EXTENDED TO MAY 16, 2022

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

JUL 1. 2020 and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning C Name of organization Check if applicable: D Employer identification number Address change LEHIGH VALLEY HOSPITAL Name change 23-1689692 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 484-884-0130 2100 MACK BLVD. 2,711,876,374. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ALLENTOWN, PA 18103-5622 H(a) Is this a group return Applica-tion F Name and address of principal officer: BRIAN A. NESTER for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.LVHN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1971 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO HEAL, COMFORT Activities & Governance AND CARE FOR THE PEOPLE OF OUR COMMUNITY BY PROVIDING ADVANCED AND if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 11386 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 554 Total number of volunteers (estimate if necessary) 6 16,558,168. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 4,754,447. 7h **Prior Year Current Year** 17,775,374. 31,649,436. Contributions and grants (Part VIII, line 1h) Revenue 2,085,503,368, 2,167,587,529. Program service revenue (Part VIII, line 2g) 22,329,542, 50,856,745. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,499,827, 111,979,522. 11 2,200,108,111 2,362,073,232. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 865,369. 488,021. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 748,897,686. 805,513,456. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,332,375,691. 1,451,474,198. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,082,138,746. 2,257,475,675. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 117,969,365. 104,597,557. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,839,652,051. 3,119,568,929. Total assets (Part X, line 16) 1,756,442,608. 1,627,174,757. 21 Total liabilities (Part X, line 26) 1,083,209,443. 1,492,394,172. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign ROBERT THOMAS, ASSISTANT TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address Phone no.

Yes

No

May the IRS discuss this return with the preparer shown above? See instructions

Form **990** (2020)

SERVICES INCLUDING CRITICAL CARE. THIS CAMPUS SERVES AS A TERTIARY CARE REGIONAL REFERRAL HOSPITAL FOR HIGH RISK MATERNITY AND NEWBORN CARE

including grants of \$

2,169,862,907.

Other program services (Describe on Schedule O.)

Total program service expenses

10190513 134333 LVH

4e

) (Revenue \$

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Form 990 (2020) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0				x
^	Schedule D, Part III	8		- 21
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?			17
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b	x	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13				X
14a		14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	х	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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Form 990 (2020) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No," go to line 25a	24a	Х	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		-
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_5	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			ĺ
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ĺ
	contributions? If "Yes," complete Schedule M	30	Х	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
٠.	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O tt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

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O20) LEHIGH VALLEY HOSPITAL Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	11386						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
				За	X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	.ccour	it)?	4a		X			
b	If "Yes," enter the name of the foreign country		L- (FDAD)						
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		` ′			Х			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X			
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
oa	any contributions that were not tax deductible as charitable contributions?			6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
~	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	uired						
	to file Form 8282?			7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X			
g									
h									
8	, , , , , , , , , , , , , , , , , , , ,								
_	sponsoring organization have excess business holdings at any time during the year?								
9									
a				9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b					
10 a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	LIOD							
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c		4.4		v			
				14a					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45	x				
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
	, , , , , , , , , , , , , , , , , , , ,								

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

	to line da, es, et l'es selen, decense ale en cametanes, processes, et enanges en consulte en commente de l'es			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			I
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	_		
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a	Х	
b	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?	16b	Х	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s on l y)	availa	ble
	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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 - 484-884-0130			
	2100 MACK BLVD., ALLENTOWN, PA 18103-5622			

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Name and title Average hours poweek (list any hours for related organization below line) (1) KIRSTEN ANTHONY TRUSTEE (2) ROBERT BEGLIOMINI PRESIDENT, LVH-M/TRUSTEE (3) DEBORAH BREN, DO TRUSTEE (4) STEVEN R. FOLLETT CHAIR/TRUSTEE (5) LINDA GREEN, PHD TRUSTEE (6) JOEL HOFFMAN TRUSTEE (7) BRYAN G. KANE, MD TRUSTEE (8) THOMAS MARCHOZZI TREASURER (9) PATRICIA MARTIN, MD TRUSTEE (10) BRIAN A. NESTER, DO PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD PRESIDENT, LVH/TRUSTEE (12) MICHAEL ROSSI, MD PRESIDENT, LVH/TRUSTEE	2000 220000 220000 220000 2200000 2200000 2200000 2200000 2200000 2200000 2200000 22000000	box, office or director XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	not che unlesser and unstee and unlesser and unstee and unstee and unsteed and	eck r s per	son is recto	than c s both	an	Reportable compensation from the organization (W-2/1099-MISC) 0. 473,215. 339,681.	Reportable compensation from related organizations (W-2/1099-MISC) 0. 0. 0.	Estimated amount of other compensation from the organization and related organizations 50,867.
week (list am hours for related organizating below line)	2000 220000 220000 220000 2200000 2200000 2200000 2200000 22000000	box, office or director XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	unles er and lustitutional trustee	opera di Otticer a para di Control di Contro	son is recto	s both r/trust	an ee)	from the organization (W-2/1099-MISC) 0. 473,215. 339,681.	from related organizations (W-2/1099-MISC) 0. 0.	other compensation from the organization and related organizations 0. 50,867. 47,663.
(list any hours for related organization below line) (1) KIRSTEN ANTHONY TRUSTEE (2) ROBERT BEGLIOMINI PRESIDENT, LVH-M/TRUSTEE (3) DEBORAH BREN, DO TRUSTEE (4) STEVEN R. FOLLETT CHAIR/TRUSTEE (5) LINDA GREEN, PHD TRUSTEE (6) JOEL HOFFMAN TRUSTEE (7) BRYAN G. KANE, MD TRUSTEE (8) THOMAS MARCHOZZI TREASURER (9) PATRICIA MARTIN, MD TRUSTEE (10) BRIAN A. NESTER, DO PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	7	X X X X X X X X X X X X X X X X X X X	Institutional trustee	Officer			·	the organization (W-2/1099-MISC) 0. 473,215. 339,681.	organizations (W-2/1099-MISC) 0. 0. 0.	compensation from the organization and related organizations 0. 50,867. 47,663.
hours for related organization below line) (1) KIRSTEN ANTHONY	000	x x x x x x			Key employee	Highest compensated employee employee	Former	organization (W-2/1099-MISC) 0. 473,215. 339,681.	(W-2/1099-MISC) 0. 0. 0.	from the organization and related organizations 0. 50,867. 47,663.
related organization below line)	000	x x x x x x			Key employee	Highest compensated employee	Former	(W-2/1099-MISC) 0. 473,215. 339,681.	0. 0. 0.	organization and related organizations 0, 50,867, 47,663,
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Delow Inne) (1) KIRSTEN ANTHONY 1.	000	x x x x x x			Key employ	Highest con employee	Former	473,215. 339,681. 0.	0.	organizations 0. 50,867. 47,663.
Ine)	000	x x x x x x			Key en	Highes emplo	Forme	473,215. 339,681. 0.	0.	0, 50,867, 47,663,
TRUSTEE (2) ROBERT BEGLIOMINI PRESIDENT, LVH-M/TRUSTEE (3) DEBORAH BREN, DO TRUSTEE (4) STEVEN R. FOLLETT CHAIR/TRUSTEE (5) LINDA GREEN, PHD TRUSTEE (6) JOEL HOFFMAN 1. TRUSTEE (7) BRYAN G. KANE, MD TRUSTEE (8) THOMAS MARCHOZZI TREASURER (9) PATRICIA MARTIN, MD TRUSTEE (10) BRIAN A. NESTER, DO PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	000	x x x x x x						473,215. 339,681. 0.	0.	50,867. 47,663.
(2) ROBERT BEGLIOMINI 60. PRESIDENT, LVH-M/TRUSTEE 1. (3) DEBORAH BREN, DO 1. TRUSTEE 60. (4) STEVEN R. FOLLETT 1. CHAIR/TRUSTEE (5) LINDA GREEN, PHD 1. TRUSTEE (6) JOEL HOFFMAN 1. TRUSTEE 60. (8) THOMAS MARCHOZZI 1. TREASURER 60. (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD	200 200 200 200 200 200 200 200 200 200	X X X		X				473,215. 339,681. 0.	0.	50,867. 47,663.
PRESIDENT, LVH-M/TRUSTEE	200 200 200 200 200 200 200 200 200 200	x x x		X				339,681.	0.	4 7,663.
(3) DEBORAH BREN, DO 1. TRUSTEE 60. (4) STEVEN R. FOLLETT 1. CHAIR/TRUSTEE (5) LINDA GREEN, PHD 1. TRUSTEE (6) JOEL HOFFMAN 1. TRUSTEE (7) BRYAN G. KANE, MD 1. TRUSTEE 60. (8) THOMAS MARCHOZZI 1. TREASURER 60. (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	200 200 200 200 200 200 200 200 200 200	x x x		x				339,681.	0.	4 7,663.
TRUSTEE 60. (4) STEVEN R. FOLLETT 1. CHAIR/TRUSTEE (5) LINDA GREEN, PHD 1. TRUSTEE (6) JOEL HOFFMAN 1. TRUSTEE (7) BRYAN G. KANE, MD 1. TRUSTEE (8) THOMAS MARCHOZZI 1. TREASURER 60. (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	200 220000 2200 2	x x		x				0.	0.	4 7,663.
(4) STEVEN R. FOLLETT 1. CHAIR/TRUSTEE (5) LINDA GREEN, PHD 1. TRUSTEE (6) JOEL HOFFMAN 1. TRUSTEE (7) BRYAN G. KANE, MD 1. TRUSTEE 60. (8) THOMAS MARCHOZZI 1. TREASURER 60. (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	200 200 200 200 200 200 200 200 200 200	x x		X				0.	0.	0.
CHAIR/TRUSTEE (5) LINDA GREEN, PHD 1. TRUSTEE (6) JOEL HOFFMAN 1. TRUSTEE (7) BRYAN G. KANE, MD 1. TRUSTEE (8) THOMAS MARCHOZZI 1. TREASURER (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	200 200 200 200 200 200 200 200 200 200	x x		х						
(5) LINDA GREEN, PHD 1. TRUSTEE (6) JOEL HOFFMAN 1. TRUSTEE (7) BRYAN G. KANE, MD 1. TRUSTEE 60. (8) THOMAS MARCHOZZI 1. TREASURER 60. (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	00 2	x x		X						
TRUSTEE (6) JOEL HOFFMAN 1. TRUSTEE (7) BRYAN G. KANE, MD 1. TRUSTEE 60. (8) THOMAS MARCHOZZI 1. TREASURER 60. (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	200 2	х						0.	0.	0.
(6) JOEL HOFFMAN 1. TRUSTEE 60. (7) BRYAN G. KANE, MD 1. TRUSTEE 60. (8) THOMAS MARCHOZZI 1. TREASURER 60. (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	00 2	х						0.	0.	0.
TRUSTEE (7) BRYAN G. KANE, MD 1. TRUSTEE (8) THOMAS MARCHOZZI 1. TREASURER (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	00									
(7) BRYAN G. KANE, MD 1. TRUSTEE 60. (8) THOMAS MARCHOZZI 1. TREASURER 60. (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	00									
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TREASURER (9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	10	Δ						368,157.	0.	27,620.
(9) PATRICIA MARTIN, MD 1. TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	/U									
TRUSTEE (10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	0 (х				996,180.	0.	37,017.
(10) BRIAN A. NESTER, DO 60. PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	0 (
PRESIDENT/CEO, LVHN/TRUSTEE (11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.		Х						0.	0.	0.
(11) KATHY O'BRIEN 1. VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.	0 (
VICE CHAIR/TRUSTEE (12) MICHAEL ROSSI, MD 60.		х						2,665,436.	0.	53,756.
(12) MICHAEL ROSSI, MD 60.	0 (
· · · · · · · · · · · · · · · · · · ·	:	Х		Х				0.	0.	0.
PRESIDENT, LVH/TRUSTEE	0 (
	:	Х						0.	1,183,650.	48,766.
(13) WILLIAM SPENCE 1.	0 (
TRUSTEE	:	Х						0.	0.	0.
(14) ROBERT THOMAS 1.										
ASSISTANT TREASURER 60.	_			Х				360,613.	0.	32,397.
(15) SUSAN C. YEE 1.	0 (
TRUSTEE	:	Х						0.	0.	0 ,
(16) ROBERT MURPHY, JR., MD 60.	0 (
EVP & CHIEF PHYSICIAN EXECUTIVE						Х		1,120,972.	0.	53,756.
(17) LYNN TURNER 60.	-									
CHIEF HUMAN RESOURCES OFFICER	10					х		896,352.	0.	11,400.

LEHIGH VALLEY HOSPITAL 23-1689692 Page 8 Form 990 (2020)

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box offic	not cl , unles cer an	Posi heck i	ition more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) EDWARD DOUGHERTY	60.00									
SVP & CHIEF BUSINESS DEVELOPMENT OFF						Х		827,771.	0.	43,485
(19) MICHAEL MINEAR, MS	60.00									
SVP & CHIEF INFORMATION OFFICER						Х		796,547.	0.	36,485
(20) MATTHEW M. MCCAMBRIDGE	60.00									
CHIEF QUALITY & PATIENT SAFETY OFFIC						Х		677,895.	0.	34,156
(21) TERRY CAPUANO	0.00									
FORMER PRESIDENT, LVH/TRUSTEE							Х	1,318,560.	0.	42,085
(23) WILLIAM M. KENT, MHA FORMER TRUSTEE	0.00						x	752,488.	0.	34,522
(25) JOSEPH E. PATRUNO, MD FORMER TRUSTEE	0.00						х	0.	381,199.	56,539
(26) MATTHEW SORRENTINO, ESQ. FORMER SECRETARY	0.00						х	0.	1,174,573.	29,913
(27) THOMAS V. WHALEN, MD, MMM	0.00									•
FORMER ASSISTANT SECRETARY							х	1,323,758.	0.	44,785
1b Subtotal								12,917,625.	2,739,422.	685,212
c Total from continuation sheets to Part VI	, Section A							0.	0.	0
d Total (add lines 1b and 1c)								12,917,625.	2,739,422.	685,

compensation from the organization

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

Section B. Independent Contractors

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
MORRISON HEALTHCARE, 400 NORTHRIDGE ROAD,		
SUITE 600, SANDY SPRINGS, GA 30350-3354	DIETARY SERVICES	11,985,648.
PRICEWATERHOUSECOOPERS ADVISORY SERVICES LL		
300 MADISON AVENUE, NEW YORK, NY 10017-6232	CONSULTING SERVICES	4,648,122.
E4 SERVICES LLC, 96 COMMERCE DRIVE, BOX		
200, WYOMISSING, PA 19610	CONSULTING SERVICES	3,547,386.
REVINT SOLUTIONS, 6 HILLMAN DRIVE, SUITE		
100, CHADDS FORD, PA 19317	REVENUE CYCLE SERVICES	3,334,940.
PATHS LLC, 9 EXECUTIVE CAMPUS, CHERRY		
HILL, NJ 08002-4502	REVENUE CYCLE SERVICES	3,031,488.
2 Total number of independent contractors (including but not limited to \$100,000 of compensation from the organization ▶	o those listed above) who received more than 87	
		- 000

Form **990** (2020)

LVH___

23-1689692

Form 990 (2020)

Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response o	or note to any lin	e in this Part VIII			
				•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
ωω	1 :	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	4.					
9 9		c Fundraising events		16,052.				
fts,								
ig je		d Related organizationse Government grants (contribution		17,735,563.				
Siris		= :		17,700,000.				
utio	1	f All other contributions, gifts, grants		13,897,821.				
έş		similar amounts not included above		438,067.				
등		Noncash contributions included in lines 1a		430,007.	21 640 426			
<u>0 a</u>		h Total. Add lines 1a-1f			31,649,436.			
				Business Code	1 100 676 005	1 101 070 004	0.506.101	
<u>e</u>	2			621400	1,190,676,005.		9,596,121.	-
Program Service Revenue		b INPATIENT REVENUE		621990	970,631,447.	, ,		
Sen	•	HHS COVID REVENUE		621990	6,280,077.	6,280,077.		
e a		d						
Б		e						
₫	1	f All other program service rever	nue					
		g Total. Add lines 2a-2f		<u></u>	2,167,587,529.			
	3	Investment income (including o	dividends, intere	st, and				
		other similar amounts)			13,973,666.			13,973,666.
	4	Income from investment of tax-	exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Persona l				
	6	a Gross rents 6a	18,708,554.					
	-	b Less: rental expenses 6b	15,902,271.					
			2,806,283.					
		d Net rental income or (loss)			2,806,283.			2,806,283.
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	370,660,341.					
		b Less: cost or other basis						
<u>a</u>			333,551,357.	225,905.				
ther Revenue		c Gain or (loss) 7c						
ě		d Net gain or (loss)			36,883,079.	36,883,079.		
e E		a Gross income from fundraising eve				, ,		
ğ		including \$16,						
		contributions reported on line 1						
		Part IV, line 18	*	314,960.				
		b Less: direct expenses		123,609.				
		c Net income or (loss) from fundr		, ,	191,351.			191,351.
		a Gross income from gaming act						,
	9	Part IV, line 19						
		Net income or (loss) from gamin						
		, ,	_					
	10 8	a Gross sales of inventory, less re						
		and allowances						
			10b					
\rightarrow		Net income or (loss) from sales	or inventory	Business Ord				
ळ		DECEMBOH : MICO INCOME		Business Code 900099	70 071 127	77 940 000	221 020	
eo e		RESEARCH & MISC INCOME			78,071,137.	77,840,098.	231,039.	
Miscellaneous Revenue		HEALTH NETWORK LABORAT		621500	27,317,083.	20,586,075.	6,731,008.	
Se Se		INVESTMENT - LVPHO		900003	3,593,668.	3,593,668.		
Ξ		d All other revenue			100 001 000			
		e Total. Add lines 11a-11d		<u>\</u>	108,981,888.	0.006.004.005	16 550 150	16 071 000
	12	Total revenue. See instructions			∠,362,073,232 .	2,296,894,328.	16,558,168.	16,971,300.

032009 12-23-20

23-1689692

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).

n-	Check if Schedule O contains a respons	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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	488,021.	488,021.		
3	Grants and other assistance to foreign	211,1221	,		
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ĭ	trustees, and key employees	5,452,602.	5,452,602.		
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	617,287,438.	582,300,846.	33,748,612.	1,237,980
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	26,243,618.	24,244,703.	1,926,797.	72,118
9	Other employee benefits	110,436,332.	106,961,958.	3,379,261.	95,113
10	Payroll taxes	46,093,466.	43,762,707.	2,250,608.	80,151
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,774,484.	640,689.	2,133,795.	
С	Accounting	751,611.	48,063.	703,548.	
d	Lobbying				
е	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 Sch 0.)		184,897,330.	17,671,228.	231,033
12	Advertising and promotion	16,573,723.	3,045,063.	13,528,660.	
13	Office expenses	3,957,978.	3,492,106.	457,593.	8,279
14	Information technology	35,595,177.	35,476,713.	118,464.	
15	Royalties				
16	Occupancy	52,489,565.	51,984,488.	477,789.	27,288
17	Travel	1,127,457.	1,099,080.	27,842.	535
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,002,543.	959,948.	40,448.	2,147
20	Interest	29,191,282.	29,191,282.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	122,621,202.	122,168,944.	452,258.	
23	Insurance	15,768,555.	14,998,434.	770,121.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MEDICAL SUPPLIES	451,879,835.	451,856,730.	23,105.	
b	PURCHASED SERVICES	319,938,852.	311,471,518.	8,401,119.	66,215
С	BAD DEBTS EXPENSE	81,846,160.	81,846,160.		
d	CONTRACTED LABOR	10,187,305.	10,019,529.	167,776.	
е	All other expenses	102,968,878.	103,455,993.	-701,233.	214,118
25	Total functional expenses. Add lines 1 through 24e	2,257,475,675.	2,169,862,907.	85,577,791.	2,034,977
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 if following SOP 98-2 (ASC 958-720)				

Page **11**

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Par	נא	Observit Osharkula Osaantairaa aasaa aasaa	-4-4	Hara to Mata D. 197			
		Check if Schedule O contains a response or n	ote to any	line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,428.	1	17,501.
	2	Savings and temporary cash investments			244,112,579.	2	170,022,919.
	3	Pledges and grants receivable, net		1	6,733,168.	3	6,773,096.
	4	Accounts receivable, net			220,575,659.	4	183,577,817.
	5	Loans and other receivables from any current			· ·	-	
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		· ·		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	-			6	
,,	7	Notes and loans receivable, net			-91,430,718.	7	17,551,528.
Assets	8	Inventories for sale or use	35,702,868.	8	39,248,011.		
As	9	D 11			44,967,372.	9	59,698,858.
		Land, buildings, and equipment: cost or other			, ,		, ,
	.00	basis. Complete Part VI of Schedule D		2,489,471,708.			
	h	Less: accumulated depreciation		1,339,381,027.	1,017,872,472.	10c	1,150,090,681.
	11	Investments - publicly traded securities			1,032,558,552.	11	1,129,615,268.
	12	Investments - other securities. See Part IV, line	, , , .	12	, , , .		
	13	Investments - program-related. See Part IV, lin	216,340,882.	13	244,887,325.		
	14	Intangible assets	98,163,921.	14	98,976,493.		
	15	Other assets. See Part IV, line 11		14,038,868.	15	19,109,432.	
	16	Total assets. Add lines 1 through 15 (must ed			2,839,652,051.	16	3,119,568,929.
	17	Accounts payable and accrued expenses		166,188,803.	17	190,804,682.	
	18	Grants payable	, ,	18	, ,		
	19	Deferred revenue	214,232,508.	19	207,015,541.		
	20	Tax-exempt bond liabilities	882,014,888.	20	870,679,600.		
	21	Escrow or custodial account liability. Complet			, ,	21	, ,
,	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ilidi		controlled entity or family member of any of th		22			
Lia	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,)	-				
		parties, and other liabilities not included on lin	-				
		of Schedule D	,-		494,006,409.	25	358,674,934.
	26	Total liabilities. Add lines 17 through 25			1,756,442,608.	26	1,627,174,757.
		Organizations that follow FASB ASC 958, c					
es		and complete lines 27, 28, 32, and 33.		, <u> </u>			
auc	27				849,838,424.	27	1,185,272,164.
Bal	28	Net assets with donor restrictions	233,371,019.	28	307,122,008.		
- Pu		Organizations that do not follow FASB ASC					
F		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	ls			29	
)ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,083,209,443.	32	1,492,394,172.
_	33	Total liabilities and net assets/fund balances			2,839,652,051.	33	3,119,568,929.

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,362	,073,	232.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,257	,475,	675.		
3	Revenue less expenses. Subtract line 2 from line 1	3	104	,597,	557.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 41						
5	Net unrealized gains (losses) on investments	5	77	,176,	219.		
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 on Schedule O)	9	227	,410,	953.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,492	,394,	172.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Щ		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edu l e O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	g l e Audit	t				
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LEHIGH VALLEY HOSPITAL

Part | 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.)

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	X	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	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmenta l unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma						oublic described in	
		section 170(b)(1)(A)(vi). (C	•		J		5 .		
8		A community trust describe		(1)(A)(vi) (Complete Par	t II)				
9	Ħ	An agricultural research org				ed in coniu	inction with a land-grant	college	
Ŭ		or university or a non-land-				-	-	=	
		university:	grant college or agric	altare (see mistractions).	Littor trio	namo, ony	, and state of the college	, 01	
10		An organization that norma	Ily receives (1) more	than 22 1/20/ of its supp	ort from o	ontribution	no momborobin food and	d gross receipts from	
10		activities related to its exen	-					-	
				•				-	
		income and unrelated busin		(less section 511 tax) in	oni busines	sses acqui	red by the organization a	inter June 30, 1975.	
		See section 509(a)(2). (Col	•		f-4 C		20(-)(4)		
11	\vdash	An organization organized a	•	•	•				
12	ш	An organization organized a	•	•	•				
		more publicly supported or	~					neck the box in	
		lines 12a through 12d that							
а		Type I. A supporting orga	• •	•		J	(// 31 3 3	0 0	
		the supported organization			majority c	of the direc	tors or trustees of the su	ipporting	
		organization. You must o	•						
b		Type II. A supporting org	·					_	
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported	
	_	organization(s). You mus	- ·						
С		Type III functionally inte	-					ed with,	
	_	its supported organization		·					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness	
	_	requirement (see instructi	ions). You must co r	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ent	er the number of supported o	organizations						
g		vide the following information			L (iv) In the oran	anization listed			
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other	
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Tota	al								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and			,		,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	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)						
	Public support. Subtract line 5 from line 4.						
			# N 0047	() 0010	(1) 0040	() 0000	(D.T.)
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2020 (lin	ne 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	c and
	stop here. The organization qualifies a	as a publicly supp	orted organization	١			
b	33 1/3% support test - 2019. If the o	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	6 or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	: VI how the organiz	ation
	meets the facts-and-circumstances tes						
b	10% -facts-and-circumstances test	•	•				
_	more, and if the organization meets th	_	•			,	
	organization meets the facts-and-circu				•		ightharpoonup
18	Private foundation. If the organization			, ,			
	in the constitution			, , . , . , . , . , . , . , . , .		edule A (Form 990	

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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.)

 Calendar year (or fiscal year beginning in) ► 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 	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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						
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						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3) organizatio	n,
check this box and stop here						.
Section C. Computation of Public	Support Per	centage				
15 Public support percentage for 2020 (line		•	co l umn (f))		15	9
16 Public support percentage from 2019 S					16	Ç
Section D. Computation of Investi						
17 Investment income percentage for 202			ne 13, column (f))		17	Ç
18 Investment income percentage from 20					18	,
19a 33 1/3% support tests - 2020. If the o						′ is not
more than 33 1/3%, check this box and	-	•				▶∟
b 33 1/3% support tests - 2019. If the o	•					
line 18 is not more than 33 1/3%, check 20 Private foundation. If the organization			•		•	

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Schedule A (Form 990 or 990-EZ) 2020

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- 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.
- 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.
- 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.
 - **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.)

	Yes	No_
4		
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
_		
6		
7		
8		
9a		
9b		
อม		
9с		
10a		
10b		

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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
), 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? 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.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	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? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020 LEHIGH VALLEY HOSPITAL			23-1689692	Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	_	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see	

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3
4	Amounts paid to acquire exempt-use assets	,,		1
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.	evide detaile in	(3
7	Total annual distributions. Add lines 1 through 6.		-	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.	,	8	3
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
<u></u>		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
e	LAUGAA HUIH CUCU			

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information Decide the authority and the Det II Earl O. Det II Earl To and The Det III Earl O.
r die 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.)
	(See instructions.)
-	
-	
-	
	Cahadula A (Cawa 000 av 000 EZ) 0000

SCHEDULE C

(Form 990 or 990-EZ)

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.

