SUBMITTED AND CONSIDERED FAVORABLE, TWO INTERVIEWS ARE SCHEDULED WITH SELECTION COMMITTEE MEMBERS IF CONSIDERED FAVORABLE AFTER ALL INTERVIEWS HAVE BEEN CONDUCTED, A LOAN AGREEMENT IS OFFERED IN WRITING FOR THEM TO REVIEW IF CANDIDATE VERBALLY ACCEPTS, WE INVITE THEM TO MAKE AN APPOINTMENT TO SIGN THE CONTRACT WE NOTARIZE THE CONTRACT AFTER WE HAVE BOTH REVIEWED AND SIGNED THEIR COMMITMENT BACK TO THE HOSPITAL IS FOR TWO YEARS FROM THE DATE OF HIRE IN THE NEW GRADUATE/RN POSITION (SOME CANDIDATES ARE CURRENT EMPLOYEES IN OTHER POSITIONS, SO WE CONSIDER ONLY THE HIRE DATE OF THE REGISTERED NURSE POSITION TOWARD THE WORK COMMITMENT) IF CANDIDATE DOES NOT FULFILL THEIR COMMITMENT, THE LOAN AGREEMENT DOLLARS ARE PRO-RATED AND REPAYMENT IS DUE IMMEDIATELY, PLUS INTEREST WE HAD NO NEW DNP LOAN AGREEMENTS OFFERED IN FY'18</p> <p>SCHOLARSHIPS - SCHOLARSHIPS ARE OFFERED TO CURRENT REGISTERED NURSE EMPLOYEES AN APPLICATION IS COMPLETED ALONG WITH A LETTER OF RECOMMENDATION FROM THEIR DIRECT SUPERVISOR/DIRECTOR, A COPY OF THEIR MOST RECENT PERFORMANCE EVALUATION, DEMONSTRATING A PERFORMANCE EVALUATION SCORE OF 3 0 OR HIGHER FOR BSN, 3 0 OR HIGHER FOR MSN IF RN IS CURRENTLY IN A PROGRAM, AN OFFICIAL COPY OF THEIR CURRENT TRANSCRIPT WOULD ALSO BE REQUIRED EMPLOYEES MUST BE CURRENTLY ENROLLED IN A NURSING PROGRAM PRIOR TO APPLYING FOR THE SCHOLARSHIP IF EMPLOYEE ACCEPTS AND SIGNS A "RECEIPT OF NURSING EDUCATION TUITION PAYMENTS PROGRAM NOTE, THERE IS NO PAYBACK OR WORK COMMITMENT REQUIRED UPON GRADUATION OR SEPARATION THERE WERE A TOTAL OF 60 LOAN AGREEMENTS, 30 NEW RN-BSN SCHOLARSHIPS AND 26 MSN SCHOLARSHIPS AWARDED IN FY '18 THE TOTAL FUNDS USED FOR ALL LOAN AGREEMENTS AND SCHOLARSHIPS WAS \$754,287 00</p>

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number

23-1689692

Part I Questions Regarding Compensation

		Yes	No
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		
<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)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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		
<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		
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		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
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	7	No
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	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINES 4A-B	ANTHONY ARDIRE 46,164 GREGORY BRUSKO, DO 29,422 TERRY CAPUANO 163,074 EDWARD DOUGHERTY 90,772 JAMES F GEIGER 41,503 BRIAN NESTER, DO 296,106 EDWARD F O'DEA 141,512 JOSEPH E PATRUNO, MD 22,559 JAMES A ROTHERHAM 15,057 DEBBIE SALAS-LOPEZ 100,217 THOMAS V WHALEN 158,164 THESE AMOUNTS ARE ACCRUALS TO A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization LEHIGH VALLEY HOSPITAL

Employer identification number

23-1689692

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include LEHIGH COUNTY GENERAL PURPOSE AUTHORITY with various bond issues.