2020

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 org	anization	ione. Complete Fait iii.		Empl	oyer identification number			
	LEHIGH VAL		23-1689692					
Part I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 org	ganization.			
2 Politica	l campaign activity expendit	ation's direct and indirect politic ures gn activities		▶ \$				
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3).				
2 Enter th 3 If the or 4a Was a	ne amount of any excise tax rganization incurred a sectio	incurred by the organization und incurred by organization manag n 4955 tax, did it file Form 4720	ers under section 4955 for this year?		Yes No			
Part I-C	Complete if the org	anization is exempt und	er section 501(c).	except section 501(c)(3).			
 2 Enter the exempt 3 Total eximine 17th 4 Did the 5 Enter the made page 	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							
<u> </u>	(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			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

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Part II-A Complete if the orga			n 501(c)(3) and file		ection under
section 501(h)).		iipt ulidel sectio		a i oim 5700 (ei	ection under
A Check if the filing organizat expenses, and share	e of excess lobbying	expenditures).	in Part IV each affiliated (group member's nam	ne, address, EIN,
Limit	s on Lobbying Expe	nd "limited control" pr nditures ınts paid or incurred		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lir	_				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	(add lines 1c and 1c	l)			
f Lobbying nontaxable amount. Ente	r the amount from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000		the amount on line 1e	I		
Over \$500,000 but not over \$1,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50		•	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
i Subtract line 1f from line 1c. If zero j If there is an amount other than zer	 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? 				
(Some organizations th	at made a section 5	eraging Period Unde 01(h) election do not ate instructions for I	have to complete all o	the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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					

Schedule C (Form 990 or 990-EZ) 2020

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	(8	(a)		(b)		
of the lobbying activity.	Yes	No	Amo	ount		
During the year, did the filing organization attempt to influence foreign, national, state, or						
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?		х				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
c Media advertisements?		х				
d Mailings to members, legislators, or the public?	Х			0.		
e Publications, or published or broadcast statements?	Х			0.		
f Grants to other organizations for lobbying purposes?		Х				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			159,941.		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		<u> </u>		
i Other activities?		х				
j Total. Add lines 1c through 1i				159,941.		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х				
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	on 501(c)(5), or sec	tion			
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?						
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the						
Part III-B Complete if the organization is exempt under section 501(c)(4), section			tion			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is		
answered "Yes."						
Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)						
expenses for which the section 527(f) tax was paid).						
a Current year		2a				
b Carryover from last year						
c Total						
		1 _ 1				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc						
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical					
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	o list); Part II-	A, lines 1 ar	nd 2 (See			
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	,		,			
PART II-B, LINE 1, LOBBYING ACTIVITIES:						
PART II-B, LINE 1D: MAILINGS WERE ELECTRONIC, NO POSTAGE OR OTHER						
COSTS.						
PART II-B, LINE 1E: REFERS TO NO-COST PUBLISHED LETTERS TO THE EDITOR						
AND LOBBYING MESSAGES POSTED ON SOCIAL MEDIA AT NO COST.						

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Schedule C (Form 990 or 990-EZ) 2020

LVH____

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LEHIGH VALLEY HOSPITAL

Employer identification number 23-1689692

Pai	rt I Organizations Maintaining Donor Advised Funds or Othe	r Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		Complete in the
	(a) Donor ad	vised 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	s held in donor advise	d funds
	are the organization's property, subject to the organization's exclusive legal control	l?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that		
	for charitable purposes and not for the benefit of the donor or donor advisor, or fo	r any other purpose co	onferring
	impermissible private benefit?		
Pai	rt II Conservation Easements. Complete if the organization answered	'Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that app	ly).	
	Preservation of land for public use (for example, recreation or education)	Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation con	tribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure included in (a)		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not		
	listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished,	or terminated by the o	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, insp	_	
_			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations	, and enforcing conse	ervation easements during the year
7	Amount of expanses incurred in monitoring inspecting handling of violetions and	Lanfaraina aanaan/ati	on accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcing conservation	on easements during the year
	Does each conservation easement reported on line 2(d) above satisfy the requirem	ents of acction 170/b	\(A\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8		· ·	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its re		
9	balance sheet, and include, if applicable, the text of the footnote to the organization	•	
	organization's accounting for conservation easements.	on s inianciai statemer	its that describes the
Pai	rt III Organizations Maintaining Collections of Art, Historical 1	reasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	,	
	If the organization elected, as permitted under FASB ASC 958, not to report in its	revenue statement an	d halance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educat		
	service, provide in Part XIII the text of the footnote to its financial statements that		•
b	If the organization elected, as permitted under FASB ASC 958, to report in its reve		
	art, historical treasures, or other similar assets held for public exhibition, education		
	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		L .
2	If the organization received or held works of art, historical treasures, or other similar		
	the following amounts required to be reported under FASB ASC 958 relating to the	•	
а	Revenue included on Form 990, Part VIII, line 1		• \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2020

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar	Assets	(continu	ed)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	a Public exhibition d Loan or exchange program								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpos	se in Part X	all.		
5	During the year, did the organization solicit or								
_	to be sold to raise funds rather than to be ma						Yes	No	
Par	t IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes" o	on Form 990	, Part IV, I ii	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia						ı		
	on Form 990, Part X?						Yes	No	
b	If "Yes," explain the arrangement in Part XIII a	and comp l ete the foll	lowing table:				_		
							Amount		
	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						l		
	Did the organization include an amount on Fo						Yes	No No	
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in								
Fai	Endowment i dilds. Complete i					aava baali	() Faure	anna hanlı	
	De ninning of combalance	(a) Current year	(b) Prior year	(c) Two years back 160,796,676			(e) Four y	88,904.	
	Beginning of year balance	172,453,138. 9,782,866.	164,819,500.	598,124		45,565. 36,153.		56,444.	
b	Contributions	43,413,305.	2,832,340.			43,683.		57,618.	
C	Net investment earnings, gains, and losses	602,067.	810,934.			77,782.		81,627.	
d	Grants or scholarships	002,007.	010,554.	044,070	•	77,702.		01,027.	
е	Other expenditures for facilities	4,314,182.	4,754,762.	4,661,425	2 72	28,637.	3 3	75,774.	
	and programs	4,314,102.	4,754,702.	4,001,423	. 2,72	20,037.	3,3	73,774.	
f	Administrative expenses	220,733,060.	172,453,138.	164 819 500	160 79	96,676.	154 1	45,565.	
g	End of year balance [Provide the estimated percentage of the current p				• 100,72	,0,0,0	134,1	13 ,303.	
2	Board designated or quasi-endowment	.0000	% (interry, column (a)) Held as.					
a b	Permanent endowment 32.8100	%							
	Term endowment 67.1900								
C	The percentages on lines 2a, 2b, and 2c should be contaged in the contage of the								
32	Are there endowment funds not in the posses	-	tion that are held an	nd administered for	the organiza	tion			
ou	by:	solon of the organiza	tion that are note an	ia aarriii iiotoroa ror	ino organiza		\[\vec{v}\]	es No	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedu l e R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, l ine 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	d	(d) Book	va l ue	
		basis (investm		' '	depreciation				
1a	Land		146	,926,418.			146,9	26,418.	
	Buildings		1,135	,136,354.	729,030,7	773.	406,1	05,581.	
	Leasehold improvements		108	,977,122.	67,568,8	343.	41,4	08,279.	
d	Equipment		640	,870,957.	398,417,0		242,4	53,942.	
е	Other		457	,560,857.	144,364,3	396.	313,1	96,461.	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line 10	Oc.)		>	1,150,0	90,681.	
					,	Schedule	D (Form 9	990) 2020	

Schedule D (Form 990) 2020 LEHIGH VALLEY HOS Port VIII Investments Other Securities	PITAL		23-1689692	Page
Part VII Investments - Other Securities.	on Form 000 Port IV line 1	1h Soo Form 000 Port V line 12		
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	value
(n) = 1 1 1 1 1 1 1	(6) 20011 10101	(0)		
(a) al 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(2) Closely held equity interests				
(A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1c Soc Form 990 Part V line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	value
(1) INVESTMENT-LEHIGH VALLEY PHYSICIAN	(e) zeen velee	(6)		
(2) HOSPITAL ORG. (50.00%)	20,926,829.	COST		
(3) INVESTMENT-HEALTH NETWORK	20,520,625.			
(4) LABORATORIES (95.96%)	192,100,460.	COST		
THE COLUMN THE PROPERTY OF THE	1,100,100.			
(5, 400)	360,280.	COST		
(0)	300,200.	6081		
	447,227.	COST		
(0)	31,047,528.	COST		
(6)	244,887,325.	COD1		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	244,007,323.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1d See Form 990 Part Y line 15		
	Description	Td. Gee Form 930, Fart A, line 13.	(b) Book	value
··			(3) 20011	· alao
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	45)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<i>10.j</i>			
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	10 or 11f Soo Form 990 Part V line	25	
. (a) Description of liability	on Form 990, Fart IV, line 1	Te of TH. See Form 990, Fart A, line	(b) Book	value
11 (-7 1 7			(B) Book	value
(1) Federal income taxes (2) ASSET RETIREMENT OBLIGATION			3	477,781
				912,827
(*)	DULLE C			•
('/				$\frac{062,467}{715,107}$
(5) CURRENT PORTION DEBT - LEASE ACCOUNTIN	<u>G</u>			$\frac{715,107}{083,300}$
(6) DEFERRED COMPENSATION PLAN				083,300
(7) LONG-TERM DEBT - LEASE ACCOUNTING			05,	261,666 14 532

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

358,674,934.

PENSION LIABILITY

23-1689692

Par	t XI Reconciliation of Revenue per Audited Financial Stateme		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
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:	1 1		
а	Net unrealized gains (losses) on investments	2 a		
b	Donated services and use of facilities	2 b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	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:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	-	oenses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
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:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	. 2b		
С	Other losses	. 2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad-	ditional information	n.	
PART	V, LINE 4:			
	, DIND 4.			
THE	ENDOWMENT FUNDS ARE USED FOR CONTINUING EDUCATION, SCHOLARSH	PS		
	,	,		
RESE	ARCH, CLINICAL EQUIPMENT, AND NURSING AWARDS.			
	· · · · · · · · · · · · · · · · · · ·			
PART	X, LINE 2:			
LVHN	, ITS HOSPITALS, AND OTHER SUBSIDIARIES ARE GENERALLY EXEMPT	FROM		
FEDE	RAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVI	NUE CODE		
OF 1	986, AS AMENDED, EXCEPT FOR TAX IMPOSED ON UNRELATED BUSINESS	INCOME.		
	VOGE DEGENE DESERVENTENT VICTOR DEGENER DV. EVE ODGANIZATE	T.G		
THE	MOST RECENT DETERMINATION LETTER, RECEIVED BY THE ORGANIZATION	л, 18		
DATE	D MAY 1, 2014. LVHN AND ITS SUBSIDIARIES ACCOUNT FOR UNCERTA	IN TAX		
POSI	TIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (SC) TOPIC		
740.	THE ORGANIZATION'S FOR-PROFIT COMPONENTS RECOGNIZE DEFERRED	TAX		

10190513 134333 LVH

Part XIII Supplemental Information (continued)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.							
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
INVESTMENT-WELLER HEALTH EDUCATION CENTER	1.	COST					
INVESTMENT-LEHIGH VALLEY HEALTH NETWORK RISK RETENTION GROUP	5,000.	COST					

Schedule D (Form 990)

10190513 134333 LVH

Part XIII	Supplemental Information	(continued)

(a) Description of liability PROFESSIONAL INSURANCE LIABILITY RESERVES WORKERS COMPENSATION (b) Amount 55,144,889. 3,276,513.	Part X Other Liabilities. See Form 990, Part X, line 25.	
WORKERS COMPENSATION 3,276,513.	(a) Description of liability	(b) Amount
WORKERS COMPENSATION 3,276,513.	PROFESSIONAL INSURANCE LIABILITY RESERVES	55,144,889.
LONG-TERM FATROLL TAXES 13,367,508.	WORKERS COMPENSATION	3,276,513.
	LONG-TERM PAYROLL TAXES	13,367,508.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number LEHIGH VALLEY HOSPITAL 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. а Mail solicitations e Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt I		_		·	
		of fundraising event contributions and gro	ı			ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF & TENNIS	(/I - I - I I \	col. (c))
h			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	331,012.			331,012.
	2	Less: Contributions	16,052.			16,052.
	3	Gross income (line 1 minus line 2)	314,960.			314,960.
	4	Cash prizes	4,725.			4,725.
S	5	Noncash prizes				
pense	6	Rent/facility costs	5,000.			5,000.
Direct Expenses	7	Food and beverages	42,539.			42,539.
Ω	8	Entertainment				
	9	Other direct expenses				71,345.
	10	Direct expense summary. Add lines 4 through			>	123,609.
		Net income summary. Subtract line 10 from li	ne 3, co l umn (d)		>	191,351.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	I	I	T	
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				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No 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)		>	
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these s			Yes No
		ere any of the organization's gaming licenses re				Yes No
03208	12 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 LEHIGH VALLEY HOSPITAL 2	3-1689692	2	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	⁄es	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?	🔲 ነ	′ es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	\ \	r es	No
	of fraganization of gaming revenue received by the organization sample. If "Yes," enter the amount of gaming revenue retained by the third party sample. 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	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		f es	O No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, line	es 9, 9	b, 10b,

chedule G (Form 990 or 990-EZ) LEHIGH VALLEY HOSPITAL	23-1689692	Page 4
Chedule G (Form 990 or 990-EZ) LEHIGH VALLEY HOSPITAL Part IV Supplemental Information (continued)		
1		
	Schedule G (Form 990	or 990-EZ
	•	

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service **Hospitals**

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

LEHIGH VALLEY HOSPITAL

Employer identification number 23-1689692

Par	t I Financial Assistance a	ind Certain Oti	ner Commun	ity Benefits at	Cost				
								Yes	No
1a	Did the organization have a financial	assistance policy	during the tax ye	ar? If "No," skip to	question 6a		1a	Х	
b	If "Yes," was it a written policy? If the organization had multiple hospital facilities,						1b	Х	
2	If the organization had multiple hospital facilities, facilities during the tax year.	indicate which of the follo	owing best describes a	application of the financial a	assistance policy to its va	rious hospita l			
	X Applied uniformly to all hospita	al facilities	Appl	lied uniformly to mo	st hospital facilities	3			
	Generally tailored to individual	hospital facilities							
3	Answer the following based on the financial assis	tance eligibility criteria th	at applied to the larges	st number of the organization	on's patients during the ta	ax year.			
а	Did the organization use Federal Pov	erty Guidelines (FF	PG) as a factor in	determining eligibil	ity for providing fr	ee care?			
	If "Yes," indicate which of the follow	ing was the FPG fa	ımily income limit	t for eligibility for fre	e care:		За	х	
	100% 150%	X 200%	Other	%					
b	Did the organization use FPG as a fa	ctor in determining	g eligibility for pro	oviding discounted	care? I f "Yes," indi	cate which			
	of the following was the family incom	ne limit for eligibility	for discounted	care:			3b	Х	
	200% 250%	300%			ther %				
С	If the organization used factors other	r than FPG in deter	mining eligibility,	, describe in Part VI	the criteria used fo	or determining			
	eligibility for free or discounted care.		•	•		other			
	threshold, regardless of income, as a Did the organization's financial assistance policy		0 0 ,			and the state of			
4				auring the tax year provid			4	Х	
5a	Did the organization budget amounts for	free or discounted ca	re provided under	its financial assistance	policy during the tax	year?	5a	Х	
b	If "Yes," did the organization's finance	cial assistance exp	enses exceed the	e budgeted amount	?		5b		Х
С	If "Yes" to line 5b, as a result of bud	get considerations,	, was the organiz	ation unab l e to prov	ide free or discour	nted			
	care to a patient who was eligible for	free or discounted	d care?				5c		
	Did the organization prepare a comm						6a	Х	
b	If "Yes," did the organization make it	available to the pu	ub l ic?				6b	Х	
	Complete the following table using the worksheet	•		ot submit these worksheet	s with the Schedule H.				
7	Financial Assistance and Certain Other			(-)	(4) 5:	(2)	14	3 -	
	Financial Assistance and (a) Number of activities or acti					Percer of total			
	ns-Tested Government Programs	programs (optional)	(optional)				'	expense	
а	Financial Assistance at cost (from			0.001.466		0 001 466		2.0	ο.
_	Worksheet 1)			8,221,466.		8,221,466.		.38	াক ————————————————————————————————————
b	Medicaid (from Worksheet 3,			224 907 251	102 260 006	141 420 245		6.50	o.
	column a)			324,007,331.	183,369,006.	141,430,345.		0.50	70
С	Costs of other means-tested								
	government programs (from								
	Worksheet 3, column b)								
a	Total. Financial Assistance and			333 028 817	183,369,006.	1/9 659 811		6.88	2
	Means-Tested Government Programs Other Benefits			333,020,017.	100,000,000.	113,033,011.		0,00	
_	Community health								
·	improvement services and								
	community benefit operations								
	(from Worksheet 4)			17,473,318.		17,473,318.		.80	ક
f	Health professions education			, , ,		, , ,			
•	(from Worksheet 5)			39,415,874.	11,115,340.	28,300,534.		1.30	ક
а	Subsidized health services			' '	, , ,	, ,			
9	(from Worksheet 6)			16,369,720.	3,705,818.	12,663,902.		.58	ક
h	Research (from Worksheet 7)			5,591,817.	2,969,558.	2,622,259.		.12	
	Cash and in-kind contributions								
-	for community benefit (from								
	Worksheet 8)			340,961.		340,961.		.02	ક
j	Total. Other Benefits			79,191,690.	17,790,716.	61,400,974.		2.82	8
	Total. Add lines 7d and 7i			412 220 507.	201,159,722.			9.70	ક

032091 12-02-20 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2020

	rt II Community Building							/ities d		age 2 the
	tax year, and describe in Par	(a) Number of activities or programs (optional)	nity building activ (b) Persons served (optional)	(c) Total community building expens	offs	of the of	(e) Net) Percer tal expe	
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			411,2	39.		411,239.	.0		2%
8	Workforce development									
9	Other									
10	Total			411,2	39.		411,239.		.02	2%
Pa	rt III Bad Debt, Medicare,	& Collection Pra	actices							
ec	tion A. Bad Debt Expense								Yes	No
1	Did the organization report bad deb	t expense in accord	ance with Hea l th	care Financia l I	Managem	ent Asso	ociation			
	Statement No. 15?							1	Х	
2	Enter the amount of the organization									
	methodology used by the organizat	ion to estimate this	amount			2	16,207,747.	_		
3	Enter the estimated amount of the	organization's bad d	ebt expense attril	butab l e to						
	patients eligible under the organizat	tion's financial assist	tance policy. Expl	lain in Part VI tl	ne					
	methodology used by the organizat	ion to estimate this	amount and the r	ationa l e, if any	,					
	for including this portion of bad deb	ot as community ber	nefit			3	4,358,579.			
4	Provide in Part VI the text of the foo	tnote to the organiz	ation's financia l s	tatements that	describes	s bad de	bt			
	expense or the page number on wh	ich this footnote is o	contained in the a	ttached financ	ial statem	ents.				
ec	tion B. Medicare									
5	Enter total revenue received from N	ledicare (including D	SH and IME)			5	446,687,224.	_		
6	Enter Medicare allowable costs of c	are relating to paym	ents on line 5			6	428,587,603.			
7	Subtract line 6 from line 5. This is the	ne surp l us (or shortfa	all)			7	18,099,621.	_		
8	Describe in Part VI the extent to wh	ich any shortfall rep	orted on line 7 sh	ould be treated	d as comn	nunity be	enefit.			
	Also describe in Part VI the costing	methodology or sou	irce used to detei	rmine the amou	unt reporte	ed on l in	e 6.			
	Check the box that describes the m	nethod used:								
	Cost accounting system	X Cost to char	ge ratio	Other						
ec	tion C. Collection Practices									
9a	Did the organization have a written	debt collection polic	y during the tax y	year?				9a	Х	
b	If "Yes," did the organization's collection	policy that applied to t	the largest number o	of its patients du	ring the tax	year con	tain provisions on the			
	collection practices to be followed for pa							9b	Х	
Pa	rt IV Management Compa	nies and Joint \	entures (owned	d 10% or more by of	ficers, directo	rs, trustees	s, key employees, and physicia	ans - see	instruct	ions)
	(a) Name of entity	(b) Des	cription of primar	y (c) Organiz	zation's	(d) Officers, direct-	(e) P	hysicia	ans'
		ac	tivity of entity		profit % o		ors, trustees, or key employees'		ofit %	or
					ownersh	nip %	profit % or stock		stock	- 07
							ownership %	OWI	ership) 70
Ľ	VHN RECIPROCAL RISK									
ET	ENTION GROUP	MALPRACTICE IN	ISURANCE		20.	800	.00%		.00) ୫
H	EALTH NETWORK LABORATORIES,									
LC		LABORATORY SER	VICES		97.	93%	.00%		.00	ጋ୫
H	EALTH NETWORK LABORATORIES,									
P		LABORATORY SER	VICES		95.	92%	.00%		.00) %
	EHIGH VALLEY PHYSICIAN									
OS:	PITAL ORGANIZATION, INC.	HEALTH CARE SE	RVICES		50.	00%	.00%		.00) %

032093 12-02-20 Schedule H (Form 990) 2020

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)

Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL

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

			Yes	No
Con	nmunity 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?	1		х
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	2		х
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	3	х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
c	Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
c	How data was obtained			
е	The significant health needs of the community			
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
	groups			
ç	V T			
h				
i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
i	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
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 of 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	5	х	
6a	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	6a	x	
h	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	6b	x	
7	Did the hospital facility make its CHNA report widely available to the public?	7	х	
•	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
а	V Harried Could be a state of the state of t			
b				
c	V AA-da was 1-1-1- for a shift in			
c				
	Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
٥	identified through its most recently conducted CHNA? If "No," skip to line 11	8	x	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 ¹⁹			
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	х	
	Is the hospital facility 3 most recently adopted implementation strategy posted on a website: If "Yes," (list url): WWW.LVHN.ORG/COMMUNITY-HEALTH/	10		
	of If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
	Describe in Section C how the hospital facility is addressing the significant needs identified in its most	100		
• •	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed.			
125	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
120	CUNA so required by section 501/s/(2)2	12a		х
h	o If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720	IZU		
	for all of its hospital facilities? \$			

032094 12-02-20 Schedule H (Form 990) 2020

condition (Form 600) 2020	3-1689692	Pa	age 5
Part V Facility Information (continued)			
Financial Assistance Policy (FAP)			
Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL			
		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?	13	Х	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
and FPG family income limit for eligibility for discounted care of $\frac{400}{}$ %			
b Income level other than FPG (describe in Section C)			
c Asset level			
d X Medical indigency			
e X Insurance status			
f Underinsurance status			
g X Residency			
h Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?		X	
15 Explained the method for applying for financial assistance?	15	Х	
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):			
a X Described the information the hospital facility may require an individual to provide as part of his or her application	1		
b			
or her application			
c X Provided the contact information of hospital facility staff who can provide an individual with information			
about the FAP and FAP application process			
d X Provided the contact information of nonprofit organizations or government agencies that may be sources			
of assistance with FAP applications			
e Other (describe in Section C)	40	х	
16 Was widely publicized within the community served by the hospital facility?	16	Λ	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a X The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
V CHE DADE V DAGE O			
V A I C I C I C I C I C I C I C I C I C I			
d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e X The FAP application form was available upon request and without charge (in public locations in the hospital			
facility and by mail)			
f X 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 X 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			
and particular and an analysis of an analysis of an analysis and an analysis a			

Notified members of the community who are most likely to require financial assistance about availability of the FAP

The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)

spoken by Limited English Proficiency (LEP) populations

Other (describe in Section C)

Part V Facility Information (continued)			
Billing and Collections			
Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL			
		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	Х	
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 Reporting to credit agency(ies)			
b Selling an individual's debt to another party			
c 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 Actions that require a legal or judicial process			
e X Other similar actions (describe in Section C)			
f 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?	19		Х
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a Reporting to credit agency(ies)			
b Selling an individual's debt to another party			
c 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 Actions that require a legal or judicial process			
e 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 o	r		
not checked) in line 19 (check all that apply):			
a X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of t	he		
FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b X Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in S	ection C)		
c X Processed incomplete and complete FAP applications (if not, describe in Section C)			
d Made presumptive eligibility determinations (if not, describe in Section C)			
e Other (describe in Section C)			
f 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?	21	Х	
If "No," indicate why:			
a The hospital facility did not provide care for any emergency medical conditions			
b The hospital facility's policy was not in writing			
c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d Other (describe in Section C)			

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Part V Facility Information (continued)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name of hospital facility or letter of facility reporting group LEHIGH VALLEY HOSPITAL			
		Yes	No
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			
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?	23		Х
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?	24		X
If "Yes," explain in Section C.			

Facility Information (continued) Part V

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LEHIGH VALLEY HOSPITAL:

PART V, SECTION B, LINE 5: FOR THE PURPOSES OF THE COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA), LVHN DEFINES THE COMMUNITY IT SERVES AS ALL

INDIVIDUALS LIVING WITHIN THE COUNTIES THAT CONTAIN OUR HOSPITAL CAMPUSES.

LVHN IS REQUIRED TO PRODUCE A CHNA HEALTH PROFILE FOR EACH OF OUR LICENSED

FACILITIES IN ORDER TO ADDRESS THE LOCAL CONTEXT OF THE DIFFERENT

COMMUNITIES WE SERVE. THEREFORE, LVHN HAS PRODUCED FOUR CHNA HEALTH

PROFILES FOR OUR FOUR DIFFERENT LEHIGH VALLEY HOSPITAL CAMPUSES: LEHIGH

VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY

HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND LEHIGH

VALLEY HOSPITAL - POCONO. FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH

STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON

COUNTIES (ALSO KNOWN AS THE LEHIGH VALLEY). WE ADDITIONALLY ASSESSED

HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY

SURROUNDING OUR 17TH STREET CAMPUS. FOR LEHIGH VALLEY HOSPITAL -

SCHUYLKILL. THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY

MEMBERS IN SCHUYLKILL COUNTY. FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE

CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT THE HEALTH NEEDS FOR

LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE

IT WAS AVAILABLE. FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE

COMMUNITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY.

WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE

SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUALS IN THE

COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR

WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES AS A RESULT OF THE SOCIAL AND

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LVH

Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH. IT IS WELL DOCUMENTED THAT THE CLINICAL CARE PROVIDED TO COMMUNITY MEMBERS ONLY ACCOUNTS FOR A SMALL PORTION OF AN INDIVIDUAL'S OVERALL HEALTH. THERE ARE MANY OTHER FACTORS THAT OCCUR OUTSIDE THE DOCTOR'S OFFICE AND HOSPITAL WALLS THAT INFLUENCE HEALTH BEYOND MEDICAL CARE. THEY INCLUDE: SOCIAL AND ECONOMIC FACTORS. SUCH AS EDUCATION. EMPLOYMENT. AND SOCIAL SUPPORT PHYSICAL ENVIRONMENT FACTORS, SUCH AS HOUSING, TRANSPORTATION, AND AIR OUALITY HEALTH BEHAVIORS, SUCH AS SMOKING, DRINKING, DIET, AND EXERCISE THEREFORE THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT HEALTH CARE AS WELL AS OTHER HEALTH FACTORS FOLLOWED BY HEALTH OUTCOMES. THERE ARE TWO TYPES OF DATA INCLUDED IN THE CHNA HEALTH PROFILES. THE FIRST TYPE IS QUANTITATIVE DATA, OR NUMBERS AND STATISTICS ABOUT THE OVERALL POPULATION IN THE COMMUNITY. THESE STATISTICS COME FROM A VARIETY OF LOCAL, STATE AND NATIONAL SOURCES INCLUDING THE CENSUS. THE CENTER FOR DISEASE CONTROL. DEPARTMENT OF EDUCATION, AND THE CENTERS FOR MEDICAID AND MEDICARE SERVICES. A MAJORITY OF THESE DATA POINTS ARE COMPILED TOGETHER THROUGH A PLATFORM CALLED THE CARES ENGAGEMENT NETWORK HEALTH PLAN TOOL, WHICH LVHN USES AS THE STARTING POINT FOR ITS CHNA HEALTH PROFILES, ADDING OTHER KEY STATE AND LOCAL DATA SOURCES TO THE DATA PROVIDED THROUGH THIS HEALTH REPORT.

IN ADDITION, NON-PROFIT HOSPITAL SYSTEMS ARE REQUIRED TO OBTAIN INPUT FROM

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH PUBLIC HEALTH EXPERTISE AND THE VULNERABLE POPULATIONS. LVHN CHOSE TO OBTAIN THIS INPUT THROUGH FOCUS GROUPS AND INTERVIEWS WITH COMMUNITY MEMBERS AND LEADERS. THIS TYPE OF DATA IS REFERRED TO AS QUALITATIVE DATA. WE PARTNERED WITH AN EXTERNAL COMMUNITY COLLABORATOR FOR EACH CAMPUS WHO HAS EXPERIENCE IN QUALITATIVE DATA COLLECTION TO CONDUCT THESE FOCUS GROUPS AND INTERVIEWS ON LVHN'S BEHALF. THIS PROCESS PROVIDED COMMUNITY MEMBERS WITH AN INDEPENDENT AND OBJECTIVE OPPORTUNITY TO IDENTIFY AND SHARE THEIR PERSONAL EXPERIENCES AND PERSPECTIVE ON THE MOST PRESSING HEALTH NEEDS FACING THEIR COMMUNITY AS WELL AS WHERE THEY WOULD LIKE LVHN TO FOCUS ITS ATTENTION. IN LEHIGH AND NORTHAMPTON COUNTY, WHERE LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG ARE LOCATED, LVHN PARTNERED WITH TWO FACULTY MEMBERS FROM CEDAR CREST COLLEGE. SIX FOCUS GROUPS AND FOUR INTERVIEWS WERE CONDUCTED BETWEEN JUNE AND AUGUST 2018 WITH A TOTAL OF 58 PARTICIPANTS IN LEHIGH COUNTY. WHILE FOUR FOCUS GROUPS AND FIVE INTERVIEWS were conducted with 35 total participants during the same time period in NORTHAMPTON COUNTY. BELOW IS A SUMMARY OF THE ORGANIZATIONS REPRESENTED IN LEHIGH AND NORTHAMPTON COUNTIES' FOCUS GROUPS AND INTERVIEWS AS WELL AS A SUMMARY OF THE DEMOGRAPHICS OF THOSE WHO PARTICIPATED. RESIDENTS, INCLUDING THOSE FROM LOW-INCOME POPULATIONS, WERE ALSO INCLUDED IN THE FOCUS GROUPS AND

ORGANIZATIONS REPRESENTED IN LEHIGH COUNTY:

INTERVIEW IN EACH COUNTY.

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Part V Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. ALLENTOWN HEALTH BUREAU ALLENTOWN SCHOOL DISTRICT COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY COUNTRY MEADOWS RETIREMENT COMMUNITIES EAST PENN SCHOOL BOARD LANTA BUS COMPANY RIPPLE COMMUNITY, INC. WHITEHALL COMMUNITIES THAT CARE WILD CHERRY KNOLL HOUSING DEVELOPMENT DEMOGRAPHICS OF LEHIGH COUNTY: GENDER: 64% FEMALE, 36% MALE AVERAGE AGE: 64.7; AGE RANGE: 16-96 RACE: 88.7% WHITE, 5.7% BLACK, 3.8% MULTI-RACIAL ETHNICITY: 72% NON-HISPANIC, 28% HISPANIC (OF ANY RACE) EDUCATION: 83% HAD AT LEAST SOME COLLEGE OR HIGHER, 15% HAD A HIGH SCHOOL DIPLOMA OR G.E.D. EMPLOYMENT: 50% RETIRED OR NOT EMPLOYED, 45% EMPLOYED ORGANIZATIONS REPRESENTED IN NORTHAMPTON COUNTY: BETHLEHEM AREA SCHOOL DISTRICT BETHLEHEM HEALTH BUREAU EASTON COMMUNITY CENTER

MORAVIAN VILLAGE

NAZARETH FOOD BANK

NORTHAMPTON COUNTY DEPARTMENT OF CORRECTIONS

LEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF PSYCHIATRY

Page 8

Facility Information (continued) Part V

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

NORTHAMPTON COUNTY MENTAL HEALTH

SLATE BELT CHAMBER OF COMMERCE

DEMOGRAPHICS OF NORTHAMPTON COUNTY:

GENDER: 73.3% FEMALE, 27.7% MALE

AVERAGE AGE: 70.4; AGE RANGE: 33-88

RACE: 93.3% WHITE, 3.3% BLACK, 3.3% OTHER

ETHNICITY: 76.7% NON-HISPANIC 23.3% HISPANIC (OF ANY RACE)

EDUCATION: 76.6% HAD AT LEAST SOME COLLEGE OR HIGHER, 23.3% HAD A HIGH

SCHOOL DIPLOMA OR G.E.D.

EMPLOYMENT: 67% RETIRED OR NOT EMPLOYED 30% EMPLOYED

LEHIGH VALLEY HOSPITAL:

10190513 134333 LVH

PART V, SECTION B, LINE 6A: LVHN HAS PRODUCED FOUR CHNA HEALTH PROFILES

FOR OUR FOUR DIFFERENT LEHIGH VALLEY HOSPITAL CAMPUSES: LEHIGH VALLEY

HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY

HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND LEHIGH

VALLEY HOSPITAL - POCONO. FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST. 17TH

STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON

COUNTIES (ALSO KNOWN AS THE LEHIGH VALLEY). WE ADDITIONALLY ASSESSED

HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY

SURROUNDING OUR 17TH STREET CAMPUS. FOR LEHIGH VALLEY HOSPITAL -

SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY

MEMBERS IN SCHUYLKILL COUNTY. FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE

CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT THE HEALTH NEEDS FOR

LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE

Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. IT WAS AVAILABLE. FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUNITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY. WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES AS A RESULT OF THE SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH. LEHIGH VALLEY HOSPITAL: PART V, SECTION B, LINE 6B: REPRESENTATIVES OF THE COMMUNITY IN LEHIGH COUNTY INCLUDED: ALLENTOWN HEALTH BUREAU ALLENTOWN SCHOOL DISTRICT COMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEY COUNTRY MEADOWS RETIREMENT COMMUNITIES EAST PENN SCHOOL BOARD LANTA BUS COMPANY RIPPLE COMMUNITY, INC. WHITEHALL COMMUNITIES THAT CARE WILD CHERRY KNOLL HOUSING DEVELOPMENT REPRESENTATIVES OF THE COMMUNITY IN NORTHAMPTON COUNTY INCLUDED: BETHLEHEM AREA SCHOOL DISTRICT BETHLEHEM HEALTH BUREAU EASTON COMMUNITY CENTER

Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
LEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF PSYCHIATRY
MORAVIAN VILLAGE
NAZARETH FOOD BANK
NORTHAMPTON COUNTY DEPARTMENT OF CORRECTIONS
NORTHAMPTON COUNTY MENTAL HEALTH
SLATE BELT CHAMBER OF COMMERCE
LEHIGH VALLEY HOSPITAL:
PART V, SECTION B, LINE 7D: OUR COMMUNITY HEALTH NEEDS ASSESSMENT IS ALSO
AVAILABLE UPON REQUEST.
LEHIGH VALLEY HOSPITAL:
PART V, SECTION B, LINE 11: PRIORITY AREA: ACCESS TO CARE FOR VULNERABLE
POPULATIONS
LVHN'S 2019 CHNA HIGHLIGHTED VULNERABLE POPULATIONS THAT CONTINUE TO
EXPERIENCE BARRIERS TO ACCESS TO CARE INCLUDING:
-OUR VETERAN POPULATION, WHO MAKE UP APPROXIMATELY 8% OF THE POPULATIONS
LVHN SERVES
-MEMBERS OF OUR COMMUNITY WITHOUT HEALTH INSURANCE, WHO REPRESENT A
SIGNIFICANT PORTION OF OUR ADULT POPULATION IN OUR FIVE-COUNTY SERVICE
AREA, RANGING BETWEEN 7% AND 9% OF THE TOTAL POPULATION.
THROUGH THE FOCUS GROUPS DISCUSSIONS, COMMUNITY MEMBERS IN ALL COUNTIES

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. EXPRESSED STRESS AROUND THE INCREASING COST OF HEALTHCARE, CRITICAL MEDICATIONS AND THE STRUGGLE OF BALANCING COST WITH COMPETING BASIC NEEDS. THEY ACKNOWLEDGED THAT THE LACK OF HEALTH INSURANCE OR ABILITY TO PAY FOR MEDICATIONS OFTEN RESULTED IN LIMITING THE USE OF THE HEALTHCARE SYSTEM OR ADDRESSING CHRONIC CONDITIONS. TRANSPORTATION WAS ALSO ACKNOWLEDGED AS ANOTHER BARRIER TO CARE. THESE INPUTS FROM THE COMMUNITY ALIGN WITH LVHN'S MISSION OF ADDRESSING THE HEALTH NEEDS FOR ALL MEMBERS OF OUR COMMUNITY AND THEREFORE WAS PRIORITIZED WITHIN THE IMPLEMENTATION PLAN AS DISCUSSED BELOW. REDUCING BARRIERS TO CARE FOR VULNERABLE POPULATIONS THE VETERANS HEALTH PROGRAM (VHP) WAS ESTABLISHED TO ADDRESS COMPLEX CARE COORDINATION NEEDS WITH VETERANS AND THEIR FAMILIES, WHO OFTEN STRUGGLE TO NAVIGATE THREE DISTINCT HEALTHCARE SYSTEMS: THE VETERANS HEALTH ADMINISTRATION DEFENSE HEALTH SYSTEM AND COMMERCIAL HEALTHCARE CARE. THE VHP OFFERS A ONE STOP, WRAP-AROUND EXPERIENCE. IN FY20, VHP, PRIMARILY SERVING THE LVH-LEHIGH VALLEY, FORMALIZED A RELATIONSHIP WITH DISABLED AMERICAN VETERANS (DAV) TO HAVE A VETERAN SUPPORT OFFICER CO-LOCATED WITH THE VHP TEAM SINCE VHP ACCOUNTED FOR NEARLY 50% OF THEIR WORK IN THE REGIONAL AREA. THE PROGRAM SERVED A TOTAL OF 261 NEW VETERANS AND FAMILY MEMBERS IN FY20. OVER THE YEAR, THE PROGRAM

FEBRUARY 2020, AND THANKS TO THE RAPID PIVOT TO REMOTE CARE EARLY ON IN THE PANDEMIC, THE PROGRAM WAS ABLE TO SUSTAIN AN AVERAGE OF 76 PATIENTS

MANAGED AN INCREASING PATIENT LOAD, WHICH PEAKED AT 100 PATIENTS IN

Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. MONTHLY THROUGH THE CLOSE OF THE FISCAL YEAR IN JUNE. IN MARCH OF 2021 THE DECISION WAS MADE TO TRANSITION THE VETERAN HEALTH PROGRAM FROM LEHIGH VALLEY HEALTH NETWORK TO VALLEY HEALTH PARTNERS. THE EXCEPTIONAL SUCCESS OF THIS PROGRAM AND THE RECENTLY CREATED VALLEY HEALTH PARTNERS WHOSE MISSION IS ALIGNED WITH VETERANS HEALTH IS A NATURAL FIT OPERATIONALLY. VALLEY HEALTH PARTNERS IS A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE. FOR PATIENTS. THIS MEANS THEY CAN BE ASSURED THAT THEY CAN ACHIEVE THEIR HEALTH AND WELLNESS GOALS DESPITE ANY SOCIAL ECONOMIC BARRIERS. VHP IS A SERVICE THAT SUPPORTS A UNIQUE RISK GROUP THAT EFFECTIVELY ADDRESS AND OFFER SOLUTIONS TO EACH VETERAN'S SOCIAL DETERMINANTS OF HEALTH AND MEDICAL NEEDS. AS OF THE END OF FY21, THE PROGRAM MOVED TO VALLEY HEALTH PARTNERS SUCCESSFULLY. MEDICATION ASSISTANCE TO ADDRESS THE RISING CONCERN ABOUT THE COST OF MEDICATIONS, LVHN'S INTEGRATED CARE COORDINATION TEAM WORKS TO GET PATIENTS DIRECTLY CONNECTED TO PRESCRIPTION DISCOUNT PROGRAMS. THEREBY, REDUCING THE COST BURDEN ON THE PATIENT. IN FY20. PATIENTS FROM 40 LVPG PRACTICES ACROSS ALL 5 COUNTIES RECEIVED THIS SERVICE. THE INTEGRATED CARE COORDINATION TEAM ADDRESSED A TOTAL OF 3,386 CASES TOTALING \$5,788,040 IN PRESCRIPTION ASSISTANCE. IN FY21, THE TEAM ADDRESSED 3,023 CASES IN FY21 TOTALING \$6,161,747.62.

CONNECTION TO HEALTH INSURANCE & FINANCIAL ASSISTANCE

Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. LEHIGH VALLEY HEALTH NETWORK PROVIDES DIRECT LINKAGES TO RESOURCES AIMED AT ASSISTING UNINSURED PATIENTS IN GETTING INSURANCE COVERAGE, AS WELL AS A ROBUST FINANCIAL ASSISTANCE PROGRAM, CREATING ADDITIONAL ACCESS TO HEALTHCARE FOR VULNERABLE POPULATIONS. THE PATHS PROGRAM AT LVHN HELPS DETERMINE THE ELIGIBILITY FOR INSURANCE FOR UNDERINSURED AND UNINSURED PATIENTS, AS QUICKLY AS POSSIBLE. PATHS REPRESENTATIVES ARE EMBEDDED IN MULTIPLE AREAS IN OUR HOSPITALS. WORKING ALONGSIDE LVHN STAFF. THIS HELPS EXPEDITE THE REFERRAL PROCESS QUICKLY AND EFFICIENTLY AS PATHS COLLEAGUES CAN CONNECT DIRECTLY WITH PATIENTS AND COUNTY OFFICES TO EXPEDITE PAPERWORK THAT IS REQUIRED AND IF NEEDED FACILITATE IN-PERSON INTERACTIONS. ON AVERAGE, BETWEEN 75 AND 90% OF APPLICATIONS THAT ARE ELIGIBLE ARE APPROVED. IN FY20, THIS RESULTED IN OVER \$17 MILLION IN PAYMENTS FROM THE STATE OF PENNSYLVANIA AND SURROUNDING STATES. IN FY21, THE PATHS PROGRAM OBTAINED \$30 MILLION IN PAYMENTS ON BEHALF OF PATIENTS. NEARLY DOUBLING TOTALS FROM THE PREVIOUS FISCAL YEAR. IN ADDITION TO THE PATHS PROGRAM. LVHN PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO ARE NOT ABLE TO COVER THE COST OF THEIR HEALTH CARE. IN FY20 LVH-LEHIGH VALLEY RECEIVED 37,767 APPLICATIONS, WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. AN AVERAGE OF 64% OF APPLICATIONS AT EACH SITE WERE APPROVED. IN FY21, LVH-LEHIGH VALLEY RECEIVED 34,630 APPLICATIONS, WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL.

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AN AVERAGE OF 69% OF APPLICATIONS AT EACH SITE WERE APPROVED.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIORITY AREA: HEALTH PROMOTION AND PREVENTION

IN THE 2019 LVHN CHNA FOCUS GROUPS, PARTICIPANTS ASKED FOR A GREATER

PRESENCE IN THE COMMUNITY FROM HEALTH CARE SYSTEMS IN THE PLACES WHERE

PEOPLE MOST FREQUENTLY LIVE, WORK, AND PLAY. COMMUNITY MEMBERS IN ALL 5

COUNTIES CALLED FOR ADDITIONAL CARE IN THEIR NEIGHBORHOODS, INCLUDING

FOLLOW-UPS AT HOME, SERVICES AT SCHOOLS AND SENIOR CENTERS WHERE PEOPLE

ARE LOCATED, AND OUTREACH AND EDUCATION ABOUT AVAILABLE RESOURCES. FOCUS

GROUP PARTICIPANTS ALSO SAID THEY ARE GENERALLY UNAWARE OF WHEN OR WHERE

VARIOUS LVHN SCREENING EVENTS OR SERVICES ARE AVAILABLE. THIS RANKED IN

THE TOP THREE HEALTH CARE PRIORITIES THAT COMMUNITY MEMBERS WANTED TO SEE

ADDRESSED. AS SUCH, LVHN LEADERSHIP PRIORITIZED THIS AS AN ISSUE THAT HAD

SIGNIFICANT MAGNITUDE, CAPACITY, AND ALIGNMENT. THEREFORE, LVHN COMMITTED

TO PROMOTE FREE AND LOW-COST SCREENINGS FOR CHRONIC CONDITIONS AND CANCER

SCREENINGS IN NEIGHBORHOODS WHERE VULNERABLE POPULATIONS ARE LOCATED IN

ORDER TO INCREASE UTILIZATION OF THESE SERVICES AND EARLY DETECTION.

THE ZIP CODE WHERE AN INDIVIDUAL RESIDES CAN BE A SIGNIFICANT INFLUENCER

OF HEALTH OUTCOMES. IN ORDER TO FOCUS HEALTH PROMOTION AND PREVENTION

EFFORTS. LVHN DETERMINED WHICH ZIP CODES REPRESENT THE VULNERABLE

POPULATIONS WITHIN EACH OF THE 5 COUNTIES OUR PATIENTS RESIDE. THIS WAS

DEFINED BY A METRIC OF 15% OR MORE OF THE POPULATION LIVING BELOW THE

POVERTY LINE AND HAS LESS THAN A HIGH SCHOOL EDUCATION. IN ADDITION, LVHN

SERVES A SUBSTANTIAL MEDICAID POPULATION IN THESE ZIP CODES. THE FOLLOWING

ZIP CODES HAVE BEEN IDENTIFIED:

LEHIGH (LVH-CC, 17) - 18102, 18109, 18101

Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. NORTHAMPTON (LVH-M) - 18042, 18015 IN FY20 AND FY21, ACROSS THE REGION, LVHN WAS ABLE TO PROMOTE HEALTH OR PROVIDE HEALTHCARE SCREENINGS IN THE FOLLOWING WAYS: PREVENTATIVE HEALTH SCREENINGS & SERVICES A CONSTANT IN LVH-LEHIGH VALLEY'S PREVENTATIVE EFFORTS. THE ANNUAL DRIVE-THRU FLU DRIVE OCCURRED IN THE FALL OF 2020. LVH-LV STAFF PROVIDED FREE FLU SHOTS TO OVER 6,000 PEOPLE AND COLLECTED 8 TONS OF FOOD FOR AREA FOOD BANKS DURING THIS YEAR'S ANNUAL DRIVE. THE TOTAL WAS DOWN FROM 9 000 IN FY20, MAINLY DUE TO THE PANDEMIC AND INTENSE FOCUS ON PROVIDING COVID-19 VACCINATIONS FOR THE COMMUNITY. THESE FREE FLU-SHOT CLINICS WILL CONTINUE TO EXPAND WITHIN THE LVHN SERVICE AREA. LVHN ALSO HAD A VARIETY OF SCREENING OPPORTUNITIES FOR BREAST CANCER. IN FY20, A TOTAL OF 1,865 MAMMOGRAMS WERE COMPLETED THROUGH LVHN'S MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BELOW, WITH 5% AND 8% OF THE MAMMOGRAMS PROVIDED IN LEHIGH COUNTY AND NORTHAMPTON COUNTY RESPECTIVELY ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP CODES. IN LEHIGH COUNTY, 484 SCREENINGS WERE HELD, WITH 71 PATIENTS SCHEDULED FOR FOLLOW-UP IMAGING, AND 1 CANCERS FOUND. IN NORTHAMPTON COUNTY, 193 SCREENINGS WERE HELD, WITH 35 PATIENTS SCHEDULED FOR FOLLOW-UP IMAGING AND 1 CANCERS FOUND.

Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
LEHIGH VALLEY HOSPITAL
PART V, LINE 16A, FAP WEBSITE:
WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE
LEHIGH VALLEY HOSPITAL
PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE
LEHIGH VALLEY HOSPITAL
PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE
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.
PART V, SECTION B, LINE 11 (CONTINUATION A)
PRIORITY AREA: INCLUSION AND DIVERSITY
COMMUNITY MEMBERS EXPRESSED FEEDBACK REGARDING ISSUES OF INCLUSION AND
DIVERSITY AMONG LVHN'S STAFF AND SERVICES. PATIENTS AND COMMUNITY
MEMBERS STRESSED THE NEED FOR LIVE INTERPRETATION SERVICES, TO ALLOW
THEM TO INTERACT WITH THEIR PROVIDERS IN THEIR NATIVE LANGUAGE AND A

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. WARM RECEPTION IN A CULTURALLY APPROPRIATE MANNER. BELOW ARE THE RACIAL DEMOGRAPHICS OF LEHIGH AND NORTHAMPTON COUNTIES. THE TABLE SHOWS THAT THE HISPANIC POPULATION IS GREATER THAN 10% OF THE TOTAL POPULATION IN BOTH COUNTIES, HIGHLIGHTING THE NEED FOR COMPREHENSIVE LANGUAGE SUPPORT AND CULTURAL AWARENESS ACROSS THE NETWORK. THE COMMUNITY MENTIONED THESE ISSUES MULTIPLE TIMES IN FOCUS GROUPS, PARTICULARLY IN LEHIGH LUZERNE, AND NORTHAMPTON COUNTIES. LVHN LEADERSHIP AGREED, RANKING INCLUSION AND DIVERSITY RELATED ISSUES AS ONE THAT WOULD HAVE A MODERATE IMPACT ON OVERALL HEALTH. BUT IT ALIGNED WITH OVERALL ORGANIZATIONAL GOALS AND WAS AN INITIATIVE WE HAVE THE CAPACITY TO ADDRESS. LEHIGH COUNTY HAS A TOTAL POPULATION OF APPROXIMATELY 359,000. OF THOSE, 21.8% ARE HISPANIC. IN NORTHAMPTON COUNTY, THE POPULATION IS APPROXIMATELY 301,000. OF THOSE, 12.1% ARE HISPANIC. LVHN WILL FOCUS ON TWO IMPORTANT STRATEGIES. FIRST LVHN WILL INCREASE ACCESS TO LANGUAGE INTERPRETATION AT ALL HEALTH CARE SERVICE SITES BUILDING ON THE ALREADY STRONG SET OF SERVICES AVAILABLE. SECOND, LVHN WILL CUSTOMIZE ROBUST COLLEAGUE EDUCATION AROUND CULTURAL AWARENESS AND INCLUSION AND DIVERSITY TO ENSURE ALL PATIENTS RECEIVE A WARM WELCOME PARTICULARLY POPULATIONS WITH SPECIAL NEEDS AT EACH OF OUR CAMPUSES. INTERPRETER SERVICES

Schedule H (Form 990) 2020

AT EVERY LVHN CAMPUS, INTERPRETER SERVICES ARE PROVIDED TO ENSURE THAT

PATIENTS ARE ABLE TO COMMUNICATE WITH CLINICIANS AND STAFF IN THEIR

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. PREFERRED LANGUAGE. LVHN PROVIDES A COMBINATION OF LIVE INTERPRETATION WITH THE PATIENT, PHONE INTERPRETATION, AND VIDEO INTERPRETATION VIA IPAD. THIS MIXED MEDIA APPROACH OFFERS THE FASTEST RESPONSE BASED ON PATIENT NEEDS. IN FY20, 15 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 602,682 MINUTES OF INTERPRETATION ACROSS ALL LVHN SITES. AT LVH-CEDAR CREST & 17TH STREET. A TOTAL OF 583,006 MINUTES WERE SPENT ON VIDEO ACROSS 49,034 VIDEO ENCOUNTERS. AT LVH-MUHLENBERG, 52,647 MINUTES WERE SPENT ON VIDEO ACROSS 5,106 VIDEO ENCOUNTERS. IN FY21, 22 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 701,340 MINUTES OF INTERPRETATION DURING NEARLY 41,000 UNIQUE ENCOUNTERS ACROSS ALL LVHN SITES. AS THE COVID-19 PANDEMIC CONTINUES, VIRTUAL INTERPRETATION IS A VITAL SERVICE FOR PATIENTS. AT LVH-CEDAR CREST & 17TH STREET, A TOTAL OF 844,970 MINUTES WERE SPENT ON VIDEO ACROSS 81,272 VIDEO ENCOUNTERS. AT LVH-MUHLENBERG, 64,223 MINUTES WERE SPENT ON VIDEO ACROSS 7,520 VIDEO ENCOUNTERS. CULTURAL AWARENESS AND STAFF EDUCATION THE CHIEF DIVERSITY. EQUITY AND INCLUSION LIAISON OFFERS A WIDE RANGE OF EDUCATION AND TRAINING FOR LVHN STAFF, RANGING FROM GENERAL CULTURAL AWARENESS COVERED AT "CONNECTIONS" (THE ORIENTATION PROGRAM FOR ALL NEW

LVHN EMPLOYEES) TO INCLUSIVE LEADERSHIP, PRECEPTOR EDUCATION, NURSE
RESIDENCY, CULTURAL SENSITIVITY (GEARED TOWARD MULTIPLE SPECIALTIES)

AND DIVERSITY. IN FY20, OVER 60 TRAININGS WERE HELD WITH JUST OVER

Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. 4,000 EMPLOYEES ATTENDING. IN FY21, NEARLY 50 TRAININGS WERE HELD WITH JUST OVER 4,000 EMPLOYEES ATTENDING IN TOTAL. WITH LVHN LEADERSHIP'S INCREASED STRATEGIC FOCUS ON DIVERSITY AND INCLUSION IN THE NETWORK, IT WAS IMPORTANT TO INCREASE RESOURCES IN SUPPORT OF THIS IMPORTANT WORK. ON MARCH 8, 2021, A DIVERSITY EQUITY AND INCLUSION (DEI) PROJECT MANAGER COLLEAGUE WAS BROUGHT ON STAFF. THIS IMPORTANT ROLE SUPPORTS NETWORK INITIATIVES INCLUDING THE ACTIONS AGAINST RACISM AND ADVANCING EQUITY COUNCIL, CULTURAL AWARENESS LEADERSHIP COUNCIL AND THE LGBTQ PATIENT AND FAMILY CARE EXPERIENCE PROJECT TEAM. PRIORITY AREA: SOCIAL DETERMINANTS OF HEALTH SOCIAL DETERMINANTS OF HEALTH ARE AT THE HEART OF COMMUNITY HEALTH WORK AT LVHN. DURING THE PRIMARY DATA COLLECTION PROCESS, LVHN RECEIVED COMMUNITY FEEDBACK THAT CONFIRMED THE IMPORTANCE OF ADDRESSING SOCIAL DETERMINANTS BOTH DIRECTLY AND THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS. EXAMPLES OF SOCIAL DETERMINANTS THAT REQUIRE MULTIPLE AGENCIES AND ORGANIZATIONS WORKING TOGETHER IN A COORDINATED MANNER ARE HOUSING AND FOOD INSECURITY. BOTH WERE HIGHLIGHTED DURING COMMUNITY FOCUS GROUPS. IN ALL COUNTIES LVHN SERVES: -AN AVERAGE OF 20% OF THE POPULATIONS ARE AT RISK FOR FOOD INSECURITY. -AT LEAST A QUARTER OF THE POPULATION SPENDS MORE THAN 30% OF THEIR INCOME ON HOUSING.