Part II Proceeds

Table with 13 rows and 8 columns. Rows 1-12 show amounts for various categories like bonds retired, legally defeased, total proceeds, etc. Row 13 shows year of substantial completion for 2011 and 2012. Rows 14-17 are yes/no questions about bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns. Rows 1 and 2 are yes/no questions about private business use of bond-financed property.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X			X		X
b Name of provider	MERRILL LYNCH & GOLDMAN SACHS		JPMORGAN CHASE					
c Term of hedge	2000 0000000000 %		1040 0000000000 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCF9	07-30-2015	147,969,788	CONSTRUCT, RENOVATE & EQUIP FACILITIES		X		X		X
B LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCX0	09-15-2016	152,250,999	REFUND 9/15/05 & 6/4/08 ISSUES		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired				2,140,000				
2	Amount of bonds legally defeased								
3	Total proceeds of issue		148,043,735		152,250,999				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows				150,509,413				
7	Issuance costs from proceeds		1,764,000		1,741,586				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		146,279,735						
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2017		2017					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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

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

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

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

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

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

Total ▶ \$ _____

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSAN C YEE-TRUSTEE	PARTNER IN 94 BROADHEAD ASSOCIATES - TRUSTEE OF LVHN/LVH/LVHM/LVHH/HWC	126,625	94 BROADHEAD ASSOCIATES LEASES OFFICE SPACE TO LVPG AT FAIR MARKET VALUE		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	4,500	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		5,000	FAIR MARKET VALUE
5 Clothing and household goods	X		64,293	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	62	17,218	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS/ACTIVITIES)	X	168	150,980	FAIR MARKET VALUE
26 Other ▶ (GIFT CARDS)	X	101	19,930	COST
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference

Explanation

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

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

▶ Attach to Form 990 or 990-EZ.

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

2017**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

LEHIGH VALLEY HOSPITAL

Employer identification number

23-1689692

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 MEMBER'S 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 ORGAZINATION'S GOVERNING BODY