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. LVHN CHNA EXECUTIVE TEAMS RECOGNIZED THE MAGNITUDE OF HOUSING AND FOOD INSECURITY ISSUES, BUT ALSO WERE LESS CERTAIN ABOUT HEALTHCARE'S ABILITY TO HAVE AN IMPACT IN THIS AREA, PARTICULARLY BECAUSE THESE ARE NOT ISSUES THAT HEALTHCARE CAN ADDRESS ALONE. THE IMPORTANCE OF PARTNERSHIPS IN THIS AREA IS HIGHLIGHTED IN LVHN'S CHNA IMPLEMENTATION PLAN. BELOW ARE BOTH INTERNAL AND CROSS-SECTOR PARTNERSHIP EFFORTS ADDRESSING THESE ISSUES IN OUR COMMUNITIES. FOOD ACCESS THE FIRST STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH OUTLINED IN THE IMPLEMENTATION PLAN IS IMPROVE ACCESS TO HEALTHY FOOD AND REDUCE OBESITY RATES IN OUR COMMUNITIES, THROUGH IN-SCHOOL EDUCATION PROMOTION OF HEALTHY LIFESTYLES AND COMMUNITIES, AND SUPPORT OF MOBILE MARKET FOOD DISTRIBUTION. AT LVH-LEHIGH VALLEY CAMPUSES, TWO PILOT PARTNERSHIPS WITH MOBILE FOOD MARKET VENDORS WERE CONTINUED IN FY21. PARTNERSHIP WITH THE KELLYN FOUNDATION: LVHN DEVELOPED PARTNERSHIPS WITH KEY NON-PROFIT ORGANIZATIONS. WHO ARE WORKING TO IMPROVE HEALTHY FOOD ACCESS IN THE COMMUNITY. THE KELLYN FOUNDATION ENSURES AVAILABILITY OF LOW-COST/NO-COST, HEALTHY FOOD OPTIONS AT KEY LOCATIONS THAT OPTIMIZE ACCESSIBILITY TO FAMILIES IN NEED. THE EAT REAL FOOD MOBILE MARKET PILOT WITH KELLYN FOUNDATION PILOT AIMED TO PROVIDE FRESH

DUE TO UNEMPLOYMENT OR INABILITY TO PAY. KELLYN USED THEIR EXISTING

FRUITS AND VEGETABLES, GRAINS, AND PREPARED MEALS FOR LVHN FAMILIES

LIVING IN SOCIALLY DISADVANTAGED ALLENTOWN NEIGHBORHOODS WHO ARE FOOD

INSECURE OR DO NOT HAVE EASY ACCESS TO AFFORDABLE HEALTHY FOOD OPTIONS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MOBILE MARKET AND COMMUNITY RELATIONSHIPS TO DISTRIBUTE HEALTHY FRUITS

AND VEGETABLES AND PREPARED MEALS IN AND AROUND ALLENTOWN SCHOOLS. LVHN

17TH STREET COMMUNITY PRACTICE FAMILIES WERE PROVIDED A WEEKLY \$20

CREDIT THAT COULD BE REDEEMED AT THE MOBILE MARKET AND LEVERAGED WITH

OTHER PUBLIC BENEFITS (EBT, WIC, FMNP VOUCHERS). BETWEEN THE END OF

JUNE AND SEPTEMBER 2020 THE KELLYN FOUNDATION PROVIDED SERVICES TO 545

INDIVIDUALS IN THE COMMUNITY WITH THE SUPPORT OF \$39,640 IN VOUCHERS

FROM LVHN. ONCE AWARE OF THE PROGRAM. 26% PARTICIPATED EVERY WEEK AND A

TOTAL OF 57.61% PARTICIPATED MORE THAT 50% OF THE TIME.

CARDIAC HEART FAILURE (CHF) FOOD PRESCRIPTION PILOT WITH MEALS ON

WHEELS OF THE LEHIGH VALLEY (MOWGLV): MOWGLV IS DELIVERING

DIET-APPROPRIATE MEALS FOR 90-DAYS POST-DISCHARGE TO 19-25 INDIVIDUALS

WHO HAVE A DIAGNOSIS OF CHF AND WERE RECENTLY DISCHARGED FROM LVHN'S

INPATIENT SETTING. PATIENTS SERVED THROUGH THIS PILOT RECEIVED WEEKDAY

HOT MEALS AND WEEKEND COLD MEALS FOR 90 DAYS AT NO COST TO ENSURE

HEALTHY MEALS ARE AVAILABLE TO PATIENTS AS QUICKLY AS POSSIBLE AFTER

TRANSITION FROM THE HOSPITAL TO HOME. THE PILOT WAS INTENDED TO PROVIDE

A BRIDGING PERIOD DURING WHICH THE PATIENT CAN BE ASSESSED FOR

ELIGIBILITY OF MEALS BEYOND THAT 90-DAY PERIOD AND MAINTAIN COMPLIANCE

WITH THE HEART HEALTHY NUTRITION PLAN. 19 HEART FAILURE PATIENTS HAVE

BEEN REFERRED TO THE MOW PILOT. LVHN DEDICATED \$30,000 TO SUPPORT THE

FUNDING OF MEALS FOR HEART FAILURE PATIENTS IN FY21.

PART V, SECTION B, LINE 11 (CONTINUATION B)

PRIORITY AREA: BEHAVIORAL HEALTH

ONE CONSISTENT AREA OF NEED VOICED BY THE COMMUNITY, IN BOTH THE 2016

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. AND 2019 LVHN CHNAS, WAS THE NEED TO BETTER ADDRESS BEHAVIORAL HEALTH AND MENTAL WELL-BEING IN THE COMMUNITY. ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, MEMBERS OF THE COMMUNITY EXPERIENCE MORE THAN 4 "UNHEALTHY" MENTAL HEALTH DAYS PER MONTH ECHOING THE DIRECT FEEDBACK FROM FOCUS GROUPS. THIS NEED WAS DISCUSSED IN ALL FIVE COUNTIES AND, THEREFORE, WAS MADE A CROSS-CUTTING PRIORITY AREA FOR THE IMPLEMENTATION PLAN. WITHIN THE BEHAVIORAL HEALTH PRIORITY AREA, THERE ARE 3 AREAS OF FOCUS: MENTAL HEALTH, SUBSTANCE ABUSE, AND SUICIDE PREVENTION. WHILE PUBLIC DATA AROUND SUBSTANCE USE DISORDER IS LACKING, IT WAS A CLEAR CONCERN EXPRESSED COMMUNITY MEMBERS WHO PARTICIPATED IN FOCUS GROUPS AND INTERVIEWS. LVHN LEADERSHIP BELIEVES THIS IS A HIGH IMPACT AREA OF WORK, BUT WE NEED TO INCREASE CAPACITY IN ORDER TO ADDRESS THESE NEEDS ADEQUATELY. THE SECTIONS BELOW OUTLINE THE APPROACHES BEING IMPLEMENTED IN EACH OF THESE FOCUS AREAS TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF THE COMMUNITIES LVHN SERVES. MENTAL HEALTH PREVENTION AND EDUCATION THE FIRST STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS DECREASE THE STIGMA AND INCREASE SKILLS OF PROFESSIONALS AND COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALTH CONCERNS AND PROMOTE MENTAL WELLNESS. IN ADDITION, LVHN WILL PARTICIPATE IN AND PARTNER AROUND COMMUNITY-BASED TRAUMA-INFORMED CARE COLLABORATIVE TO CREATE

MORE TRAUMA-INFORMED COMMUNITIES. IN THE LEHIGH VALLEY (LVH-LEHIGH
VALLEY), LVHN IS ENGAGING WITH LAKESIDE GLOBAL INSTITUTE TO PROVIDE

TRAUMA 101 AND 102 TRAININGS FOR PROVIDERS AND PROFESSIONALS IN THE

Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. LEHIGH VALLEY. THE TRAININGS HAVE REACHED 500 PEOPLE IN FY20. WITH THE COVID-19 PANDEMIC, THESE TRAININGS WERE PUT ON HOLD IN THE SECOND HALF OF FY20. IN ADDITION, LVH-LEHIGH VALLEY IS A PARTNER IN A COLLABORATIVE CALLED RESILIENT LEHIGH VALLEY. WHICH IS LED BY THE UNITED WAY OF THE GREATER LEHIGH VALLEY. IN FY20, THIS COLLABORATIVE CREATED A WEBSITE THAT PROVIDES MINDFULNESS AND SOCIAL EMOTIONAL LEARNING (SEL) LESSONS AND RESOURCES FOR EDUCATORS, PARENTS AND CAREGIVERS, AND K-12 STUDENTS. IN FY21, THE GROUP DEVELOPED A SERIES OF FACEBOOK LIVE SESSIONS. IN ADDITION. THEY HAVE DEVELOPED A PROPRIETARY SERIES OF ONOGOING TRAININGS ON A VARIETY OF TOPICS INCLUDING: -SECONDARY, VICARIOUS TRAUMA, AND SELF CARE -PRACTICAL TRAUMA-INFORMED STRATEGIES -TRAUMA-INFORMED DE-ESCALATION TECHNIQUES -UNDERSTANDING HISTORICAL AND RACIAL TRAUMA OVER THE PAST SEVERAL YEARS. LVHN HAS ALSO MADE A TARGETED EFFORT TO DEVELOP SUPPORTS FOR THE PREGNANT AND PARENTING POPULATION IN OUR REGION. IN THE LEHIGH VALLEY, THE CONNECTIONS CLINIC IS A PROGRAM FOR PREGNANT AND/OR POSTPARTUM SUBSTANCE USE DISORDER INCLUDING OPIOIDS AND IS A COLLABORATION BETWEEN OBSTETRICS AND PEDIATRICS. THIS PROGRAM PROVIDES AN ADDED LAYER OF PATIENT SUPPORT FROM OBGYN STAFF AND PHYSICIANS ALONG WITH PARTNERSHIPS WITH TREATMENT PROVIDERS AND FACILITIES.

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. REFERRAL COORDINATION THE SECOND STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS A CENTRALIZED REFERRAL PROCESS TO OUTPATIENT BEHAVIORAL HEALTH IN FY19, LVHN RECEIVED OVER 9,000 REFERRALS FOR BEHAVIORAL HEALTH SERVICES AND WERE ABLE TO SERVE 1 IN 8. IN ORDER TO IMPROVE TREATMENT AND REFERRAL WORKFLOWS FOR PATIENTS, LVHN CREATED A BEHAVIORAL HEALTH REFERRAL SPECIALIST ROLE. THIS ROLE PROVIDES SUPPORT TO PROVIDERS. PRACTICES AND PATIENTS SEEKING ACCESS TO MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES. SUPPORT BY THIS ROLE IS PROVIDED ON THREE LEVELS: 1. INFORMATION DISSEMINATION AND EDUCATION: PRACTICES RECEIVE RESOURCE INFORMATION TO ENABLE THEM TO MAKE BEHAVIORAL HEALTH AND SUBSTANCE ABUSE REFERRALS FROM THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT DATABASE WITH INFORMATION THAT IS ALWAYS CURRENT AND ACCURATE. ADDITION. THE BEHAVIORAL HEALTH REFERRAL SPECIALIST HAS BEEN PROVIDING EDUCATION ON HOW TO EFFECTIVELY REFER A PATIENT FOR MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES TO THE FOLLOWING: PEDIATRIC PRIMARY CARE, ADULT SPECIALTY PROGRAMS, INPATIENT CASE MANAGEMENT, LVHN LEADERSHIP AND ADDITIONAL OUTSIDE PROGRAMS AND SERVICES. CONSULTATION TO PROVIDERS SEEKING SERVICES FOR THEIR PATIENTS WHEN

SHAREPOINT AND PAST REFERRAL EDUCATION.

3. DIRECT PATIENT CONTACT TO PROVIDE SUPPORT AND RESOURCES IF THE FIRST

THEY ARE UNABLE TO DO SO UTILIZING THE BEHAVIORAL HEALTH RESOURCES

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. TWO LEVELS OF SERVICE FAIL TO SUPPORT THE PATIENT. IN FY19, THERE WERE 620 REQUESTS FOR ASSISTANCE FROM THE BEHAVIORAL HEALTH REFERRAL SPECIALIST. IN FY20, DUE TO THE HIGH DEMAND, A NEW PROCESS WAS IMPLEMENTED TO HAVE THE BEHAVIORAL HEALTH REFERRAL SPECIALIST MANAGE ALL OUTPATIENT PSYCHIATRY REFERRALS FOR LVHN AFFILIATED PRACTICES. THIS NEW PROCESS WAS MADE TO IMPROVE THE REFERRAL EXPERIENCE FOR THE AFFILIATED PRACTICE PROVIDERS WHILE BETTER ASSISTING PATIENTS WITH CONNECTING TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES. THE BEHAVIORAL HEALTH SPECIALIST HAS BECOME A TEAM OF 5.5 FTE DEDICATED TO MANAGING ALL REFERRALS TO AMBULATORY PSYCHIATRY PRACTICES, WHICH IS NOW CALLED CENTRALIZED INTAKE. THIS SERVICE OFFICIALLY WENT LIVE ON MAY 4, 2020, AND THEY RECEIVE REFERRALS FROM OUTPATIENT PRACTICES FROM ALL LVHN CAMPUSES. IN FY21, CENTRALIZED INTAKE RECEIVED 10,179 REFERRALS. OF THE 10,179 REFERRALS, 6,240 (61%) WERE SCHEDULED WITH LVHN PSYCHIATRY PRACTICES OR PROVIDED WITH A LIST OF EXTERNAL PROVIDERS WITH THE OPTION TO CALL BACK FOR ADDITIONAL ASSISTANCE IF UNABLE TO CONNECT WITH A PROVIDER. INNOVATION

THE THIRD STRATEGY LVHN HAS COMMITTED TO IN ORDER TO ADDRESS THE MENTAL

HEALTH NEEDS OF THE COMMUNITY IS INNOVATION THROUGH THE USE OF

TECHNOLOGY TO PROVIDE TELE-PSYCHIATRY, TELE-THERAPY, AN APP DEPLOYMENT,

AND ECONSULTS. THE DEVELOPMENT AND IMPLEMENTATION OF TELE-PSYCHIATRY

AND THERAPY SERVICES WAS UNDERWAY AT THE START OF FY20. WITH THE ONSET

OF THE COVID-19 PANDEMIC, THE SCALE AND REACH OF THESE SERVICES

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. INCREASED RAPIDLY AND DRAMATICALLY. OUTPATIENT BEHAVIORAL HEALTH VIRTUAL VISITS INCREASED FROM 2% BEFORE COVID-19 TO 98% SOON AFTER THE START OF THE PANDEMIC IN FY21. THE DEPARTMENT OF PSYCHIATRY PROVIDED A TOTAL OF 66.457 OUTPATIENT BEHAVIORAL HEALTH ENCOUNTERS, OF WHICH 44,942 ENCOUNTERS (68%) WERE VIRTUAL. IN ADDITION, THERE WERE 102 VIRTUAL OUTPATIENT ENCOUNTERS IN FY21 PROVIDED BY A BEHAVIORAL HEALTH SPECIALIST AS PART OF THE STREET MEDICINE. SUPPORTING OUR HOMELESS PATIENTS WITH APPROPRIATE BEHAVIORAL HEALTH CARE. IN ADDITION, TELE-CONSULTS WERE PROVIDED FOR PRIMARY CARE PROVIDERS. PSYCHIATRIC OUTPATIENT CONSULTATION REFERRAL ORDER WAS ESTABLISHED IN FY20 TO FACILITATE A BRIEF PSYCHIATRIC INTERVENTION BY A PSYCHIATRIST OR APC WITH THE GOAL OF EVALUATING AND PROVIDING TREATMENT RECOMMENDATIONS. WHICH MAY INCLUDE THE PRESCRIBING OF PSYCHOTROPIC MEDICATIONS. AND THEN RETURNING THE PATIENT BACK TO THEM FOR ON-GOING CARE. IN FY21, 618 TELE-PRIMARY CARE CONSULTS AND 268 ECONSULTS WERE COMPLETED AT LVH-LEHIGH VALLEY PRIMARILY UP FROM 80 AND 208 RESPECTIVELY IN FY20. LVH - LEHIGH VALLEY HAS ALSO ROLLED OUT A NEW APPLICATION CALLED GUIDEBOOK WHICH PROVIDES PATIENTS AND COMMUNITY MEMBERS MENTAL HEALTH

RELATED RESOURCES. COMMUNICATION ABOUT THE AVAILABILITY OF THE APP

BEGAN IN JANUARY OF 2020. THERE WERE 400 DOWNLOADS AS OF MARCH 2020

WITH AVG. TIME SPENT IN THE APP OF ABOUT 1 MINUTE. BETWEEN MARCH AND

MAY 2020 (DURING THE HEIGHT OF THE COVID-19 RESPONSE), THE DOWNLOADS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

JUMPED TO 600 WITH THE AVERAGE TIME SPENT INCREASING TO OVER A MINUTE.

IN FY21, THE DEPARTMENT OF PSYCHIATRY CONTINUED TO EXPAND THE RESOURCES

AVAILABLE TO PATIENTS ON THE GUIDEBOOK APP, AND THERE WAS AN ADDITIONAL

275 DOWNLOADS WHICH PUT THE TOTAL NUMBER OF DOWNLOADS AT 947. THE

AVERAGE NUMBER OF SESSIONS PER USER IN FY21 WAS 2.1 AND THE AVERAGE

AMOUNT OF TIME ON THE APP DURING EACH SESSION IS ABOUT 1 MINUTE.

SCHOOL-BASED BEHAVIORAL HEALTH

THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL SCHOOL-BASED BEHAVIORAL

HEALTH (SBBH) PROGRAM PARTNERS WITH SCHOOL DISTRICTS ACROSS THE HEALTH

NETWORK'S SERVICE AREA TO REMOVE BARRIERS TO MENTAL HEALTH TREATMENT BY

PROVIDING OUTPATIENT THERAPY FOR STUDENTS DURING THE SCHOOL DAY. EACH

YEAR, HUNDREDS OF CHILDREN WHO OTHERWISE WOULD NOT HAVE ACCESS TO

MENTAL HEALTH TREATMENT ARE ABLE TO PARTICIPATE IN SCHOOL-BASED THERAPY

TO HELP THEM ADDRESS THEIR TRAUMA, IMPROVE THEIR SCHOOL PERFORMANCE AND

STRENGTHEN THEIR OVERALL WELL-BEING. THE PROGRAM IS LICENSED THROUGH

THE DEPARTMENT OF HUMAN SERVICES TO ENABLE BILLING THROUGH MEDICAL

ASSISTANCE AND EACH THERAPIST CARRIES A CASELOAD OF 25 TO 35 STUDENTS.

PART V, SECTION B, LINE 11 (CONTINUATION C)

IN FY20, THE SBBH PROGRAM (LVH-LEHIGH VALLEY) TRANSFORMED FROM VISION

TO REALITY WITH AN OFFERING OF BEHAVIORAL HEALTH SERVICES TO STUDENTS

IN 15 SCHOOLS. IT ESTABLISHED PRIVATE SPACES TO OFFER THERAPEUTIC

SERVICES, INTRODUCED SCHOOL-BASED THERAPISTS TO FACULTY AND STAFF

IMPLEMENTED A STREAMLINED AND CONFIDENTIAL REFERRAL PROCESS, AND

ESTABLISHED CLOSE COMMUNICATION WITH SCHOOL COUNSELORS AND SUPPORT

STAFF. IN FY20, THE SBBH PROGRAM SERVED ALMOST 150 STUDENTS, 20% OF

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WHOM WERE UNINSURED. IN ADDITION, THROUGH ADDITIONAL IN-KIND HOURS, THE

PROGRAM STAFF PRESENTED MULTIPLE PROFESSIONAL DEVELOPMENT PROGRAMS,

CAREGIVER PRESENTATIONS, AND OFFERED SUPPORT GROUPS, RESOURCES AND

CRISIS SUPPORT TO SCHOOL COMMUNITIES AND FAMILIES THROUGHOUT THE

PANDEMIC.

A MAJORITY OF THE STUDENTS (93%) SERVED IN THE SBBH PROGRAM WERE

BETWEEN THE AGES OF 6 AND 17. AND 37% WERE CAUCASIAN AND 39% WERE

HISPANIC. THE TOP 4 REASONS FOR REFERRAL WERE: DEPRESSION AND ANXIETY;

ANGER, AGGRESSION, AND OPPOSITIONAL BEHAVIOR; ATTENTION, FOCUS, AND

IMPULSIVITY; AND TRAUMATIC EXPERIENCES. BOTH THE CHILDREN AND PARENTS

REPORTED THE COUNSELING PROVIDED BY THE SBBH PROGRAM MADE A POSITIVE

IMPACT ON THEIR BEHAVIOR AT HOME AND IN SCHOOL. SINCE SCHOOL CLOSURES

DUE TO COVID-19 IN MARCH 2020, THE SCHOOL-BASED PROGRAM HAS ASSISTED

STUDENTS AND FAMILIES TO CONNECT TO VIDEO VISIT TECHNOLOGY. THE SBBH

PROGRAM OFFERED VIDEO THERAPY SERVICES TO ALMOST 75% OF STUDENTS IN THE

PROGRAM. SCHOOL-BASED THERAPISTS MAINTAIN THE ABILITY TO HAVE TELEPHONE

SESSIONS WITH CLIENTS WHO ARE UNABLE TO PARTICIPATE BY VIDEO.

IN FY21, 250 STUDENTS ACROSS 31 SCHOOL SITES RECEIVED SERVICES. OVER

600 HOURS OF IN-KIND (NON-BILLABLE) SERVICES WERE ALSO PROVIDED FOR

STUDENTS WHO WERE UNINSURED. IN ADDITION TO REGULARLY ASSESSING

PROGRESS TOWARD ACHIEVING EACH STUDENT'S TREATMENT GOALS, THE

THERAPISTS ADMINISTER THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (A

WIDELY USED CHILD AND ADOLESCENT MENTAL HEALTH ASSESSMENT) UPON INTAKE

AND DISCHARGE TO HELP MEASURE PROGRAM OUTCOMES. IN FY21, 80% OF

STUDENTS ASSESSED AT DISCHARGE DEMONSTRATED A DECREASE IN EMOTIONAL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISTRESS AND 88% OF STUDENTS AND CAREGIVERS ASSESSED AFTER 6 MONTHS OF

TREATMENT REPORTED THAT THEIR (THEIR CHILD'S) PROBLEM HAD IMPROVED.

WELLER HEALTH EDUCATION AT LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL

PARTNERS WITH OVER 25 SCHOOL DISTRICTS ACROSS THE HEALTH NETWORK'S

EIGHT-COUNTY SERVICE AREA TO PROVIDE INTERACTIVE RESEARCH-BASED

PROGRAMS THAT HELP PREVENT CHRONIC DISEASE AND IMPROVE CHILDREN'S

OVERALL HEALTH SAFETY AND WELL-BEING. ALL PROGRAMS ARE PRESENTED BY

SPECIALLY TRAINED HEALTH EDUCATORS WHO ARE EXPERTS AT CONNECTING WITH

YOUNG PEOPLE AND TRANSLATING COMPLEX INFORMATION INTO

EASY-TO-UNDERSTAND CONCEPTS. IN FY21, WELLER REACHED 30,000 STUDENTS

THROUGH A VARIETY OF IN-PERSON, VIRTUAL AND ASYNCHRONOUS LEARNING

OPPORTUNITIES DESIGNED TO MEET THE VARYING NEEDS OF STUDENTS AND SCHOOL

DISTRICTS ACROSS OUR REGION. IN ADDITION TO DELIVERING CLASSROOM

PROGRAMS EITHER IN-PERSON OR VIA REMOTE LEARNING PLATFORMS, WELLER'S

TEAM HAS CREATED A VIDEO LIBRARY WITH NEARLY 40 ASYNCHRONOUS LESSONS

THAT RANGE FROM DEALING WITH PANDEMIC-INDUCED STRESS, ANXIETY AND

FATIGUE, TO SCHOOL DISTRICT CURRICULUM-BASED CONTENT ON MENTAL HEALTH,

SUBSTANCE USE DISORDER PREVENTION, HEALTHY RELATIONSHIPS, AND NUTRITION

AND FITNESS. THE PROGRAMS ARE PROVIDED AT NO COST TO THE SCHOOLS AND

LVHN IS THE ONLY HEALTH SYSTEM IN THE REGION OFFERING THIS TYPE OF

PREVENTIVE HEALTH EDUCATION FOR CHILDREN AND FAMILIES.

SUBSTANCE ABUSE

LVHN HAS ADOPTED A 4-PRONGED APPROACH TO ADDRESSING THE SUBSTANCE ABUSE

EPIDEMIC IN THE COMMUNITIES WE SERVE:

Schedule H (Form 990) 2020

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racinity information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
1. STIGMA REDUCTION BY PROVIDING EDUCATION AND PROMOTIONAL MATERIALS TO
THE COMMUNITY TO REDUCE THE STIGMA ASSOCIATED WITH SUBSTANCE USE
DISORDER AND ADDICTION.
2. OPIOID STEWARDSHIP BY PROVIDING EDUCATION TO FRONT-LINE STAFF (E.G.,
PROVIDERS, NURSES) TO MINIMIZE OPIOID PRESCRIBING, PROMOTE SAFETY
MEASURES TO MINIMIZE ADDICTION TO OPIOIDS, AND INCREASE AWARENESS OF
TOOLS AVAILABLE.
3. LINKAGE TO TREATMENT BY REDUCING THE BARRIERS BETWEEN A PATIENT WHO
IS STRUGGLING WITH SUBSTANCE ABUSE OR ADDICTION AND THEIR ACCESS TO
TREATMENT OPTIONS.
4. HARM REDUCTION BY REDUCING THE LIKELIHOOD THAT HARM WILL COME TO
THOSE WHO ARE STRUGGLING WITH ADDICTION.
STIGMA REDUCTION
IN FY20, LVHN LEADERS PRESENTED "SCIENCE, STIGMA & SOLUTIONS: WHAT WE
CAN DO TO ADDRESS THE SUD CRISIS" AT THE PA DEPARTMENT OF HEALTH OPIOID
COMMAND CENTER SUMMIT AND HELD "CARE TALKS: CELEBRATING OUR HEALTHCARE
PARTNERSHIPS", HIGHLIGHTING RELATIONSHIPS WITH LVHN AND COMMUNITY
PARTNERS AROUND LINKAGE TO TREATMENT FOR SUBSTANCE USE DISORDERS AND
REDUCING STIGMA. THIS WORK CONTINUED THROUGHOUT FY21 AS LVHN LEADERS
AND COLLEAGUES CONTINUED TO WORK TO REDUCE THE STIGMA AROUND SUBSTANCE
USE DISORDERS AND PROMOTE THE RESOURCES AVAILABLE TO ADDRESS THIS

Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. COMMUNITY CONCERN. -LVHN SPONSORED THE UNIDOS FAMILY SUMMER EVENT ON JUNE 6, 2021. DRS. ABBY LETCHER AND GILLIAN BEAUCHAMP STAFFED THE LVHN TABLE AND PROVIDED FAMILY TOTE BAGS TO OVER 200 ALLENTOWN FAMILIES CONTAINING INFORMATION ABOUT SUD AND STIGMA, WOMEN'S HEALTH, PEDIATRIC CARE, AND FAMILY CARE. -3 LECTURES CALLED "SCIENCE, STIGMA & SOLUTIONS: WHAT WE CAN DO TO ADDRESS THE SUD CRISIS" WERE HELD FOR LVHN STAFF AND PROVIDERS OPIOID STEWARDSHIP IN ADDITION TO PRESENTING AND HOSTING DISCUSSION IN THE COMMUNITY, LVHN COLLEAGUES ENGAGED IN SIGNIFICANT EDUCATION TO OVER 450 PROVIDERS IN FY20. THIS EDUCATION CONTINUED IN FY21, WITH 340 PROVIDERS AND HEALTHCARE WORKERS PARTICIPATING IN ORDER TO EMPOWER PROVIDERS AS KNOWLEDGEABLE STEWARDS OF THE SIGNS AND IMPACTS OF SUBSTANCE USE DISORDER. IN ADDITION, IN FY21, THE FOLLOWING TACTICS WERE DEPLOYED: -A 2-HOUR TLC (EDUCATIONAL LEARNING MANAGEMENT SYSTEM) BUNDLE WAS DEVELOPED AND DISSEMINATED TO ALL LVHN PROVIDERS DURING FY21 TO ENSURE ADEQUATE EDUCATION AROUND OPIOID STEWARDSHIP AND LINKAGE TO TREATMENT AND TO FULFILL LICENSING REQUIREMENTS FOR THE PA STATE MEDICAL BOARD. -THE MULTIDISCIPLINARY OPIOID REVIEW COMMITTEE WAS IMPLEMENTED TO REVIEW OPIOID STEWARDSHIP CASES OF CONCERN AND TO PROVIDE OUTREACH AND

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EDUCATION TO PROVIDERS.

Constant (Form 555) 2525
Part V Facility Information (continued)
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines
2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide
separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
HIMTI TZAMTON OF CMANDADDIZED DICCUADOF ODIOID WEANING DROMOGOIG FOR MUF
-UTILIZATION OF STANDARDIZED DISCHARGE OPIOID WEANING PROTOCOLS FOR THE
THE CTIVAL PERIOD (TR.) AND THE TREE COMMING AND DEED TO COMMING AND COMMING A
EMERGENCY DEPARTMENT (ED) AND INPATIENT SETTINGS HAS BEEN TRACKED SINCE
2018. BASED ON UTILIZATION DATA AND MULTIDISCIPLINARY INPUT FROM ALL
SURGICAL AND HOSPITAL MEDICINE STAKEHOLDER SPECIALTIES, THE OPIOID
WEANING PROTOCOLS ARE CURRENTLY UNDERGOING REVISION TO INCREASE
MEDICATION OPTIONS AND DURATION OF WEANING PROTOCOLS. PRESCRIBER
FEEDBACK IS EMAILED MONTHLY TO GENERAL SURGERY, CT SURGERY, AND
ORTHOPEDIC SURGERY.
-LIDOCAINE PROTOCOL FOR NEPHROLITHIASIS WAS IMPLEMENTED ACROSS ALL ED
AND INPATIENT SETTINGS IN OCTOBER 2020.
TATO INITIALITY BEITINGS IN OCTOBER 2020,
NON ODICID DATA MODALIMY INTERACTION INDICATION IN DVOLUMED IN DVOLUME
-NON-OPIOID PAIN MODALITY INITIATIVES IMPLEMENTED IN FY21 HAVE
TWOLUDED
INCLUDED:
ED BACK PAIN PROTOCOL IN COLLABORATION WITH PT
DEVELOPMENT OF A NON-OPIOID PAIN MANAGEMENT ORDER SET WITH PT/OT
INTERVENTIONS
IMPLEMENTATION OF AN OT-LED AROMATHERAPY FOR PAIN PROTOCOL WITHIN THE
ED OBSERVATION UNIT
-CLINICIANS ACROSS MULTIPLE DISCIPLINES WERE TRAINED IN NON-OPIOID PAIN
MANAGEMENT MODALITIES INCLUDING EMPOWERED RELIEF AND EXPLAIN PAIN.
I THE ACE TO THE ATTENDED
LINKAGE TO TREATMENT

AT THE LVH-LEHIGH VALLEY CAMPUSES, THE HOSPITAL PARTNERS WITH LEHIGH

LEHIGH VALLEY HOSPITAL 23-1689692 Schedule H (Form 990) 2020 Page 8 Facility Information (continued) Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. AND NORTHAMPTON COUNTIES ON A WARM-HAND OFF PROGRAM CALLED THE HOSPITAL OPIOID SUPPORT TEAM (HOST). THROUGH THIS PROGRAM, WHEN PATIENTS COME IN TO THE EMERGENCY DEPARTMENT (ED) WITH SUBSTANCE ABUSE CONCERNS LVHN STAFF ARE ABLE TO CALL A HOST ASSESSOR WHO COMES DIRECTLY TO THE ED TO PROVIDE AN ASSESSMENT AND CONNECT THE PATIENT TO TREATMENT, DECREASING THE TIME BETWEEN IDENTIFICATION AND REFERRAL TO TREATMENT. IN FY21 THERE WERE 1,746 HOST ENCOUNTERS FOR LEHIGH AND NORTHAMPTON COUNTIES (SLIGHTLY DOWN FROM 1.981 IN FY20). IN ADDITION, LVH-LEHIGH VALLEY HAS AN ADDICTION RECOVERY SPECIALIST (ARS) AND HIRED ANOTHER CERTIFIED RECOVERY SPECIALIST (CRS) TO HELP CONNECT PATIENTS ADMITTED TO THE HOSPITAL TO DRUG AND ALCOHOL TREATMENT (AS WELL AS ENGAGE IN STIGMA REDUCTION AND EDUCATION ACTIVITIES). AN ADDITIONAL 238 ENCOUNTERS WITH PATIENTS WERE CONDUCTED BY THE ARS AND CRS IN FY21 (DOWN FROM 257 IN FY20). HARM REDUCTION -TAKE-HOME NALOXONE WAS PROVIDED AT NO COST TO PATIENTS FROM ALL NETWORK EMERGENCY DEPARTMENTS (ED) AS WELL AS LEHIGH VALLEY PHARMACY SERVICES LOCATIONS WHERE A PATIENT WITH A NALOXONE PRESCRIPTION IS UNINSURED OR UNDER-INSURED. -LVHN MARKETING AND PUBLIC AFFAIRS, IN COLLABORATION WITH LEHIGH COUNTY, HAS FUNDED THE PURCHASE OF 4000 MEDICATION DISPOSAL KITS WHICH

AND AT LOCAL COMMUNITY EVENTS ACROSS THE NETWORK.

PART V, SECTION B, LINE 11 (CONTINUATION D)

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WILL BE DISTRIBUTED TO PATIENTS AT RISK AT BOTH HOSPITAL PHARMACIES,

Facility Information (continued) Part V Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility. SUICIDE PREVENTION LVHN IS COMMITTED TO ADDRESSING IS SUICIDE PREVENTION IN THE COMMUNITIES WE SERVE. THE GOAL IS TO PROVIDE EDUCATION, INCREASE AWARENESS, AND DECREASE STIGMA BY COLLABORATING WITH THE COMMUNITY TO PREVENT SUICIDE. IN LEHIGH, NORTHAMPTON, AND SCHUYLKILL COUNTIES SUICIDE PREVENTION TASK FORCES HAVE BEEN ESTABLISHED WITH ACTIVE PARTICIPATION FROM LVHN THROUGHOUT FY20 AND FY21. IN LEHIGH COUNTY, THE LEHIGH COUNTY TASK FORCE IS A COLLABORATION BETWEEN LVHN, THE LEHIGH COUNTY CORONER, THE ALLENTOWN HEALTH BUREAU, LEHIGH COUNTY MENTAL HEALTH SERVICES, AND PINEBROOK FAMILY ANSWERS. IN FY20, THEY FOCUSED ON THE CORONER'S DATA REGARDING SUICIDES IN LEHIGH COUNTY OVER A 10-YEAR PERIOD, IN ORDER TO BETTER UNDERSTAND TRENDS AND THE GEOGRAPHIC CONCENTRATION OF SUICIDES IN THE COUNTY. IN FEBRUARY 2021, THIS DATA AND REPORT WERE HIGHLIGHTED AS AN EXEMPLAR THAT OTHER COUNTIES SHOULD REPLICATE BY THE NEWLY FORMED STATEWIDE SUICIDE PREVETION ALLIANCE. BASED ON THAT DATA, THE GROUP IS: -FACILITATING CONVERSATIONS WITHIN LEHIGH COUNTY THAT HAVE HIGHER RATES OF SUICIDE TO BETTER UNDERSTAND THE ISSUE AND CO-DESIGN POTENTIAL SOLUTIONS -DEVELOPING A PUBLIC SERVICE ANNOUNCEMENT -DETERMINING WAYS, THEY CAN PROMOTE HEALTH AND WELL-BEING AMONG YOUTH

BEFORE SUICIDE BECOMES A REALITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-LVHN CREATED BROCHURES FOR THE PRIMARY AND SPECIALTY CARE PRACTICES

ABOUT LETHAL MEANS AND SUICIDE TO CREATE AWARENESS AMONG THE COMMUNITY

-A VIDEO ENTITLED DO NO HARM WAS PREVIEWED IN OCTOBER 2019 AND AIRED ON

PBS IN MAY 2020. THE VIDEO LOOKS AT SUICIDE AMONG PHYSICIANS AND

RESIDENTS.

IN NORTHAMPTON COUNTY. THE NORTHAMPTON SUICIDE PREVENTION TASKFORCE

AIMS TO DEVELOP AND IMPLEMENT STRATEGIES TO REDUCE THE RISK OF SUICIDE

AND STIGMA OF MENTAL ILLNESS IN NORTHAMPTON COUNTY THROUGH THE

COLLABORATIVE EFFORTS OF COMMUNITY AGENCIES AND SERVICE PROVIDERS. THE

GOAL IS TO REDUCE DEATH-BY-SUICIDE IN NORTHAMPTON COUNTY BY 20%. FROM

2018 TO 2019, NORTHAMPTON COUNTY SAW A DECREASE IN SUICIDES FROM 53 IN

2018 TO 40 IN 2019. IN FY20, THE GROUP APPLIED FOR AND RECEIVED GRANT

FUNDING TO TRAIN PROFESSIONAL IN THE QPR MODEL AND HELD TRAININGS

PARTICULARLY FOR THE ELDERLY IN NORTHAMPTON COUNTY AND HOSTED A SERIES

QPR GATEKEEPER TRAININGS IN 2020 AND 2021. ALSO IN 2020, THE TASK FORCE

PARTNERED WITH NAMI TO CREATE THE PUBLIC SERVICE ANNOUNCEMENTS BELOW.

THEY WERE FILMED IN NORTHAMPTON COUNTY WITH NORTHAMPTON COUNTY

RESIDENTS. IN EARLY 2021, NORTHAMPTON COUNTY FORMED ITS FIRST LOSS

TEAM. LOSS STANDS FOR LOCAL OUTREACH TO SUICIDE SURVIVORS. NORTHAMPTON

COUNTY IS ONE OF THE FIRST IN THE STATE TO HAVE A TEAM LIKE THIS. A

LOSS TEAM IS MADE UP OF TRAINED SURVIVORS AND/OR THOSE WHO HAVE BEEN

IMPACTED BY A SUICIDE. THE TEAM WOULD BE CALLED TO ASSIST INDIVIDUALS

WHO HAVE JUST LOST SOMEONE TO SUICIDE TO DISSEMINATE INFORMATION ABOUT

RESOURCES AND BE A SOURCE OF HOPE FOR THE NEWLY BEREAVED. THE PRIMARY

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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 9h
- 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.
- **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.

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.
PART I, LINE 7G:
THE CLINICS SUBSIDY OF \$11,284,533 THAT IS INCLUDED IN SUBSIDIZED HEALTH
SERVICES 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, THE MENTAL HEALTH CLINIC,
AND THE VALLEY HEALTH PARTNERS FEDERALLY-QUALIFIED HEALTH CENTER. THE
CLINICS SUBSIDY IS NOT INCLUDED IN THE MEDICAL ASSISTANCE SHORTFALL OR
UNCOMPENSATED CHARITY CARE VALUE REPORTED ABOVE.

032100 12-02-20

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

PART III, LINE 9B:

FINANCIAL COUNSELING STAFF WILL DETERMINE WHETHER PATIENTS MEET

ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE. ACCOUNTS THAT DO NOT MEET

THE ELIGIBLILTY REQUIREMENTS WILL BE REFERRED TO AN EXTERNAL RECEIVABLES

FOLLOW UP AGENCY, AND IF NOT PAID, REFERRED TO A COLLECTION AGENCY AND

Part VI Supplemental Information (Continuation)

SUBSEQUENTLY TRANSFERRED TO BAD DEBT STATUS IF THE ACCOUNTS REMAIN UNPAID.

PART VI, LINE 2:

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AS PART OF THE AFFORDABLE CARE ACT. STARTING IN 2013. ALL NON-PROFIT

HOSPITALS AND HEALTH CARE SYSTEMS ARE REQUIRED TO CONDUCT A COMMUNITY

HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS. THE CHNA REPORT EXAMINES

THE FACTORS THAT IMPACT THE HEALTH AND WELLNESS OF ALL THE PEOPLE IN A

PARTICULAR GEOGRAPHIC AREA. BEYOND ITS REGULATORY FUNCTION. THE CHNA IS AN

IMPORTANT OVERVIEW OF THE CURRENT STATE OF HEALTH IN OUR REGION AND

IDENTIFIES POTENTIAL AREAS OF CONCERN WHICH INFORMS LEHIGH VALLEY HEALTH

NETWORK'S (LVHN) POPULATION HEALTH MANAGEMENT EFFORTS.

FOR THE PURPOSES OF THE CHNA, LEHIGH VALLEY HEALTH NETWORK (LVHN) DEFINES

"COMMUNITY" AS ALL RESIDENTS LIVING WITHIN THE PRIMARY COUNTIES EACH

LICENSED FACILITY SERVES, NAMELY LEHIGH, NORTHAMPTON, SCHUYLKILL, LUZERNE,

AND MONROE COUNTIES IN PENNSYLVANIA. THE CHNA HEALTH PROFILE INCLUDES

SECONDARY DATA PULLED TOGETHER FROM PUBLICALLY AVAILABLE. STATE AND LOCAL

SOURCES SUCH AS THE CENTER FOR DISEASE CONTROL AND THE CENSUS BUREAU. THIS

DATA WAS USED TO IDENTIFY THE TOP HEALTH AND SOCIAL NEEDS IN EACH

IDENTIFIED COMMUNITY. LVHN THEN PARTNERED WITH COMMUNITY AND EDUCATIONAL

INSTITUTIONS TO OBTAIN INPUT (PRIMARY DATA) FROM COMMUNITY MEMBERS IN EACH

COUNTY IN ORDER TO VALIDATE THE FINDINGS OF THE SECONDARY DATA COLLECTION.

THESE COMMUNITY PARTNERS CONDUCTED FOCUS GROUPS AND KEY INFORMANT

INTERVIEWS TO REVIEW THE FINDINGS OF THE SECONDARY DATA COLLECTION AND

ALLOW THE COMMUNITY TO IDENTIFY ANY OTHER NEEDS NOT MENTIONED. THE

SECONDARY AND PRIMARY DATA WERE THEN COMBINED INTO ONE HEALTH PROFILE FOR

EACH COUNTY, WHICH PROVIDES AN OVERVIEW OF THE CURRENT STATE OF HEALTH IN

EACH OF THE COUNTIES LVHN SERVES. THESE REPORTS WERE REVIEWED BY LVHN

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PRIORITIZED BASED ON THE COMMUNITIES INPUT AND LVHN'S ABILITY TO MAKE A

EXECUTIVE LEADERSHIP AT EACH CAMPUS, AND INITIAL HEALTH NEEDS WERE

DIFFERENCE ON THAT HEALTH NEED. NEXT STEPS INCLUDE DEVELOPING STRATEGIES

TO ADDRESS PRIORITIZED HEALTH NEEDS WHICH WILL BE PRESENTED IN LVHN'S CHNA

IMPLEMENTATION PLAN.

LVHN'S CHNA INCLUDES A HEALTH PROFILE. A REPORT THAT LOOKS AT ALL OF THE

FACTORS THAT GO INTO MAKING PEOPLE IN A PARTICULAR AREA HEALTHY. THIS

INCLUDES SOCIAL AND ENVIRONMENTAL FACTORS LIKE EMPLOYMENT, EDUCATION AND

AIR QUALITY, INDIVIDUAL BEHAVIORS LIKE SMOKING OR HEALTHY EATING, AND THE

QUALITY AND AVAILABILITY OF HEALTH CARE IN THEIR AREA. THIS INTRODUCTION

PROVIDES AN OVERVIEW OF THE 2019 CHNA HEALTH PROFILE AND LVHN'S CHNA

PROCESS. THE 2019 HEALTH PROFILE COMBINES DATA AND INFORMATION FROM LOCAL,

STATE AND NATIONAL SOURCES ABOUT DISEASE, THE ENVIRONMENT, SOCIAL FACTORS

AND INDIVIDUAL BEHAVIORS, WITH IDEAS, STORIES, AND EXPERIENCES FROM

COMMUNITY MEMBERS AND LEADERS FROM THROUGHOUT THE COUNTIES SERVED BY LVHN.

THE SECOND COMPONENT OF THE LVHN'S CHNA INCLUDES AN IMPLEMENTATION PLAN,

WHICH OUTLINES OUR PLAN TO ADDRESS THE NEEDS IDENTIFIED IN THE HEALTH

PROFILE OVER THE COURSE OF THE NEXT THREE YEARS. THE 2019 IMPLEMENTATION

PLAN WILL BE SHARED AS A SEPARATE REPORT SOON AFTER THE HEALTH PROFILES

ARE RELEASED.

THE 2019 LVHN CHNA HEALTH PROFILE IS BROKEN OUT INTO THREE PRIMARY

SECTIONS: DEMOGRAPHICS, HEALTH FACTORS, AND HEALTH OUTCOMES. THE

DEMOGRAPHICS SECTION INCLUDES INFORMATION THAT PROVIDES A DESCRIPTION OF

THE INDIVIDUALS LIVING IN THE COMMUNITY. THE HEALTH FACTORS SECTION

INCLUDES INFORMATION ABOUT SOCIAL FACTORS. ENVIRONMENTAL FACTORS. HEALTH

BEHAVIORS, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THE AREA.

THE FINAL SECTION, HEALTH OUTCOMES, LOOKS AT THE OCCURRENCE OF CHRONIC

Part VI | Supplemental Information (Continuation)

CONDITIONS, SUCH AS ASTHMA AND HEART DISEASE, AS WELL AS RATES OF CANCER

AND THE LEADING CAUSES OF DEATH. TO INCREASE THE READABILITY OF THE

REPORT, THE COMMUNITY WILL FIND THREE TYPES OF CALL-OUT BOXES THROUGHOUT

THE CHNA HEALTH PROFILES. THE FIRST TYPE SUMMARIZES SOME OF THE DATA

PRESENTED ON THAT PAGE IN ORDER TO PROVIDE EASY-TO-READ. SUMMARY

STATEMENTS OF IMPORTANT DATA ABOUT THE COMMUNITY. THESE SUMMARY STATEMENTS

ARE ALSO COMPILED INTO ONE LIST AT THE END OF THE HEALTH PROFILE. THE

SECOND TYPE PROVIDES INFORMATION FROM THE INTERVIEWS AND FOCUS GROUPS. THE

THIRD TYPE OF CALL-OUT BOX HIGHLIGHTS DATA SPECIFIC TO LVHN PATIENTS,

WHERE IT WAS RELEVANT. THESE REPORTS HAVE BEEN REVIEWED AND APPROVED BY

LVHN'S BOARD OF TRUSTEES AS WELL AS THE COMMUNITY RELATIONS COMMITTEE OF

THE BOARD.

VISIT WWW.LVHN.ORG/ABOUT US TO VIEW THE SIGNIFICANT NEEDS IDENTIFIED IN

OUR MOST RECENTLY CONDUCTED CHNA AND HOW WE ARE ADDRESSING THOSE NEEDS.

PART VI. LINE 3:

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

Schedule H (Form 990)

10190513 134333 LVH

PART VI, LINE 4:

LEHIGH VALLEY HOSPITAL, INC. (LVH) IS A PENNSYLVANIA NOT-FOR-PROFIT

ESTIMATE OF THE COMBINED PRIMARY AND SECONDARY LVH SERVICE AREAS IS

EXPECTED TO GROW BY APPROXIMATELY 1.48% IN 2026.

PART VI, LINE 5:

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2020

Open to Public

Inspection

Employer identification number 23-1689692 X Yes 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 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance LEHIGH VALLEY HOSPITAL criteria used to award the grants or assistance? Name of the organization Part II

ž

table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, ine 2; Part III, column (b); and any other additional information. 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. 0. BOOK 0.BOOK (d) Amount of non-cash assistance 600 487,421. (c) Amount of cash grant LOAN AGREEMENTS WERE AWARDED TO SENIOR NURSING STUDENTS IN A BACHELOR OF (b) Number of recipients 28 1 (a) Type of grant or assistance JIROLANO TUITION AIDE SCHOLARSHIP NURSING LOANS AND SCHOLARSHIPS SCIENCE NURSING PROGRAM. LOAN AGREEMENTS PART I, LINE 2:

CRITERIA FOR LOAN AGREEMENTS TO STUDENTS IN A BSN GRADUATE NURSE PROGRAM

ARE: A COMPLETED APPLICATION, 2 LETTERS OF RECOMMENDATION FROM THEIR MOST

RECENT CLINICAL INSTRUCTORS, AN OFFICIAL TRANSCRIPT DEMONSTRATING AN

SCHEDULED WITH SELECTION COMMITTEE MEMBERS. IF CONSIDERED FAVORABLE AFTER

ALL INTERVIEWS HAVE BEEN CONDUCTED, A LOAN AGREEMENT IS OFFERED IN WRITING

·

IF ABOVE INFORMATION IS SUBMITTED AND CONSIDERED FAVORABLE, INTERVIEWS ARE

FOR THEM TO REVIEW. IF CANDIDATE VERBALLY ACCEPTS, THEY ARE INVITED TO MAKE

AN APPOINTMENT TO SIGN THE CONTRACT. THE CONTRACT IS THEN NOTARIZED AFTER

ALL PARTIES HAVE 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 4 NEW DNP LOAN AGREEMENTS OFFERED IN FY2021.