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return 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
FORM 990, PART VI, SECTION B, LINE 15	<p>LEHIGH VALLEY HEALTH NETWORK 2018 EXECUTIVE COMPENSATION REVIEW IN COMPLIANCE WITH THE REBUTTABLE PRESUMPTION OF REASONABLENESS PROCESS OUTLINED IN THE INTERMEDIATE SANCTIONS REGULATIONS (ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE), SULLIVAN COTTER AND ASSOCIATES, INC (SULLIVAN COTTER) QUALIFIES AS AN INDEPENDENT EXECUTIVE COMPENSATION EXPERT, SPECIALIZING IN THE HEALTH CARE INDUSTRY SULLIVAN COTTER PROVIDES ADVICE TO THE LEHIGH VALLEY HEALTH NETWORK EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES TO SUPPORT ITS ATTAINMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS REGULATIONS THEY ALSO SUPPORT THE COMMITTEE IN ENSURING THAT THE LVHN EXECUTIVE COMPENSATION PROGRAM IS COMPETITIVE AND ALIGNED WITH THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY CHIEF EXECUTIVE OFFICER TOTAL COMPENSATION REVIEW PROGRAM ANALYSIS ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (BASE SALARY, INCENTIVE, BENEFITS, AND PERQUISITES) FOR LVHN'S PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) IN RELATION TO CEO MARKET DATA OBTAINED FOR A DEFINED PEER GROUP OF COMPARABLE HEALTH SYSTEMS THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR THE PRESIDENT AND CEO AS WELL AS AN ANALYSIS OF FORM 990 COMPENSATION DATA THEY ASSESS THE ALIGNMENT OF THE PRESIDENT AND CEO'S COMPENSATION WITH LVHN'S COMPENSATION PHILOSOPHY AND NOTE THE IMPLICATIONS OF THE REVIEW SULLIVAN COTTER'S ANALYSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT PROVIDES A REASONABLENESS OPINION FOR THE INTERMEDIATE SANCTIONS COMPLIANCE THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE AUGUST 15, 2017 EXECUTIVE COMPENSATION COMMITTEE MEETING</p> <p>CEO COUNCIL EXECUTIVE TOTAL COMPENSATION REVIEW PROGRAM ANALYSIS ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION (SALARIES, INCENTIVES, BENEFITS, AND PERQUISITES) FOR LVHN'S CEO COUNCIL EXECUTIVES (APPROXIMATELY 12 TOTAL POSITIONS) IN RELATION TO COMPARABLE POSITIONS IN PEER ORGANIZATIONS THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR EACH INDIVIDUAL SULLIVAN COTTER'S ANALYSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT ALSO PROVIDES AN OPINION OF REASONABLENESS FOR INTERMEDIATE SANCTIONS COMPLIANCE THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE AUGUST 15, 2017 EXECUTIVE COMPENSATION COMMITTEE MEETING</p> <p>SUMMARY OF METHODOLOGY TO CONDUCT THIS ANALYSIS, SULLIVAN COTTER COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE, AS WELL AS EACH POSITION'S DUTIES COMPILED MARKET DATA FOR CEO COUNCIL EXECUTIVES CONSISTENT WITH THE EXECUTIVE COMPENSATION PHILOSOPHY APPROVED BY THE COMMITTEE DURING ITS SEPTEMBER 13, 2017 MEETING THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN EQUALLY WEIGHTED BLEND OF (1) A PEER GROUP OF 30 NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NORTHEAST REGION (EXCLUDING NEW YORK CITY) WITH NET OPERATING REVENUES BETWEEN \$1.3 BILLION AND \$5.0 BILLION (AVERAGE OF \$2.4 BILLION), AND (2) NATI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>ONAL DATA REFLECTING ORGANIZATIONS OF SIMILAR SCOPE AND SIZE TO LVHN NATIONAL DATA ARE USED WHERE PEER GROUP DATA ARE NOT AVAILABLE PEER GROUP AND NATIONAL MARKET DATA WERE ABSTRACTED FROM SULLIVAN COTTER'S 2016 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS, AS WELL AS OTHER PUBLISHED COMPENSATION SURVEYS REFLECTING PAY AT COMPARABLY SIZED ORGANIZATIONS, WHICH INCLUDED NATIONAL HOSPITALS AND NATIONAL MEDICAL GROUPS SULLIVAN COTTER NOTES THAT NO MARKET DATA ARE PROVIDED FOR THE SVP, MEDICAL SERVICES AS THE RESPONSIBILITIES OF THAT POSITION ARE UNIQUE, SO NO BENCHMARK DATA ARE AVAILABLE THE Y RECOMMEND THAT THE COMMITTEE ASSESS THE COMPENSATION FOR THAT POSITION BASED ON INTERNAL EQUITY CONSIDERATIONS COMPILED MARKET DATA FOR THE LVHN CLINICAL CHAIRS PREPARED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) FOR THE CHAIRS OF CLINICAL DEPARTMENTS IN MEDICAL SCHOOLS, LVHN'S TRADITIONAL COMPARATOR GROUP FOR THESE JOBS ADJUSTED THE MARKET DATA TO AN EFFECTIVE DATE OF JANUARY 1, 2018 AT AN ANNUALIZED RATE OF 3.0% BASED ON SALARY INCREASE TRENDS COMPARED EACH COMPONENT OF LVHN'S BENEFIT PROGRAM AGAINST TYPICAL MARKET BENEFIT PRACTICES IN HEALTH SYSTEMS AND HOSPITALS BASED ON MULTIPLE PUBLISHED SURVEYS, SUPPLEMENTED BY SULLIVAN COTTER'S PROPRIETARY DATA AND EXPERIENCE DEVELOPED MARKET TOTAL COMPENSATION DATA BY COMBINING MARKET TCC WITH TYPICAL MARKET BENEFIT COSTS COMPARED LVHN'S TC TO MARKET RATES AND ASSESSED OVERALL POSITIONING FOR PHYSICIAN EXECUTIVES HAVING BOTH CLINICAL AND ADMINISTRATIVE ROLES, RELEVANT MARKET DATA WERE COLLECTED BASED ON FTE ALLOCATION SULLIVAN COTTER HAS NOT COMPLETED AN ASSESSMENT OF THE PHYSICIANS' PRODUCTIVITY OR THE FAIR MARKET VALUE (FMV) OF THEIR CLINICAL COMPENSATION, AS LVHN HAS ADVISED THAT SUCH A MOUNTS ARE APPROPRIATE AND WITHIN FMV SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOTAL COMPENSATION LEVELS COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE COLLECTED INFORMATION ON EACH CEO COUNCIL EXECUTIVE MEMBER'S CURRENT COMPENSATION DATA COLLECTED INCLUDE BASE SALARIES, ANNUAL INCENTIVE OPPORTUNITY LEVELS (TARGET AND MAXIMUM), ACTUAL ANNUAL INCENTIVE PAYOUT AMOUNTS, ANNUAL COSTS OF ALL STANDARD AND SUPPLEMENTAL BENEFITS AND ANNUAL COST AND DESCRIPTION OF EXECUTIVE PERQUISITES REVIEWED JOB DESCRIPTIONS AND ORGANIZATIONAL CHARTS TO IDENTIFY EACH POSITION'S FUNCTIONAL RESPONSIBILITIES AND REPORTING RELATIONSHIPS SELECTED THE APPROPRIATE BENCHMARK POSITION MATCH FOR EACH POSITION AND APPLIED PREMIUMS/DISCOUNTS TO THE MARKET DATA IN INSTANCES WHERE LVHN'S JOB DUTIES DIFFER MATERIALLY FROM BENCHMARK POSITION MATCHES POSITION MATCHES AND MARKET ADJUSTMENTS WERE REVIEWED WITH LVHN'S SENIOR VICE PRESIDENT, HUMAN RESOURCES AND COMPENSATION STAFF LVHN'S PROJECTED FY2017 NET REVENUES AND PHYSICIAN FTE'S WERE USED AS THE SCOPE SIZE FOR EACH ENTITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	ANOTHERS WEBSITE - GUIDESTAR UPON REQUEST - PRINTED 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 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	UNFUNDED PENSION 65,608,703 TRANSFERS TO AFFILIATES -47,147,631 TRANSFER FROM LEHIGH VALLEY HOSPITAL-MUHLENBERG 483,031,224