SCHOLARSHIPS -

SCHOLARSHIPS ARE OFFERED TO CURRENT REGISTERED NURSE EMPLOYEES. AN

APPLICATION IS COMPLETED ALONG WITH A LETTER OF RECOMMENDATION FROM THEIR

DIRECT SUPERVISOR/DIRECTOR, AND A COPY OF THEIR MOST RECENT PERFORMANCE

EVALUATION. IF RN IS CURRENTLY ACTIVE 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

Schedule I (Form 990)

032291 04-01-20

032291

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LEHIGH VALLEY HOSPITAL

Employer identification number 23-1689692

Pa	art 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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			v
a	Receive a severance payment or change-of-control payment?	4a	v	Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	v
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only position 504(a)(2), 504(a)(4), and 504(a)(00) aggregations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
9	The organization?	5a		Х
h	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
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:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)?	a		

032111 12-07-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2020

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	benefits	(c)-(i)(s)	In column (B) reported as deferred on prior Form 990
(1) ROBERT BEGLIOMINI	€	413,322.	65,142.	-5,249.	0	50,867.	524,082.	0
PRESIDENT, LVH-M/TRUSTEE	∄	0	0	0	0	0	0	0
(2) DEBORAH BREN, DO	Ξ	304,065.	27,811.	7,805.	0	47,663.	387,344.	0
TRUSTEE	∄	0	0	0	0	0	0	0
(3) BRYAN G. KANE, MD	Ξ	345,288.	14,918.	7,951.	0	27,620.	395,777.	0
TRUSTEE	∄	0	0	0	0	0	0	0
(4) THOMAS MARCHOZZI	Ξ	700,813.	299,964.	-4,597.	• 0	37,017.	1,033,197.	0
TREASURER	€	0	0	0	0	• 0	•0	0
(5) BRIAN A. NESTER, DO	Ξ	1,311,923.	.006,797	556,213.	• 0	53,756.	2,719,192.	0
PRESIDENT/CEO, LVHN/TRUSTEE	∷≘	0	0	• 0	• 0	• 0	• 0	0
(6) MICHAEL ROSSI, MD	(i)	• 0	• 0	• 0	• 0	• 0	• 0	• 0
PRESIDENT, LVH/TRUSTEE	(E)	652,766.	294,284.	.009,820	• 0	48,766.	1,232,416.	• 0
(7) ROBERT THOMAS	Ξ	310,209.	51,430.	-1,026.	• 0	32,397.	393,010.	0
ASSISTANT TREASURER	(E)	• 0	• 0	• 0	• 0	• 0	• 0	• 0
(8) ROBERT MURPHY, JR., MD	Ξ	676,861.	265,235.	178,876.	• 0	53,756.	1,174,728.	0
EVP & CHIEF PHYSICIAN EXECUTIVE	(E)	• 0	• 0	• 0	• 0	• 0	• 0	• 0
(9) LYNN TURNER	Ξ	444,966.	230,515.	220,871.	0	11,400.	907,752.	0
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	• 0	• 0	• 0	• 0	• 0	0
(10) EDWARD DOUGHERTY	Ξ	495,901.	191,893.	139,977.	0	43,485.	871,256.	0
SVP & CHIEF BUSINESS DEVELOPMENT OFF (ii)	(ii)	• 0	• 0	• 0	• 0	• 0	• 0	• 0
(11) MICHAEL MINEAR, MS	(I)	476,021.	187,015.	133,511.	• 0	36,485.	833,032.	0
SVP & CHIEF INFORMATION OFFICER	(E)	• 0	• 0	• 0	• 0	• 0	• 0	• 0
(12) MATTHEW M. MCCAMBRIDGE	(I)	492,500.	104,348.	81,047.	• 0	34,156.	712,051.	0
CHIEF QUALITY & PATIENT SAFETY OFFIG	⊞	0.	0.	0	0.	0.	0.	0.
(13) TERRY CAPUANO	(I)	773,654.	291,950.	252,956.	• 0	42,085.	1,360,645.	0
FORMER PRESIDENT, LVH/TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) WILLIAM M. KENT, MHA	Ξ	588,119.	70,127.	94,242.	0.	34,522.	787,010.	0.
FORMER TRUSTEE	(ii)	0.	0	• 0	• 0	• 0	• 0	0
(15) JOSEPH E. PATRUNO, MD	Ξ	0.	0.	0.	0.	0.	0.	0.
	Œ	368,070.	11,518.	1,611.	0.	56,539.	437,738.	0
(16) MATTHEW SORRENTINO, ESQ.	Ξ	0.	0	0	0.	0	.0	0
FORMER SECRETARY	(ii)	649,184.	495,723.	. 29,666	• 0	29,913.	1,204,486.	0
							1 - 1 - 0	0000 000

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(17) THOMAS V. WHALEN, MD, MMM	Ξ	753,598.	322,405.	247,755.	0	44,785.	1,368,543.	0
	€	0	0	0	0	0	0	0.
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Supplemental Information on Tax-Exempt Bonds

SCHEDULEK

(Form 990)

Open to Public Inspection

► Attach to Form 990.

OMB No. 1545-0047

5,756,918. 16,821,216. 100,005,000. 223,274,835. 386,296,880. 155,438. 419,410. (i) Pooled financing ŝ 864,063, **Employer identification number** × × × × × Yes ŝ (g) Defeased (h) On behalf 38 ŝ × × × Δ of issuer × Yes 23-1689692 × ŝ × × × × 150,509,413. 7,330,000, 999 ,741,586 Yes × ŝ 2017 ,250, EQUIP FACILITIES; REFUND 385,174,237, EQUIP FACILITIES; REFUND ပ 152, \vdash (f) Description of purpose REFUND 9/15/05, 6/4/08 CONSTRUCT, RENOVATE, CONSTRUCT, RENOVATE CONSTRUCT, RENOVATE Yes × EQUIP FACILITIES 964 000 869,964, × × ٤ 2017 994, ,125, 152,250,999. ISSUES 72, Ή, 71, В 154,924,763. 72,969,788, Yes (e) Issue price ,763. 395,000. 5,683 74,558,690, 860,390, 500,000 ŝ 2012 SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS 924 154, (d) Date issued \vdash 78 12/12/12 07/30/15 09/15/16 11/13/19 Yes × × (c) CUSIP# 52480GCB8 52480GCF9 52480GCX0 52480GDW1 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN 91-1886539 91-1886539 91-1886539 91-1886539 LEHIGH VALLEY HOSPITAL issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Working capital expenditures from proceeds LEHIGH COUNTY GENERAL PURPOSE LEHIGH COUNTY GENERAL PURPOSE LEHIGH COUNTY GENERAL PURPOSE LEHIGH COUNTY GENERAL PURPOSE Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Part II Proceeds Department of the Treasury Internal Revenue Service C AUTHORITY D AUTHORITY AUTHORITY AUTHORITY Part 4 2 9 က ø N 0 / 9 42 5 5 4

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

final allocation of proceeds?

Does the organization maintain adequate books and records to support the

Has the final allocation of proceeds been made?

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Schedule K (Form 990) 2020

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Supplemental Information on Tax-Exempt Bonds

Open to Public Inspection

OMB No. 1545-0047

► Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULEK

(Form 990)

Employer identification number

ŝ (i) Pooled financing × × Yes ŝ (g) Defeased (h) On behalf ŝ × ۵ of issuer Yes 23-1689692 ŝ × × Yes ŝ O (f) Description of purpose REFUND 4/1/11, 7/30/15 Yes EQUIP CONSTRUCT & 18,085,707. 395. 000 243,597 57,495, 36,000, 18,243,597. FACILITIES × × × ŝ 64. ISSUES В 18, 129,198,956. Yes (e) Issue price 956. 519. 8,286,850, 128,700,000, 444,437 ŝ × 2019 SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS ,198, 54, 129, (d) Date issued 11/13/19 11/13/20 Yes × × (c) CUSIP# 52480GDY7 NONE Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of tax-exempt bonds (or Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN 91-1886539 23-3007498 LEHIGH VALLEY HOSPITAL issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds NORTHAMPTON COUNTY GENERAL PURPOSE LEHIGH COUNTY GENERAL PURPOSE Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Bond Issues Proceeds AUTHORITY AUTHORITY Part II Part 9 4 2 Q က œ 0 9 8 / 42 5 5 9 O 4 4

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

final allocation of proceeds?

Schedule K (Form 990) 2020

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Use			1 0 1					- age r
	A		8		S		Δ	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	oN	Yes	No
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?		×		×		×		×
3a Are there any management or service contracts that may result in private business use of hond-financed property?		×		×		×		×
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 final								
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		×		X		×
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X		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		-				•		
	₽		B		O-		۵	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	N _o	Yes	°N	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		×
b Exception to rebate?	×		×		×		×	
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?		×		×		×		×
032122 12-01-20						Sch	Schedule K (Form 990) 2020	n 990) 2020

ENTITY

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Schedule K (Form 990) 2020 LEHIGH VALLEY HOSPITAL			23-16	23-1689692	ENT	F.N.T.T.Y	7	Page 9
Use				1				2000
	A		В		၁		D	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	N _o
which owned property financed by tax-exempt bonds?		×		×				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×		×				
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		Þ		\$				
bond-financed property?		×		×				
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 non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×				
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		S		٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	Š	Yes	No	Yes	No	Yes	N _o
Penalty in Lieu of Arbitrage Rebate?		×		×				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×		×				
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?	×		×					
032122 12-01-20						Sche	Schedule K (Form 990) 2020	י 990) 2020

ENTITY

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Page 3 23-1689692 LEHIGH VALLEY HOSPITAL Schedule K (Form 990) 2020

Part IV Arbitrage (continued)

aria Sc (continued)								
	A			В	O		۵	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	N _o	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		X		Х		×
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		×		Х		×
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		×
requirements of section 148?	×		×		×		×	
Part V Procedures To Undertake Corrective Action								
	A			В	ပ		a	
Has the organization established written procedures to ensure that violations	Yes	%	Yes	°N	Yes	N _o	Yes	N _o
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	×		×		×		×	
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.	on Schedule	K. See instru	ctions.		-			
	oil oculennie	N. Ode IIIsiiu	ctions.					
032123 12-01-20						Sch	Schedule K (Form 990) 2020	m 990) 2020

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Page 3 ŝ ŝ ۵ Yes Yes £ ŝ O O Yes Yes **2** × ŝ 23-1689692 × × Ω Yes × × Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. ŝ ŝ × × × Yes Yes × × 6/1/12 ISSUE CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND 10/17/01, 5/21/03 ISSUES d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? DESCRIPTION OF PURPOSE: CONSTRUCT, RENOVATE, EQUIP FACILITIES 2/15/12, Has the organization established written procedures to ensure that violations (A) ISSUER NAME: NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY voluntary closing agreement program if self-remediation isn't available under of federal tax requirements are timely identified and corrected through the 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 6 Were any gross proceeds invested beyond an available temporary period? 4a Has the organization or the governmental issuer entered into a qualified (A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY DESCRIPTION OF PURPOSE: CONSTRUCT & EQUIP FACILITIES (A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY (A) ISSUER NAME: LEHIGH COUNTY GENERAL PURPOSE AUTHORITY Has the organization established written procedures to monitor the CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND 4/1/11, LEHIGH VALLEY HOSPITAL Part V Procedures To Undertake Corrective Action hedge with respect to the bond issue? SCHEDULE K, PART I, BOND ISSUES: d Was the hedge superintegrated? (F) DESCRIPTION OF PURPOSE: (F) DESCRIPTION OF PURPOSE: requirements of section 148? e Was the hedge terminated? Part IV Arbitrage (continued) Schedule K (Form 990) 2020 applicable regulations? **b** Name of provider **b** Name of provider c Term of hedge c Term of GIC (E) (E)

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open To Public Inspection

Name of th	ne organization										ident	ificatio	on nu	mber
Part I		EHIGH VAL			0.1 () (0)	· · · ·	504()(1)			3-168				
Parti							ion 501(c)(4), and sec							
1	Complete if the c	organization		vered res on r Relationship bety			art IV, line 25a or 25b	, or Form 990-EZ, P	art v, i	ine 40	υ.	(4)	Corro	cted?
' (a) Na	ıme of disqua l ified p	erson	(0)	person and or			(c	c) Description of trar	nsactio	n		Ye		No
													-	110
0 F-t														
	1050	•		•	•		ualified persons duri	•		• •				
	the amount of tax,						anization			S				
	,	, ,	,	, · · · · -	,					•				
Part II	Loans to and	l/or From	Inte	erested Pers	sons.									
	Complete if the c	organization	answ	vered "Yes" on I	Form 9	90-EZ,	, Part V, l ine 38a or F	orm 990, Part IV, I in	ne 26; d	or if th	e orga	nizatio	n	
	reported an amo		Í		-				1	_	(b) An	nroved	••	
	a) Name of rested person	(b) Relation with organiz		(c) Purpose of loan	fron	an to or	(e) Original principal amount	(f) Balance due) In ault?	by bo	proved ard or	(i) W	/ritten ment?
	, , , , , , , , , , , , , , , , , , , ,	With or game		G. 100		zation? From	, p		Yes	No	Yes	No	Yes	1
					10	1 10111			162	INU	165	NO	162	INO
Total		<u> </u>	<u></u>			<u></u>	> \$							
Part III	Grants or As	sistance	Ben	efiting Inter	estec	d Per	sons.							
	Complete if the c	organization	answ	vered "Yes" on I	Form 9	90, Pa	art IV, line 27.							
(a) N	Name of interested p	person	((b) Relationship interested pers	son and		(c) Amount of assistance	(d) Type assistar) Purpa assista		f
				the organiza	ation									
			+							-				
			+											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

(a) Name of interested person	ed "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	ring o
	person and the organization	transaction	transaction	rever	ues?
USAN C. YEE-TRUSTEE	PARTNER IN 94 BRODH	121,487	,94 BRODHEAD	Yes	No X
		·			
Part V Supplemental Information.					
	sponses to questions on Schedu l e L (see in	structions).			
CH L, PART IV, BUSINESS TRANSACTION	S INVOLVING INTERESTED PERSONS:				
A) NAME OF PERSON: SUSAN C. YEE-TRU	STEE				
B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
PARTNER IN 94 BRODHEAD ASSOCIATES - 1					
ARTNER IN 94 BRODHEAD ASSOCIATES -	TRUSTEE OF LVHN/LVH/LVH/HHWC				
C) AMOUNT OF TRANSACTION \$ 121,487.					
D) DESCRIPTION OF TRANSACTION: 94 B	RODHEAD ASSOCIATES LEASES OFFICE	l			
PACE TO LVPG AT FAIR MARKET VALUE.					
·					
E) SHARING OF ORGANIZATION REVENUES	? = NO				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization LEHIGH VALLEY HOSPITAL 23-1689692

Pai	rt I Types of Property							
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de	eterminir		
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ution am	iounts	3
1	Art - Works of art	Х	1	750.	FAIR MARKET VALU	E		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		212,733.	FAIR MARKET VALU	E		
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	77	71	77 464	DATE MARKET WALL			
19	Food inventory	X	71 69	•	FAIR MARKET VALU			
20	Drugs and medical supplies	Λ	09	03,314.	FAIR MARKET VALU	E.		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts Other ▶ (TOYS/ACTIVITI)	X	43	66 845	FAIR MARKET VALU	E		
25 26	Other SERVICES	X	6	•	FAIR MARKET VALU			
27	Other (GIFT CARDS)	X	67	18,823.				
28	Other (, .				
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions	<u>I</u>			
	for which the organization completed Form 828	•	•				116	
	3	, ,	3				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	tions?	31	х	
32a	Does the organization hire or use third parties of	or related or	ganizations to so l io	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	o l umn (c) fo	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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,

Employer identification number

▶ Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

LEHIGH VALLEY HOSPITAL 23-1689692 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMPASSIONATE HEALTH CARE OF SUPERIOR QUALITY AND VALUE. SUPPORTED BY EDUCATION AND RESEARCH. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FACILITY. 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 INSTITUTE OF LVH - THE LVH BASED PORTIONS OF THE NETWORK CANCER INSTITUTE OFFERS A RANGE OF CANCER SERVICES IN SIX CONVENIENT PATIENT-FOCUSED LOCATIONS. JOHN AND DOROTHY MORGAN CANCER CENTER AT THE CEDAR CREST CAMPUS. THE CANCER CENTER IN BETHLEHEM AT THE MUHLENBERG CAMPUS AND INFUSION SERVICES AT THE HEALTH CENTER IN BANGOR; LVPG HEMATOLOGY ONCOLOGY ASSOCIATES 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 CENTER 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 CENTERS PROGRAMS. CANCER INSTITUTE PARTNERED WITH STRATA ONCOLOGY. A PRECISION ONCOLOGY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
COMPANY IN JUNE OF 2019. THE STRATA TRIAL PERFORMS MOLECULAR PROFILING	
OF SPECIFIC TYPES OF TUMORS TO HELP MATCH PATIENTS WITH THE ADVANCED	
FORMS OF CANCER TO NEW PRECISION TREATMENT OPTIONS. THIS PARTNERSHIP	
POSITIONS LEHIGH VALLEY CANCER INSTITUTE ON THE LEADING-EDGE OF	
PROVIDING PATIENTS ACCESS TO THE LATEST TECHNOLOGY AND CLINICAL	
RESEARCH TO TARGET THEIR SPECIFIC CANCER MUTATION	
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:	
(7) LINEAR ACCELERATORS, (3) CT SIMULATORS, (1) HIGH DOSE RATE	
BRACHYTHERAPY, (1) GAMMA KNIFE RADIOSURGERY, SIR-SPHERES (Y-90),	
PROSTATE SEED IMPLANT- LOW DOSE BRACHYTHERAPY, STEREOTACTIC BODY	
RADIOTHERAPY (SBRT), LINAC BASED STEREOTACTIC RADIOSURGERY (SRS) /	
STEREOTACTIC RADIOTHERAPY (SRT), 3-D TREATMENT PLANNING, INTENSITY	
MODULATED RADIATION THERAPY (IMRT), IMAGE GUIDED RADIATION THERAPY	
(IGRT), OPTICAL SURFACE MONITORING SYSTEM (OSMS), CALYPSO SYSTEM FOR	
REAL-TIME MOTION AND TARGET TRACKING AND A 3-D PRINTER.	
OUR MOBILE MAMMOGRAPHY PROGRAM BEGAN SERVICE IN OCTOBER 2018 AND SERVES	
EIGHT COUNTIES IN OUR MARKET AREA AND PROVIDES PREVENTIVE BREAST HEALTH	
SERVICES TO YOUR EMPLOYEES AND MEMBERS OF THE COMMUNITY. DESIGNED	
SPECIFICALLY FOR THE LEHIGH VALLEY CANCER INSTITUTE, THE MOBILE	
MAMMOGRAPHY COACH PROVIDES A CONVENIENT WAY FOR WOMEN TO HAVE 3D	
SCREENING MAMMOGRAMS RIGHT AT YOUR LOCATION. BY BRINGING THE	
MAMMOGRAPHY COACH TO YOU, WE CAN GIVE WOMEN WITH MANY DEMANDS ON THEIR	
TIME, ACCESS TO SCREENING MAMMOGRAMS RIGHT AT WORK, SCHOOL OR COMMUNITY	Sahadula 0 /Farm 900 or 900 E7\ 2020

LVH____1

032212 11-20-20

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
ORGANIZATION. THE FACULTY OF THE CANCER CENTER IS COMPOSED OF	
PHYSICIANS WHO ARE CANCER CARE SPECIALISTS AND BOARD-CERTIFIED IN ALL	
FIELDS OF CANCER THERAPY AND EVALUATION.	
IN CALENDAR YEAR 2020, THE CANCER INSTITUTE SAW 4,389 NEW ANALYTIC	
CANCER CASES. INPATIENT ONCOLOGY ADMISSIONS WERE 3,055 IN THE FISCAL	
YEAR ENDED JUNE 30, 2021 AND OUTPATIENT VOLUMES WERE 1,675 NEW	
TREATMENT PATIENTS FOR RADIATION PROCEDURES, AND 47,547 TREATMENT	
PATIENTS FOR INFUSION VISITS.	
HEART AND VASCULAR INSTITUTE OF LVH - THE LEHIGH VALLEY HEART AND	
VASCULAR INSTITUTE IS ONE OF THE LARGEST AND MOST RESPECTED	
CARDIOVASCULAR PROGRAMS IN PENNSYLVANIA. WITH 53 CARDIOLOGISTS, 6	
CARDIOTHORACIC SURGEONS, 3 VASCULAR SURGEONS, AND A DEDICATED TEAM OF	
ADVANCED PRACTICE CLINICIANS AND SUPPORT STAFF, LEHIGH VALLEY	
HOSPITAL-CEDAR CREST AND LEHIGH VALLEY HOSPITAL-MUHLENBERG OFFERS AN	
IMPRESSIVE AND COMPREHENSIVE ARRAY OF PREVENTATIVE, DIAGNOSTIC, ACUTE,	
TERTIARY, AND QUATERNARY CARDIOVASCULAR SERVICES. SPECIALIZED PROGRAMS	
INCLUDE, BUT ARE NOT LIMITED TO: CARDIAC ARREST MANAGEMENT, CORONARY	
INTERVENTION, STRUCTURAL HEART, ADVANCED HEART FAILURE & MECHANICAL	
CIRCULATORY SUPPORT, CARDIO-ONCOLOGY, COMPLEX LIPID MANAGEMENT,	
COMPREHENSIVE RHYTHM MANAGEMENT, A WOMEN'S HEART PROGRAM WITH A	
DEVELOPED SUBSPECIALTY HEART AND PREGNANCY PROGRAM, NEURO-CARDIOLOGY,	
AND SPORTS CARDIOLOGY. THE LEHIGH VALLEY HEART AND VASCULAR INSTITUTE	
OFFERS 15 CARDIOLOGY ACCESS SITES THROUGHOUT THE LVH SERVICE AREA TO	
ENABLE PATIENTS TO RECEIVE PREMIER CARDIAC CARE CLOSE TO HOME.	
TN FISCAL VEAR ENDED JUNE 30 2021 LEHICH VALLEY HOSPITALCEDAR CREST	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
AND LEHIGH VALLEY HOSPITALMUHLENBERG PERFORMED 4,188 CARDIAC	
CATHETERIZATION CASES, 1,931 ELECTROPHYSIOLOGY CASES, 543 OPEN HEART	
SURGERIES, 197 TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)	
PROCEDURES, AND PROVIDED COMPASSIONATE CARE AT OVER 164,000 PATIENT	
VISITS.	
FY2021 WAS AN ACCOMPLISHED YEAR FOR LVH AND THE LEHIGH VALLEY HEART AND	
VASCULAR INSTITUTE. FROM A CLINICAL STANDPOINT, A REGIONAL PULMONARY	
EMBOLISM RESPONSE TEAM (PERT) WAS IMPLEMENTED AT THE LVH-CC CAMPUS	
WORKING IN COLLABORATION WITH PULMONARY, EMERGENCY MEDICINE AND	
INTERVENTIONAL RADIOLOGY. FURTHERMORE, THE REGION'S FIRST CARDIAC	
AMYLOID PROGRAM WAS ESTABLISHED TO CARE FOR PATIENTS WITH THIS UNIQUE	
CONDITION. AN URGENT HEART FAILURE CLINIC AND A FORMAL HEART TRANSPLANT	
PARTNERSHIP WITH THE UNIVERSITY OF PENNSYLVANIA WAS ALSO ESTABLISHED TO	
FURTHER ADVANCE OUR ALREADY IMPRESSIVE ADVANCED HEART FAILURE AND	
MECHANICAL CIRCULATORY SUPPORT PROGRAM.	
THE HEART AND VASCULAR INSTITUTE AT LVH ALSO MADE GREAT PROGRESS FROM A	
PATIENT CARE AND INNOVATION PERSPECTIVE. A NEW PATIENT PARTNERSHIP	
MODEL WAS DEVELOPED TO PROVIDE PERSONALIZED PATIENT CARE AND INCREASE	
ACCESS. IN ADDITION, A TRULY INNOVATIVE CARDIAC DISEASE IDENTIFICATION	
AND INTERVENTION PROGRAM WAS ALSO ESTABLISHED. THIS UNIQUE PROGRAM	
IDENTIFIES PATIENTS THAT ARE AT-RISK FOR SPECIFIC CARDIAC COMPLICATIONS	
AND EDUCATES THE PATIENTS ON THEIR RISK AND TREATMENT OPTIONS. THIS NEW	
PROGRAM IS AN EXCITING DEPICTION OF HOW THE LEHIGH VALLEY HEART AND	
VASCULAR INSTITUTE NOT ONLY TREATS CARDIOVASCULAR DISEASE, BUT ALSO	
TRIES TO PREVENT ADVERSE CARDIOVASCULAR EVENTS IN THE COMMUNITIES WE	
SERVE.	

ation number

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
PERIOPERATIVE SERVICES - PERIOPERATIVE SERVICES AT LVH CONSISTS OF THE	
SURGICAL AND ENDOSCOPIC STAFF AND FACILITIES WHERE OVER 60,000	
PROCEDURES ARE PERFORMED ANNUALLY. SURGICAL PROCEDURES ARE PERFORMED	
IN 56 OPERATING ROOMS THROUGHOUT LVH, INCLUDING 17TH & CHEW, CEDAR	
CREST, CHILDREN'S SURGERY CENTER, LVH-MUHLENBERG, 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 THREE LOCATIONS - THE CEDAR CREST SITE, CHILDREN'S	
SURGERY CENTER, AND LVH-MUHLENBERG. THE OPERATING ROOM TECHNOLOGIES AND	
FACILITIES INCLUDE A TWO HYBRID OPERATING ROOMS, A TRAUMA CODE RED	
OPERATING ROOM, 10 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.	
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	_
032212 11-20-20 1 1 0	Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
DISCHARGE PLANNING SERVICES. LVH ALSO PROVIDES AMBULATORY BEHAVIORAL	
HEALTHCARE, INCLUDING: PSYCHIATRIC EVALUATION SERVICE PROGRAM IN FOUR	
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; ONE	
OUTPATIENT MENTAL HEALTH CLINIC PROVIDING SCHOOL BASED BEHAVIORAL	
HEALTH TO 10 SCHOOL DISTRICTS; PSYCHIATRIC HOME CARE; 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, STREET	
MEDICINE (HOMELESS), AND OTHER COMMUNITY AGENCIES ROUND OUT LVH'S	
CONTRIBUTION TO THE HEALTH AND WELL-BEING OF THE REGION. A PSYCHIATRIC	
RESIDENCY WAS ESTABLISHED IN 2019 AND EXPANDING IN 2022. A CHILD AND	
ADOLESCENT FELLOWSHIP PROGRAM WAS ESTABLISHED IN 2021.	
TRAUMA AND BURN SERVICES - IN 1981, LEHIGH VALLEY HOSPITAL-CEDAR CREST	
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 4,544 TRAUMA PATIENTS IN FY2021. 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	
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Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
THAN TWO MILLION. LVH-CEDAR CREST 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. LVH-MUHLENBERG	
EVALUATED 1,630 TRAUMA PATIENTS IN FY2021, AND THE HOSPITAL WAS	
FORMALLY ACCREDITED BY THE STATE AS A LEVEL II TRAUMA CENTER IN	
SEPTEMBER 2021. THE LVH TRAUMA PROGRAM PROVIDES A CONTINUUM OF CARE	
WITH 12 TRAUMA SURGEONS IN-HOUSE AT THE CEDAR CREST LOCATION AND TWO	
FULL-TIME TRAUMA SURGEONS 24/7 THAT COVER THE MUHLENBERG LOCATION.	
BOTH LOCATIONS HAVE NURSES WITH SPECIALIZED TRAINING THAT CARE FOR	
SERIOUSLY INJURED PATIENTS IN BOTH THE INTENSIVE CARE UNITS AS WELL AS	
MEDICAL / SURGICAL UNITS. A TRAUMA REHABILITATION TEAM COMPLETES THIS	
CONTINUUM OF TRAUMA CARE. OVER 15,278 MEMBERS OF THE COMMUNITY WERE	
EDUCATED THROUGH ONE OR MORE OF OUR TRAUMA PROGRAM'S PREVENTATIVE CARE	
OFFERINGS. LEHIGH VALLEY HOSPITAL-CEDAR CREST'S TRAUMA PREVENTION	
PROGRAM CONDUCTED MANY IN-KIND INJURY PREVENTION PROGRAMS FOR ALL AGE	
CATEGORIES IN THE HOSPITAL AND COMMUNITY DURING FY2021. DUE TO THE	
COVID-19 PANDEMIC, MOST COMMUNITY OUTREACH PROGRAMS WERE PROHIBITED OR	
RESTRICTED DURING THIS PAST FISCAL YEAR. HOWEVER, APPROXIMATELY 1,881	
MEMBERS OF THE COMMUNITY WERE REACHED THROUGH ONE OR MORE OF THESE	
PROGRAMS, NOT INCLUDING THE THOUSANDS OF CONTACTS THAT ATTENDED	
COVID-19 VACCINE CLINICS WHERE TRAUMA PREVENTION MATERIAL WAS	
DISTRIBUTED. LVH-CEDAR CREST HAS ALSO SECURED A STATE GRANT AND HIRED A	
VIOLENCE PREVENTION COORDINATOR TO WORK WITH THE COMMUNITY IN ORDER TO	
PREVENT THE CYCLE OF VIOLENCE. LVH ALSO OPERATES A REGIONAL BURN	
CENTER WITH 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	
664 PATIENTS FY21. THE CENTER IS ACCREDITED BY THE AMERICAN BURN	

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ASSOCIATION FOR QUALITY OUTCOMES OF BOTH PEDIATRIC AND ADULT BURN	
PATIENTS. THE BURN CENTER PROVIDES A TELEBURN SERVICE, WHICH PROVIDES	
RAPID ACCESS TO OUR COMPREHENSIVE BURN CARE TO 92 HOSPITALS, EMERGENCY	
CARE CLINICS, AND PHYSICIAN OFFICES IN PENNSYLVANIA, NEW JERSEY 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 1,354 FLIGHTS ANNUALLY AND OUR GROUND TRANSPORT	
TEAMS COMPLETED 2,290 MISSIONS IN FY2021, BOTH ON-SCENE AND	
INTER-FACILITY TRANSPORTS. THE BURN SERVICE ALSO PARTNERS WITH THE	
BURN PREVENTION NETWORK TO PROVIDE BURN PREVENTION EDUCATION TO MEMBERS	
OF OUR COMMUNITY.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
BOTH WITHIN AND OUTSIDE OUR NETWORK.	
BIRTHS THAT OCCUR AT LVH AND LVH-M ARE PRIMARILY TO PATIENTS WHO	
RECEIVED PRENATAL CARE AT OUR MANY ENTERPRISE LEHIGH VALLEY PHYSICIAN	
GROUP (LVPG) OBSTETRICS AND GYNECOLOGY PRACTICES ACROSS 5 COUNTIES. A	
LESSER NUMBER ARE PATIENTS WHO RECEIVE PRENATAL CARE AT THE CENTER FOR	
WOMEN'S MEDICINE (CWM), LOCATED IN ALLENTOWN. TO SUPPLEMENT THE	
PRENATAL CARE, ULTRASOUND SERVICES IN THE OFFICE ARE ACCREDITED BY THE	
AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM). IN 2018 WITH FUNDS	
PROVIDED BY LEHIGH COUNTY, AND NOW OTHER GRANT FUNDS, LVH OBSTETRICIANS	
STARTED THE CONNECTIONS PROGRAM FOR THE CARE OF PREGNANT WOMEN WITH	
SUBSTANCE USE DISORDER. THIS MULTIDISCIPLINARY CLINIC BRINGS TOGETHER	
PROFESSIONAL EXPERTISE FROM OBSTETRICS, PSYCHIATRY, PEDIATRICS,	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
NEONATOLOGY AND PARTNERS WITH ESTABLISHED COMMUNITY RESOURCES TO OFFER	
PATIENTS COUNSELING, SUPPORT SERVICES AND TREATMENT DURING PREGNANCY.	
LVPG OB/GYN OFFICE PRACTICES ALSO OFFER ON-SITE BEHAVIORAL HEALTH	
SERVICES PROVIDED BY TWO LICENSED PROFESSIONAL COUNSELORS IN	
CONJUNCTION WITH THE DEPARTMENT OF PSYCHIATRY.	
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 FOR	
CONSULTATION 24/7 FOR PATIENTS HOSPITALIZED AT BOTH LVH AND LVH-M. IN	
ADDITION, MATERNAL FETAL MEDICINE DOCTORS HAVE OFFICE LOCATIONS IN	
LEHIGH, NORTHAMPTON, LUZERNE AND LACKAWANNA COUNTIES MFM PHYSICIANS'	
SERVICES INCLUDE HIGHEST LEVEL ULTRASONOGRAPHY (AND TELEHEALTH	
SERVICES), FETAL ECHOCARDIOGRAPHY, GENETIC COUNSELING, AMNIOCENTESIS,	
CHORIONIC VILLUS SAMPLING, COMPLEX DELIVERY SERVICES AND UNIQUE	
WELL-ESTABLISHED MULTI-DISCIPLINARY PROGRAMS FOR PATIENTS WITH	
DIABETES, HEART DISEASE, KIDNEY DISEASE, NEUROLOGICAL DISEASE, AND	
DISORDERS OF THE PLACENTA.	
AMBULATORY WOMEN'S HEALTH IS PROVIDED IN THE SAME LVPG AND CWM	
PRACTICES NOTED ABOVE. WELL WOMAN CARE IS OFFERED THROUGH A	
COMPREHENSIVE PATHWAY INCLUDING ALL OF THE ELEMENTS RECOMMENDED BY THE	
NATIONAL WOMEN'S PREVENTIVE SERVICES INITIATIVE. IT INCORPORATES	
ELEMENTS OF SCREENING AND PREVENTION BEYOND TRADITIONAL GYNECOLOGIC	
SCREENING SUCH AS CHRONIC PELVIC PAIN, SEXUAL HEALTH, PEDIATRIC AND	
ADOLESCENT CARE, WITH MANY OTHERS IN DEVELOPMENT. COMPREHENSIVE AND	
STATE OF THE ART SURGICAL SERVICES INCLUDE MIS (MINIMALLY INVASIVE	
SURGERY) INTERVENTIONS WITH ROBOTICALLY-ASSISTED, LAPAROSCOPIC, AND	

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Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
VAGINAL SURGERY APPROACHES. BEYOND BENIGN GYNECOLOGIC SERVICES,	
PREOPERATIVE CONSULTATION AND EVALUATION OF PRE-INVASIVE AND INVASIVE	
GYNECOLOGIC MALIGNANCIES (CANCER CARE), PELVIC FLOOR DISORDERS	
(UROGYNECOLOGY), AND REPRODUCTIVE AND INFERTILITY ARE ALSO OFFERED.	
AMBULATORY SERVICES - LVH'S AMBULATORY SERVICES INCLUDE HEALTH CENTERS,	
EXPRESS CARE, WOUND CARE, HYPERBARIC OXYGEN, LEHIGH VALLEY PHARMACY	
SERVICES, SLEEP DISORDER CENTERS, ENDOCRINE TESTING, LABORATORY	
SERVICES, PULMONARY FUNCTION TESTING, IMAGING, CARDIAC AND PULMONARY	
REHABILITATION AS WELL AS ADULT AND PEDIATRIC OUTPATIENT	
REHABILITATION. LVHN CONTINUES TO EXPAND ITS PORTFOLIO OF "HEALTH	
CENTERS" AND AS OF JUNE 2021, THERE ARE 18 SITUATED THROUGHOUT THE	
LEHIGH VALLEY. CORE SERVICES IN MOST OF THE HEALTH CENTERS INCLUDE	
PRIMARY CARE, BASIC IMAGING, REHABILITATION SERVICES AND/OR LAB	
SERVICES AND TWO OF THE HEALTH & WELLNESS CENTERS LOCATED IN ALLENTOWN	
AND BETHLEHEM INCLUDE FITNESS CENTERS. MANY OF THEM ALSO PROVIDE	
SPECIALTY CARE AND BREAST HEALTH SERVICES.	
SLEEP DISORDER CENTERS ARE LOCATED IN ALLENTOWN AND BETHLEHEM WITH	
ADDITIONAL HOME SLEEP TESTING UNIT PICK UP SITES AT THE FOLLOWING	
LOCATIONS: ALLENTOWN (CEDAR CREST AND 17TH STREET), FOGELSVILLE,	
HAMBURG, MOSELEM SPRINGS, BETHLEHEM TOWNSHIP, AND PALMER TOWNSHIP.	
PATIENTS IN NEED OF HOME SLEEP TESTING WHO HAVE ACCESS TO A SMART	
DEVICE MAY ELECT A MAIL DELIVERY OPTION IN WHICH THE SLEEP TESTING	
EQUIPMENT WOULD BE MAILED TO HIS/HER HOME WITH A LINK TO AN	
INSTRUCTIONAL VIDEO. AFTER TESTING, THE EQUIPMENT IS RETURNED	
(HAND-DELIVERED) TO THE SLEEP DISORDERS CENTER AT THE LVH-17TH ST.	
LOCATION.	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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, THE	
DIVISION PROVIDES INTENSIVE REHABILITATIVE MEDICINE AND NURSING CARE	
COMBINED WITH PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES AT	
ITS STATE OF THE ART INPATIENT REHABILITATION CENTERS WITH 34 BEDS AT	
LVH-CEDAR CREST AND 28 BEDS AT LVH-MUHLENBERG. FOR PATIENTS UNABLE TO	
TOLERATE AGGRESSIVE THERAPY SERVICES, LVH PROVIDES SHORT-TERM MEDICAL,	
NURSING AND REHABILITATIVE CARE AT ITS 52 BED TRANSITION SKILLED UNIT	
LOCATED ON THE 17TH STREET CAMPUS. THE DIVISION ALSO OFFERS CONVENIENT	
AND ACCESSIBLE OUTPATIENT THERAPY SERVICES SERVING THE COMMUNITY WITH	
OVER 51 LOCATIONS. AT LVH AND LVH-MUHLENBERG, THE REHABILITATION	
DIVISION OFFERS ADVANCED CARE IN OVER 30 CLINICAL SPECIALTY AREAS	
INCLUDING NEUROLOGIC REHAB, ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S	
HEALTH, ONCOLOGY REHAB, AUDIOLOGY AND PEDIATRIC THERAPY SERVICES. IN	
FY2021, THE INPATIENT REHABILITATION CENTERS REALIZED A 13.5% GROWTH IN	
ADMISSIONS AT LVH AND LVH-M WITH 1,304 PATIENTS RECEIVING CARE.	
LIKEWISE, OUTPATIENT REHABILITATION PROVIDED 232,296 PATIENT VISITS AT	
LVH AND LVH-M LOCATIONS WHICH WAS A 7.3% INCREASE OVER FY2021 VOLUME.	
AT A NETWORK LEVEL, LVHN'S REHABILITATION SERVICES DIVISION CURRENTLY	
STANDS AS THE LARGEST PROVIDER OF REHABILITATIVE CARE IN THE REGION.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	
LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL (LVRCH OF LVHN AT LVH AND	
LVH-M) - INTRODUCED IN MAY 2012, OFFERS THE MOST WIDE-RANGING,	
SPECIALIZED HEALTH CARE SERVICES FOR CHILDREN OF ANY FACILITY IN THE	
REGION. LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL HAS THE REGION'S ONLY	0.1.1.0/5
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Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
CHILDREN'S EMERGENCY DEPARTMENT, LEVEL IV NICU, CHILDREN'S AMBULATORY	
SURGERY CENTER, AND CHILDREN'S CANCER AND INFUSION CENTER AT LVH-CEDAR	
CREST. WE ALSO HAVE THE REGION'S ONLY CHILD ADVOCACY CENTER AT	
LVH-17TH STREET. LVRCH OF LVHN IS THE REGION'S ONLY INSTITUTIONAL	
MEMBER OF THE CHILDREN'S HOSPITAL ASSOCIATION AND HAS THE ONLY	
PEDIATRIC RESIDENCY TRAINING PROGRAM. LVRCH ALSO HAS A LEVEL II NICU	
AND AN ADOLESCENT INPATIENT PSYCHIATRIC UNIT AT LVH-MUHLENBERG. WE	
HAVE A PEDIATRIC SLEEP CENTER, AND A PEDIATRIC CYSTIC FIBROSIS CENTER.	
WE HAVE MULTIPLE SURGICAL AND MEDICAL SPECIALISTS WHO PROVIDE CARE	
WITHIN LVRCH (SEE BELOW). WE ALSO PROVIDE SERVICES TO CHILDREN WITH	
BLEEDING DISORDERS THROUGH THE LVH HEMOPHILIA TREATMENT CENTER. WE	
HAVE TWO SCHOOL-BASED CLINICS IN PARTNERSHIP WITH THE ALLENTOWN SCHOOL	
DISTRICT AT THE SHERIDAN AND HAYS SCHOOLS. THROUGH OUR SCHOOL-BASED	
BEHAVIORAL HEALTH SERVICES WE PROVIDE MENTAL HEALTH CARE TO STUDENTS IN	
OVER 12 SCHOOL DISTRICTS ACROSS THE REGION. OUR CLINIC FOR CHILDREN	
WITH MEDICAL COMPLEXITY IS AT OUR CHILDREN'S CLINIC AT 17TH & CHEW. WE	
HAVE THE REGION'S ONLY CHILDREN'S EXPRESS CARE AT 2 SITES. IN JULY OF	
2021 WE OPENED AN EXPANDED PEDIATRIC INTENSIVE CARE UNIT, INCREASING	
THE BEDS FROM 8 TO 12. WE ALSO OPENED A NEW AND MUCH EXPANDED	
CHILDREN'S EMERGENCY ROOM AND PEDIATRIC OBSERVATION UNIT. WE ADMITTED	
4,157 CHILDREN TO OUR CHILDREN'S HOSPITAL AND SAW AROUND 14,000 IN OUR	
CHILDREN'S ER (REDUCED VOLUMES DUE TO THE COVID PANDEMIC). THE REILLY	
CHILDREN'S HOSPITAL AFFILIATED PROFESSIONALS AND STAFF ARE COMMITTED TO	
IMPROVING THE HEALTH AND WELL-BEING OF CHILDREN IN THE REGION. WE ARE	
ACTIVE MEMBERS OF CHILDREN'S HOSPITALS' SOLUTIONS FOR PATIENT SAFETY, A	
NATIONAL ORGANIZATION OF OVER 130 CHILDREN'S HOSPITALS, WHICH PROMOTES	
PATIENT SAFETY THROUGH SHARING OF OUTCOMES AND PROCESS METRICS, AND	
COLLABORATIVE INNOVATION. WE HAVE DEVELOPED OVER 25 CLINICAL PATHWAYS,	

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Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
WHICH DRIVE HIGH-QUALITY, EFFICIENT CARE. THE LVRCH FAMILY ADVISORY	
COUNCIL CONTINUES TO ASSIST US IN SHAPING FAMILY-CENTERED PROGRAMS,	
PROCESSES AND PLACES. LVRCH OF LVHN PROVIDES SPECIALIZED PEDIATRIC	
TRAUMA AND BURN CARE, PEDIATRIC CANCER CARE AND EXPERT INPATIENT CARE	
IN THE PEDIATRIC AND NEONATAL INTENSIVE CARE UNITS AND ON THE PEDIATRIC	
UNIT. LVHN'S BOARD-CERTIFIED PHYSICIANS PROVIDE CHILDREN'S CARE IN	
GREATER THAN 30 PEDIATRIC SPECIALTIES INCLUDING PEDIATRIC SURGERY,	
PEDIATRIC UROLOGY, PEDIATRIC ENT, PEDIATRIC PLASTIC SURGERY, PEDIATRIC	
ANESTHESIA, PEDIATRIC RADIOLOGY, PEDIATRIC HEMATOLOGY-ONCOLOGY,	
PEDIATRIC PULMONOLOGY, PEDIATRIC NEUROLOGY, PEDIATRIC ENDOCRINOLOGY,	
PEDIATRIC INFECTIOUS DISEASE, PEDIATRIC RHEUMATOLOGY, PEDIATRIC	
GASTROENTEROLOGY, PEDIATRIC HOSPITAL MEDICINE, DEVELOPMENTAL	
PEDIATRICS, CHILD PROTECTION MEDICINE, AND CHILD AND ADOLESCENT	
PSYCHIATRY. LVRCH CHILD PROTECTION TEAM EVALUATES CHILDREN WHO MAY	
HAVE BEEN ABUSED OR NEGLECTED. THIS TEAM INCLUDES A BOARD-CERTIFIED	
CHILD ABUSE SPECIALIST. THE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL	
IN PARTNERSHIP WITH VALLEY HEALTH PARTNERS IS CONTINUING THE ALLENTOWN	
CHILDREN'S HEALTH IMPROVEMENT PROJECT (ACHIP), WHICH IS A	
COMMUNITY-BASED NEEDS ASSESSMENT, RESOURCE CONNECTION, AND FAMILY	
EMPOWERMENT SERVICES FOR FAMILIES WITH WOMEN WHO ARE PREGNANT AND/OR	
CHILDREN UNDER 5 YEARS OLD. LVRCH OF LVHN PROVIDES AND SUPPORTS	
EDUCATIONAL SERVICES. OUR WELLER EDUCATION SERVICES PROVIDE HIGHLY	
REGARDED PROGRAMS ADMINISTERED BY PROFESSIONAL EDUCATOR IN SCHOOLS	
ACROSS THE REGION. LVHN PROMOTES SAFETY AND HEALTHY LIVING IN VARIOUS	
FORUMS THROUGHOUT THE YEAR. THE MOST NOTABLE IS OUR COMMUNITY CANVAS	
PROGRAM, WHICH IN PARTNERSHIP WITH THE KELLYN FOUNDATION PROVIDES	
PROGRAMS IN OVER 15 ELEMENTARY SCHOOLS THAT PROMOTE GOOD NUTRITION AND	
HEALTHY LIVING.	0.1.1.0/5

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
IMAGING SERVICES - THE RADIOLOGY DEPARTMENT PROVIDES A VARIETY OF	
DIAGNOSTIC AND THERAPEUTIC PROCEDURES FOR PATIENTS OF ALL AGES, 24	
HOURS A DAY, SEVEN DAYS PER WEEK. RADIOLOGY SERVICES INCLUDE THE	
PROVISION OF EMERGENT, ACUTE, PREVENTATIVE, CONSULTATIVE, DIAGNOSTIC	
AND THERAPEUTIC IMAGING TO PATIENTS IN THE EMERGENCY, SURGICAL,	
INPATIENT AND OUTPATIENT SETTINGS OF LVHN. THE DEPARTMENT PERFORMS AN	
AVERAGE OF 1,548 PROCEDURES PER DAY. OUTPATIENTS ACCOUNT FOR 78% OF	
THESE EXAMINATIONS, WHILE INPATIENTS ACCOUNT FOR THE REMAINING 22%.	
SERVICES ARE PROVIDED AT MULTIPLE SITES: AT LVH-CEDAR CREST THE	
FOLLOWING SERVICES ARE OFFERED: VASCULAR LAB, ULTRASOUND, COMPUTERIZED	
TOMOGRAPHY, NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL	
RADIOLOGY AND NEURORADIOLOGY. IMAGE MANAGEMENT SERVICES, MAGNETIC	
RESONANCE IMAGING (MRI), DEXA, AND PET-CT SERVICES ARE PROVIDED THROUGH	
AN AFFILIATED PARTNER. AT LVH-17TH STREET, THE FOLLOWING SERVICES ARE	
OFFERED: DIAGNOSTIC IMAGING, COMPUTERIZED TOMOGRAPHY, ULTRASOUND,	
VASCULAR LAB, AND IMAGE MANAGEMENT SERVICES. SERVICES AT LVH-M	
INCLUDE: VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY, NUCLEAR	
MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY, SPECT-CT, AND	
MOBILE PET-CT, AS WELL AS IMAGE MANAGEMENT SERVICES. MAGNETIC	
RESONANCE IMAGING (MRI) SERVICES ARE PROVIDED AT LVH-MUHLENBERG FOR	
BOTH INPATIENT AND OUTPATIENT THROUGH AN AFFILIATED PARTNER. THE	
LVH-TILGHMAN CAMPUS 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 DEPARTMENT OFFERS DIAGNOSTIC IMAGING AND ULTRASOUND AT	
THE HEALTH CENTER AT BETHLEHEM TOWNSHIP, HEALTH CENTER AT RICHLAND	
TOWNSHIP, HEALTH CENTER AT FOGELSVILLE, HEALTH CENTER AT HAMBURG	Schedule O (Form 990 or 990-FZ) 2020

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
(DIAGNOSTIC ONLY), HEALTH CENTER AT MOSELEM SPRINGS, AND THE HEALTH	
CENTER AT TREXLERTOWN. THE HEALTH CENTER AT BATH OFFERS DEXA,	
DIAGNOSTIC IMAGING, ULTRASOUND SERVICES AND PHLEBOTOMY. 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 SERVICES. WE	
INCREASED ACCESS WITH THREE NEW OUTPATIENT IMAGING SITES. LVHN IMAGING	
AND BREAST HEALTH SERVICES AT LEHIGHTON OFFERS DIAGNOSTIC IMAGING AND	
ULTRASOUND SERVICES. IMAGING SERVICES AT 1101 CEDAR CREST AND IMAGING	
SERVICES AT AIRPORT ROAD OFFER DIAGNOSTIC IMAGING.	
PHARMACY SERVICES - LEHIGH VALLEY PHARMACY SERVICES OFFERS A RANGE OF	
PHARMACY SERVICES IN THREE CONVENIENT, PATIENT FOCUS LOCATIONS: ONE AT	
THE CEDAR CREST SITE, ONE AT THE 17TH & CHEW SITE, AND ONE AT THE	
MUHLENBERG SITE. OUR SPECIALTY PHARMACY AND HOME INFUSION PHARMACY,	
LOCATED AT 2024 LEHIGH STREET, PROVIDED HOME INFUSION AND SPECIALTY	
PHARMACY 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, THE SPECIALTY PHARMACY IS	
ACCREDITED BY URAC 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,	Schodulo O /Form 900 or 900 E7) 2020

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AND CONVENIENCE SHIPPING ARE ALSO OFFERED. IN FISCAL YEAR 2021,	
391,235 PRESCRIPTIONS WERE FILLED, AND 4,762 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 COMPUTERIZED PROVIDER ORDER ENTRY,	
BEDSIDE BARCODING MEDICATION VERIFICATION, TWO MEDICATION DISPENSING	
ROBOTS, AND AUTOMATED DISPENSING CABINETS. THE STAFF HAS BOARD	
CERTIFIED CLINICAL PHARMACY SPECIALISTS IN THE AREAS OF INFECTIOUS	
DISEASE, ADULT AND PEDIATRIC ONCOLOGY, TRAUMA, BURN, CRITICAL CARE,	
PEDIATRICS, CARDIOLOGY, SOLID ORGAN TRANSPLANT, EMERGENCY MEDICINE,	
ENDOCRINOLOGY, AND INTERNAL MEDICINE. THE DEPARTMENT USES A UNIT-BASED	
MODEL TO PROVIDE PHARMACY SERVICES AT THE POINT OF CARE. GUIDED BY THE	
QUADRUPLE AIM, PHARMACY SERVICES CONTINUES 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.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	
COMMUNITY PRACTICES AND PROGRAMS - LOCATED IN THE HEART OF ALLENTOWN,	
LEHIGH VALLEY HOSPITAL (LVH)-17TH STREET WAS FOUNDED OVER 120 YEARS AGO	
AND IS THE ORIGINAL HOSPITAL IN THE EIGHT-CAMPUS LEHIGH VALLEY HEALTH	
NETWORK HOSPITAL SYSTEM. WALKABLE AND EASILY ACCESSIBLE VIA PUBLIC	
TRANSPORTATION, LVH-17TH STREET IS A HUB OF COMMUNITY WELLNESS OFFERING	
A RANGE OF ESSENTIAL PROGRAMS AND SERVICES FOR ALLENTOWN'S MOST	
VULNERABLE RESIDENTS INCLUDING BUT NOT LIMITED TO: EMERGENCY CARE,	
AMBULATORY SURGERY, BREAST HEALTH SERVICES, A MENTAL HEALTH CARE	
CLINIC, INPATIENT HOSPICE CARE, INPATIENT REHABILITATION SERVICES AND A	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
FULL-SERVICE PHARMACY. IN ADDITION, LVH-17TH STREET IS HOME TO SEVERAL	
COMMUNITY PRACTICES AND PROGRAMS THAT PROVIDE QUALITY, COMPASSIONATE	
CARE FOR ALL MEMBERS OF THE COMMUNITY, WITH THE MAJORITY OF PATIENTS	
EITHER QUALIFYING FOR MEDICAID OR HAVING NO INSURANCE, INCLUDING:	
INTERPRETER SERVICES WHICH IMPROVES OUTCOMES AND REDUCES HEALTH CARE	
DISPARITIES FOR NON-ENGLISH SPEAKING PATIENTS AND THOSE WHO ARE DEAF	
AND HARD OF HEARING THROUGH IN-PERSON, VIDEO, AND PHONE INTERPRETING	
PROVIDED BY CERTIFIED MEDICAL INTERPRETERS; COMPREHENSIVE HEALTH	
SERVICES WHICH IS THE REGION'S LARGEST HEALTH CARE PROVIDER FOR	
PATIENTS LIVING WITH OR AFFECTED BY HUMAN IMMUNODEFICIENCY VIRUS (HIV)	
AND SERVES OVER 1,000 PATIENTS; LVPG GERIATRICS AND THE FLEMING MEMORY	
CENTER WHICH PROVIDE SPECIALIZED GERIATRIC PATIENT CARE AS WELL AS	
SUPPORT AND GUIDANCE TO PATIENTS AND FAMILIES AFFECTED BY MEMORY LOSS;	
THE JOHN VAN BRAKLE CHILD ADVOCACY CENTER LED BY THE LEHIGH VALLEY	
HOSPITAL CHILD PROTECTION MEDICINE DEPARTMENT WHICH AIMS TO MINIMIZE	
THE TRAUMA CHILDREN EXPERIENCE DURING A CHILD ABUSE INVESTIGATION BY	
COORDINATING SERVICES IN A SINGLE CHILD-FRIENDLY LOCATION; THE 17TH	
STREET DENTAL CLINIC WHICH PROVIDES COMPREHENSIVE DENTAL CARE TO	
CHILDREN AND ADULTS IN THE HOSPITAL SETTING AND VIA A MOBILE UNIT; THE	
HEPATITIS CARE CENTER WHICH PROVIDES SPECIALTY CARE FOCUSED ON VIRAL	
HEPATITIS; AND, THE SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM WHICH	
PROVIDES LICENSED OUTPATIENT MENTAL HEALTH SERVICES TO HUNDREDS OF	
UNINSURED AND UNDERINSURED CHILDREN ANNUALLY. IN ADDITION, LVH-17TH	
STREET OFFERS FOOD SECURITY PROGRAMS FOR PATIENTS IN NEED AND SERVES AS	
A CENTRALIZED LOCATION FOR PATIENTS TO ACCESS OTHER RESOURCES INCLUDING	
FINANCIAL COUNSELING AND LEGAL SUPPORT.	