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number

23-1689692

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	Yes
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	Yes
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 VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 22-2458317	PARENT COMPANY	PA	501(C)(3)	LINE 12C, III-FI	N/A		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2367707	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2700908	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2245513	REAL ESTATE RENTALS	PA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2586770	REAL ESTATE HOLDING CO	PA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2421970	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
700 E BROAD STREET HAZLETON, PA 182016835 20-5880364	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2580968	STAFFING SERVICES	PA	501(C)(3)	LINE 12B, II	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-2038456	SURGICAL SERVICES	PA	501(C)(3)	LINE 3	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2866006	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 10	LEHIGH VALLEY PHYSICIAN GROUP		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-1352202	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2440891	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-0880420	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-3014006	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2349341	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2611474	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2516451	SUPPORT POCONO HEALTH SYSTEM	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		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 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2336285	SUPPORT POCONO MEDICAL CENTER	PA	501(C)(3)	LINE 12B, II	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
LEHIGH VALLEY HEALTH SERVICES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2263665	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
LEHIGH VALLEY ANESTHESIA SERVICES PC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-3096124	ANESTHESIA SERVICES	PA	N/A	C					No
WESTGATE PROFESSIONAL CENTER INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-1657333	REAL ESTATE RENTALS	PA	N/A	C					No
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2750430	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING INC 700 E BROAD STREET HAZLETON, PA 182016835 23-2500981	MEDICAL OFFICE RENTAL	PA	N/A	C					No
SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION 700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2432417	PURSUES, IMPLEMENTS, & FURTHERS THE ACTIVITIES & PURPOSES OF THE SYSTEM	PA	N/A	C					No
SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM ASSOCIATION 420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2931821	CONDOMINIUM ASSOCIATION	PA	N/A	C					No