COMMUNITY HEALTH - IN FY2021, LVHN SUPPORTED THE ESTABLISHMENT OF A

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
FEDERALLY QUALIFIED HEALTH CENTER (FQHC) LOOK-A-LIKE, VALLEY HEALTH	
PARTNERS (VHP), IN ALLENTOWN, COMMUNITY HEALTH HAS HISTORICALLY WORKED	
CLOSELY WITH THE 17TH STREET CLINICS, TARGETING OUR PILOTS AND	
INTERVENTIONS TO PATIENTS OF THOSE CLINICS. AS A RESULT THE FLAGSHIP	
PROGRAMS THAT WERE PREVIOUSLY PART OF COMMUNITY HEALTH WERE INTEGRATED	
INTO VHP AS PART OF THEIR ENABLING SERVICES, INCLUDING STREET MEDICINE	
PROGRAM, THE ALLENTOWN CHILDREN'S HEALTH IMPROVEMENT PROGRAM (ACHIP),	
VETERANS HEALTH PROGRAM, AND THE MEDICAL-LEGAL PARTNERSHIP. THIS	
CHANGE WAS EFFECTIVE JULY 1, 2020.	
POPULATION HEALTH COMMUNITY CARE TEAMS - 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 FY2021:	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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, COMMUNITY HEALTH WORKERS, 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 50 PRIMARY CARE PRACTICES AND SPECIALTY	
PRACTICES ACROSS FIVE COUNTIES, NURSE DRIVEN PROTOCOLS AND SPECIALTY	
REFERRALS ALLOW FOR SEAMLESS COLLABORATION WITH OACIS, HOME CARE,	
REMOTE PATIENT MONITORING, AND OTHER LVHN NETWORK SERVICES. IN FY2021,	
CCT(S) TOUCHED OVER 14,800 UNIQUE PATIENTS AND OVER 73,000 TOTAL	
PATIENT CONTACTS BY PHONE, PORTAL COMMUNICATION, VIDEO VISITS, OR FACE	
TO FACE VISITS. IN ADDITION TO WORKING TO HELP PATIENTS GAIN	
INSURANCE, FOOD, SHELTER AND TRANSPORTATION, IN FY2021 CCT(S)	
FACILITATED OVER \$6 MILLION DOLLARS IN FREE PRESCRIPTION MEDICATIONS.	
SECURING THESE MEDICATIONS REDUCES AMBULATORY CARE SENSITIVE ADMISSIONS	
AND UNNECESSARY EMERGENCY DEPARTMENT VISITS. OVER THE LAST SEVEN FISCAL	
YEARS, THIS PROGRAM HAS SECURED OVER \$26 MILLION DOLLARS IN FREE AND	
DISCOUNTED PATIENTS FOR LVHN PATIENTS.	
CARE TRANSITIONS AND NAVIGATIONS:	
THE CARE TRANSITIONS AND NAVIGATIONS TEAM CONSISTS OF A CENTRALIZED	
TRANSITION OF CARE (TOC) CALL CENTER AND A CARE NAVIGATION TEAM.	
BETWEEN BOTH TEAMS, A TOTAL OF 33,445 PATIENTS WERE CALLED	
POST-DISCHARGE AFTER A HOSPITAL STAY IN AN LVHN INPATIENT, OBSERVATION,	Sahadula O /Farm 200 -:: 200 FT 200
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Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
OR INPATIENT REHABILITATION UNIT IN FY2021 THAT ARE ATTRIBUTED TO OUR	
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION (LVPHO) PRIMARY CARE	
PRACTICES. THESE NUMBERS REPRESENT THE CALLS MADE FOR DISCHARGES FROM	
LVH-CC, LVH-M, LVH-17, LVH-TL, LVH-S, LVH-P, AND LVH-H. THIS	
DEPARTMENT FUNCTIONS 7 DAYS/WEEK AND CALL COMPLIANCE WITHIN 2 BUSINESS	
DAYS AVERAGES 93%. IN FY2021, THE CENTRALIZED TOC TEAM BEGAN	
ATTEMPTING TO ENGAGE PATIENTS AT THE HOSPITAL BEDSIDE TO IMPROVE	
POST-DISCHARGE FOLLOW-UP VISIT RATES. THE % OF LVPG PATIENTS SEEN	
WITHIN 7 DAYS OF THEIR HOSPITAL DISCHARGE INCREASED TO 44% (FROM 37% AT	
THE BEGINNING OF THE YEAR). ADDITIONALLY, THE TEAM BEGAN COLLABORATING	
WITH LVPG TO SCHEDULE PATIENTS UNABLE TO BE SEEN IN THEIR PRIMARY CARE	
OFFICE WITH A SAFETY NET PROVIDER.	
THE CARE NAVIGATION TEAM CONSISTS OF RN CARE NAVIGATORS AND	
PRE-ENGAGEMENT SPECIALISTS. TOC AND 90-DAYS OF CARE NAVIGATION SERVICES	
ARE PROVIDED TO THOSE PATIENTS DISCHARGED AFTER A HOSPITAL STAY FOR	
CERTAIN HIGH-RISK CONDITIONS AND/OR PROCEDURES. THESE SERVICES	
CURRENTLY COVER CONDITIONS IN THE FOLLOWING SPECIALTIES: CARDIAC (AMI,	
CABG, HF, CARDIAC ARRHYTHMIA, PACEMAKER), MEDICAL & CRITICAL CARE	
(CELLULITIS, COPD, PNEUMONIA, RENAL FAILURE, SEPSIS, UTI), ORTHOPEDICS	
(MAJOR JOINT REPLACEMENT, HIP/FEMUR), AND GASTROINTESTINAL (GI	
HEMORRHAGE/OBSTRUCTION). COVERAGE DEPENDS ON SITE OF HOSPITAL LOCATION	
AND IS BASED ON PARTICIPATION IN VARIOUS VALUE-BASED CONTRACTS. THE	
SAME SERVICES ARE ALSO PROVIDED FOR ALL HIGH-RISK PEDIATRIC PATIENTS,	
WHICH INCLUDES THOSE PEDIATRIC PATIENTS ADMITTED FOR DIABETES, ASTHMA,	
SICKLE CELL ANEMIA, SEIZURE DISORDERS, VPG SHUNTS, SUSPECTED	
ABUSE/NEGLECT, OR THAT HAVE HAD A NICU OR PICU STAY. CERTAIN ELECTIVE	
SURGICAL CASES FOR CABG AND MAJOR JOINT REPLACEMENT, RECEIVE PRE-SCREEN	Schodulo O (Form 990 or 990 E7) 2020

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
PHONE CALLS ONE WEEK PRIOR TO ADMISSION TO BEGIN DISCHARGE PLANNING.	
WITHIN THIS MODEL, THERE IS CLOSE COLLABORATION WITH HOSPITAL MEDICINE,	
INPATIENT CARE MANAGEMENT, OUTPATIENT PRIMARY AND SPECIALTY CARE	
OFFICES, AND LVHN ACCESS CENTER TEAM IN ORDER TO ENSURE CONTINUITY OF	
CARE POST-DISCHARGE FOR THESE PATIENTS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	
RESPONSE TO COVID-19 - DUE TO RISING COVID-19 CASES IN PENNSYLVANIA AND	
THE LOCAL COMMUNITY, MEMBERS OF THE CARE TRANSITIONS AND NAVIGATIONS	
TEAMS WERE DEPLOYED IN MARCH 2020 TO SUPPORT THE LVHN 24/7 RN COVID-19	
HOTLINE. THE NURSES RESPONDED TO COMMUNITY CALLS, OFFERED SUPPORTIVE	
CARE, FACILITATED TESTING, AND PROVIDED EDUCATION REGARDING HYGIENE,	
SUSCEPTIBILITY, PREVENTION, RESOURCES AND HOME CARE OF THE COVID-19	
PATIENT. OVER THE NEXT FEW MONTHS, THE TEAM CONTINUED SUPPORTING THE	
24/7 RN COVID-19 HOTLINE AND ADDITIONAL WORK, INCLUDING NOTIFYING	
PATIENTS OF POSITIVE RESULTS. THESE CALLS INCLUDED NOTIFICATION OF	
RESULTS WITH TEACHING AND GUIDANCE ON NEXT STEPS FOR PATIENTS. SEVERAL	
RNS PIVOTED TO SUPPORT THE STREET MEDICINE PROGRAM WORKING WITH	
HOMELESS COVID POSITIVE PATIENTS, PATIENTS WERE SET UP IN A LOCAL HOTEL	
BEING USED FOR QUARANTINE PURPOSES. THE RN'S PLACED CALLS TWICE A DAY	
(INCLUDING WEEKENDS) FOR SYMPTOM MONITORING AND EDUCATION. IN ADDITION,	
THEY FACILITATED REMOTE PATIENT MONITORING (RPM) EQUIPMENT ORDER AND	
DELIVERY TO THE HOTEL. SOCIAL WORKERS AND BEHAVIORAL HEALTH SPECIALISTS	
WERE AVAILABLE TO PROVIDE ADJUNCT SUPPORT FOR ANY PSYCHOSOCIAL NEEDS,	
AS IDENTIFIED. IN RESPONSE TO COVID-19, THE TEAM BEGAN PLACING CALLS	
TO ALL PATIENTS WITH COVID-19 THAT WERE DISCHARGED FROM THE HOSPITAL	
(INCLUSIVE OF THE ED), IN ADDITION TO THEIR REGULAR TOC OUTREACH	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
COVERAGE. THE PURPOSE OF THESE TOC CALLS IS TO PROVIDE EDUCATION AND	
SUPPORT TO PATIENTS, REGARDLESS OF PRIMARY CARE ATTRIBUTION. THE TEAM	
SCHEDULED PATIENTS WITH THEIR PROVIDER, AND FOR THOSE PATIENTS THAT DID	
NOT HAVE A PROVIDER OR COULD NOT BE SEEN TIMELY POST DISCHARGE, THEY	
WERE OFFERED TO BE SEEN BY A VIRTUAL TOC COVID CLINIC PROVIDER. A	
REFERRAL TO REMOTE PATIENT MONITORING (RPM) WAS ALSO OFFERED, IF	
ELIGIBLE, TO ENSURE PATIENTS RECEIVED EXTRA SYMPTOM MONITORING AT HOME.	
AS AN EXTRA LAYER OF SAFETY, COVID POSITIVE PATIENTS AND HIGH-RISK	
PATIENTS RECEIVED WEEKLY FOLLOW-UP CALLS UNTIL THEIR SYMPTOMS WERE	
RESOLVED, OR EXTRA SUPPORT WAS NO LONGER NEEDED.	
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 LEHIGH VALLEY HOSPITAL AS A	
NATIONAL AND GLOBAL LEADER IN NURSING EDUCATION, RESEARCH, PATIENT	
SATISFACTION, EVIDENCED-BASED CARE, IMPROVED PATIENT OUTCOMES, JOB	
RETENTION AND THE CENTRAL ROLE OF NURSING IN THE ORGANIZATION, HEALTH	
CARE ORGANIZATIONS MUST REAPPLY FOR MAGNET RECOGNITION EVERY FOUR	
YEARS. AN ORGANIZATION REAPPLYING FOR MAGNET RECOGNITION MUST PROVIDE	
DOCUMENTED EVIDENCE TO DEMONSTRATE HOW STAFF MEMBERS SUSTAINED AND	
IMPROVED MAGNET CONCEPTS, PERFORMANCE AND QUALITY OVER THE FOUR-YEAR	
PERIOD SINCE THE ORGANIZATION RECEIVED ITS MOST RECENT RECOGNITION.	
ADDITIONALLY, RE-DESIGNATING ORGANIZATIONS MUST UNDERGO A SITE VISIT BY	
A TEAM OF MAGNET APPRAISERS WHO SPEND TIME INTERACTING WITH NURSES AND	
OTHER COLLEAGUES TO VALIDATE, VERIFY AND AMPLIFY COMPLIANCE AND	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
ENCULTURATION OF KEY MAGNET MODEL COMPONENTS WHICH INCLUDE	
TRANSFORMATIONAL LEADERSHIP; STRUCTURAL EMPOWERMENT; EXEMPLARY	
PROFESSIONAL PRACTICE; NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS; AND	
EMPIRICAL QUALITY RESULTS. IN 2006, 2011, 2016, AND 2020, LVH WAS	
RE-DESIGNATED AS A MAGNET HOSPITAL, 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.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION'S SOLE CORPORATE MEMBER IS LEHIGH VALLEY HEALTH NETWORK,	
INC.	
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.	
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.	
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	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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.	
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	

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Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
THE BOARD OF TRUSTEES, DEPENDING ON WHOSE INTEREST(S) POSE THE CONFLICT AND	
THE NATURE OF THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
LEHIGH VALLEY HEALTH NETWORK	
2021 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	
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Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
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 11, 2020 EXECUTIVE	
COMPENSATION COMMITTEE MEETING.	
CEO COUNCIL EXECUTIVE TOTAL COMPENSATION REVIEW:	
PROGRAM ANALYSIS: ANALYZE THE MARKET POSITION OF TOTAL COMPENSATION	
(SALARIES, INCENTIVES, BENEFITS, AND PERQUISITES) FOR LVHN'S CEO COUNCIL	
EXECUTIVES (APPROXIMATELY 10 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 11, 2020 EXECUTIVE COMPENSATION	
COMMITTEE MEETING.	
SUMMARY OF METHODOLOGY	
TO CONDUCT THIS ANALYSIS, SULLIVAN COTTER:	
COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE,	
SIZE AND SCOPE, AS WELL AS EACH POSITION'S DUTIES.	
DIEL MAD Beetl, No while No Men 1001110N & Dollab.	
COMPILED MARKET DATA FOR CEO COUNCIL EXECUTIVES CONSISTENT WITH THE	
EXECUTIVE COMPENSATION PHILOSOPHY APPROVED BY THE COMMITTEE DURING ITS	
SEPTEMBER 18, 2020 MEETING:	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN	
EQUALLY WEIGHTED BLEND OF: (1) LVHN'S COMMITTEE-APPROVED PEER GROUP OF 27	
NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NORTHEAST (EXCLUDING NEW YORK	
CITY) WITH NET OPERATING REVENUES BETWEEN \$1.8 BILLION AND \$7.6 BILLION	
(MEDIAN OF \$2.9 BILLION); AND (2) NATIONAL DATA REFLECTING ORGANIZATIONS OF	
SIMILAR SCOPE AND SIZE TO LVHN.	
PEER GROUP AND NATIONAL MARKET DATA WERE ABSTRACTED FROM SULLIVAN COTTER'S	
2020 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH	
SYSTEMS, AS WELL AS OTHER PUBLISHED COMPENSATION SURVEYS REFLECTING PAY AT	
COMPARABLY SIZED ORGANIZATIONS, WHICH INCLUDED NATIONAL HOSPITALS AND	
NATIONAL MEDICAL GROUPS.	
COMPILED MARKET DATA FOR THE LVHN CLINICAL CHAIRS PREPARED BY THE	
ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) FOR THE CHAIRS OF CLINICAL	
DEPARTMENTS IN MEDICAL SCHOOLS, LVHN'S TRADITIONAL COMPARATOR GROUP FOR	
THESE JOBS.	
ADJUSTED THE MARKET DATA TO AN EFFECTIVE DATE OF JANUARY 1, 2021 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	

Name of the organization LEHIGH VALLEY HOSPITAL	Employer identification number 23-1689692
COMPARED LVHN'S TC TO MARKET RATES AND ASSESSED OVERALL POSITIONING. FOR	
PHYSICIAN EXECUTIVES HAVING BOTH CLINICAL AND ADMINISTRATIVE ROLES,	
RELEVANT MARKET DATA WERE COLLECTED BASED ON FTE ALLOCATION.	
SULLIVAN COTTER HAS NOT COMPLETED AN ASSESSMENT OF THE PHYSICIANS'	
PRODUCTIVITY OR THE FAIR MARKET VALUE (FMV) OF THEIR CLINICAL COMPENSATION,	
AS LVHN HAS ADVISED THAT SUCH AMOUNTS ARE APPROPRIATE AND WITHIN FMV.	
SULLIVAN COTTER USED THE FOLLOWING METHODOLOGY TO ASSESS THE	
COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOTAL COMPENSATION	
LEVELS:	
COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRUCTURE,	
SIZE AND SCOPE.	
COLLECTED INFORMATION ON EACH CEO COUNCIL EXECUTIVE MEMBER'S CURRENT	
COMPENSATION.	
DATA COLLECTED INCLUDE BASE SALARIES, ANNUAL INCENTIVE OPPORTUNITY LEVELS	
(TARGET AND MAXIMUM), ACTUAL ANNUAL INCENTIVE PAYOUT AMOUNTS, ANNUAL COSTS	
OF ALL STANDARD AND SUPPLEMENTAL BENEFITS AND ANNUAL COST AND DESCRIPTION	
OF EXECUTIVE PERQUISITES.	
REVIEWED JOB DESCRIPTIONS AND ORGANIZATIONAL CHARTS TO IDENTIFY EACH	
POSITION'S FUNCTIONAL RESPONSIBILITIES AND REPORTING RELATIONSHIPS.	
SELECTED THE APPROPRIATE BENCHMARK POSITION MATCH FOR EACH POSITION AND	
APPLIED PREMIUMS/DISCOUNTS TO THE MARKET DATA IN INSTANCES WHERE LVHN'S JOB	
DUTIES DIFFER MATERIALLY FROM BENCHMARK POSITION MATCHES.	

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization LEHIGH VALLEY HOSPITAL		Employer identification number 23-1689692
POSITION MATCHES AND MARKET ADJUSTMENTS WERE REVIEW	VED WITH LVHN'S SENIOR	
VICE PRESIDENT, HUMAN RESOURCES AND COMPENSATION ST	'AFF.	
LVHN'S PROJECTED FY2020 NET REVENUES AND PHYSICIAN	FTE'S WERE USED AS THE	
SCOPE SIZE FOR EACH ENTITY.		
FORM 990, PART VI, SECTION C, LINE 18:		
LEHIGH VALLEY HOSPITAL'S FORM 990 IS AVAILABLE ON T	HE ORGANIZATION'S	
WEBSITE - WWW.LVHN.ORG. IT IS ALSO AVAILABLE ON GU	UIDESTAR (ANOTHER'S	
WEBSITE) AND UPON REQUEST; PRINTED COPIES ARE HELD	BY SENIOR MANAGEMENT AND	
BY THE MARKETING DEPARTMENT. THE ORGANIZATION'S FO	ORM 990-T IS ONLY	
AVAILABLE UPON REQUEST.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVA	ALLABLE TO THE PUBLIC	
THROUGH ITS ANNUAL REPORT TO THE COMMUNITY. THE ANN	UAL REPORT IS	
DISTRIBUTED TO ALL ATTENDEES AT THE ORGANIZATIONS A	NNUAL PUBLIC MEETING.	
THE ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'	S WEBSITE -	
www.lvhn.org. in Addition, it is distributed via M	IAIL TO MEMBERS OF THE	
COMMUNITY. THE ORGANIZATIONS GOVERNING DOCUMENTS AN	ID CONFLICT OF INTEREST	
POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
UNFUNDED PENSION	123,920,588.	
TRANSFERS TO AFFILIATES	97,220,294.	
NONCONTROLLING INTEREST	6,270,071.	
TOTAL TO FORM 990, PART XI, LINE 9	227,410,953.	
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SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

► Go to www.irs.gov/Form990 for instructions and the latest information.

Direct controlling 23-1689692 End-of-year assets **e** Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity LEHIGH VALLEY HOSPITAL Name, address, and EIN (if applicable) of disregarded entity Part I

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. Part II

(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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led '?
				501(c)(3))		Yes	N _o
FAMILY CARE CENTERS, INC 23-2349341							
206 E BROWN STREET	PHYSICIAN PRACTICE				LEHIGH VALLEY		
EAST STROUDSBURG, PA 18301-3006	ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	PHYSICIAN GROUP		×
HAZLETON HEALTH & WELLNESS CENTER -					NORTHEASTERN		
23-2580968, 700 E BROAD STREET, HAZLETON, PA					PENNSYLVANIA		
18201-6835	STAFFING SERVICES	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HEALTH CORP.		×
HAZLETON PROFESSIONAL SERVICES - 20-5880364							
700 E BROAD STREET	PHYSICIAN PRACTICE				LEHIGH VALLEY		
HAZLETON, PA 18201-6835	ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	PHYSICIAN GROUP		×
HAZLETON SURGICAL ALLIANCE - 20-2038456					NORTHEASTERN		
700 E BROAD STREET					PENNSYLVANIA		
HAZLETON, PA 18201-6835	SURGICAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	HEALTH CORP.		×
Ear Denomination Dealinetion Ant Niction and the Institution for Enum OCO	000				0000 (000 سيتو) تا تارياتونادي	المرسية	0000

SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

		_					
(a)	(q)	(0)	(q)	(e)	(£)	(g) Section 512(b)(13))(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	13
				501(c)(3))		Yes	2
LEHIGH VALLEY HEALTH NETWORK - 22-2458317							
1200 S CEDAR CREST BLVD.				LINE 12C,			
ALLENTOWN, PA 18103-6202	PARENT COMPANY	PENNSYLVANIA	501(C)(3)	III-FI	N/A	×	
LEHIGH VALLEY HEALTH NETWORK REALTY HOLDING							
CO 23-2586770, 1200 S CEDAR CREST BLVD.,					LEHIGH VALLEY		
ALLENTOWN, PA 18103-6202	REAL ESTATE HOLDING CO.	PENNSYLVANIA	501(C)(2)		HEALTH NETWORK	× 	
LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH							
ALLENTOWN - 84-3843850, 2100 MACK BLVD.,					LEHIGH VALLEY		
ALLENTOWN, PA 18103-5622	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	HEALTH NETWORK	X	
LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH							
BETHLEHEM - 84-3864735, 2100 MACK BLVD.,					LEHIGH VALLEY		
ALLENTOWN, PA 18103-5622	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	HEALTH NETWORK	× 	
LEHIGH VALLEY HOSPITAL - SCHUYLKILL -							
23-1352202, 420 S JACKSON STREET,					LEHIGH VALLEY		
POTTSVILLE, PA 17901-3625	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	HEALTH NETWORK	× 	
LEHIGH VALLEY PHYSICIAN GROUP - 23-2700908							
1200 S CEDAR CREST BLVD.	PHYSICIAN PRACTICE				LEHIGH VALLEY		
ALLENTOWN, PA 18103-6202	ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	HEALTH NETWORK	× 	
LVHN AMBULATORY SURGERY CENTER OF LOPATCONG,					LEHIGH VALLEY		
INC 84-4004771, 2100 MACK BLVD.,					HOSPITAL -		
ALLENTOWN, PA 18103-5622	HEALTH CARE ORGANIZATION	NEW JERSEY	501(C)(3)	LINE 3	COORDINATED	×	
LVHN COORDINATED PROFESSIONAL PRACTICE -					LEHIGH VALLEY		
84-3878831, 2100 MACK BLVD., ALLENTOWN, PA	PHYSICIAN PRACTICE				HOSPITAL -		
18103-5622	ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	COORDINATED	×	
LVHN SCRANTON ORTHOPEDIC SPECIALISTS -							
84-3987128, 2100 MACK BLVD., ALLENTOWN, PA					LEHIGH VALLEY		
18103-5622	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	HEALTH NETWORK	×	
MUHLENBERG REALTY CORPORATION - 23-2245513							
1200 S CEDAR CREST BLVD.				LINE 12C,	LEHIGH VALLEY		
ALLENTOWN, PA 18103-6202	REAL ESTATE RENTALS	PENNSYLVANIA	501(C)(3)	III-FI	HEALTH NETWORK	× 	
NORTHEASTERN PENNSYLVANIA HEALTH CORP							
23-2421970, 700 E BROAD STREET, HAZLETON, PA					LEHIGH VALLEY		
18201-6835	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	HEALTH NETWORK	X	
POCONO AMBULATORY SERVICES, INC							
23-2611474, 206 E BROWN STREET, EAST					POCONO HEALTH		
STROUDSBURG, PA 18301-3006	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	SYSTEM	×	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)	(p)	(e)	(f)	(g)	0 1
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3 1∠(b)(controlled	(c) (d); led
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	ion?
POCONO HEALTH FOUNDATION - 23-2516451							
206 E BROWN STREET					POCONO HEALTH		
EAST STROUDSBURG, PA 18301-3006	FUNDRAISING	PENNSYLVANIA	501(C)(3)	LINE 12A, I	SYSTEM		×
POCONO HEALTH SYSTEM - 23-2336285							
206 E BROWN STREET	SUPPORT RELATED				LEHIGH VALLEY		
EAST STROUDSBURG, PA 18301-3006	ORGANIZATIONS	PENNSYLVANIA	501(C)(3)	LINE 12B, II	HEALTH NETWORK		×
POCONO HEALTH SYSTEM MEDICAL PROFESSIONAL							
LIABILITY SELF-INSURANCE TRUST - 2, 206 E					POCONO HEALTH		
BROWN STREET, EAST STROUDSBURG, PA	SELF-INSURANCE	PENNSYLVANIA	501(C)(3)	LINE 12A, I	SYSTEM		×
POCONO HEALTHCARE PARTNERS - 23-3014006							
206 E BROWN STREET					POCONO HEALTH		
EAST STROUDSBURG, PA 18301-3006	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	SYSTEM		×
POCONO MEDICAL CENTER - 24-0795623							
206 E BROWN STREET					POCONO HEALTH		
EAST STROUDSBURG, PA 18301-3006	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	SYSTEM		×
POCONO VNA-HOSPICE - 23-2535297							
206 E BROWN STREET					POCONO HEALTH		
EAST STROUDSBURG, PA 18301-3006	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 10	SYSTEM		×
SCHUYLKILL HEALTH SYSTEM MEDICAL GROUP, INC.							
- 23-2866006, 700 E NORWEGIAN STREET,	PHYSICIAN PRACTICE				LEHIGH VALLEY		
POTTSVILLE, PA 17901-2710	ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 10	PHYSICIAN GROUP		×
SCHUYLKILL REHABILITATION CENTER, INC							
23-2440891, 420 S JACKSON STREET,					LEHIGH VALLEY		
POTTSVILLE, PA 17901-3625	HEALTH CARE ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 3	HEALTH NETWORK		×
WEST END COMMUNITY AMBULANCE ASSOCIATION -							
23-2532377, 206 E BROWN STREET, EAST	AMBULATORY MEDICAL				POCONO HEALTH		
STROUDSBURG, PA 18301-3006	SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	SYSTEM		×

Part III organizations treated 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.

(a)	(q)	(2)	(p)	(e)	(£)	(6)	(F)	(i)	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner? Yes No
EASTERN PA ENDOSCOPY CENTER										
LLC - 84-2257961, 1501 N										
CEDAR CREST BLVD., STE. 100,	ENDOSCOPY									
ALLENTOWN, PA 18104-2309	SERVICES	PA	N/A	N/A	N/A	N/A	×	N/A	×	N/A
FAIRGROUNDS MEDICAL CENTER -										
23-2530427, 400 N. 17TH										
STREET, STE. 102, ALLENTOWN,	REAL ESTATE									
PA 18104-5052	RENTALS	PA	N/A	N/A	N/A	N/A	×	N/A	×	N/A
HAZLETON SURGERY CENTER LLC -										
20-1232531, 17480 DALLAS										
PARKWAY, STE. 210, DALLAS, TX SURGICAL	SURGICAL									
75287-7304	SERVICES	PA	N/A	N/A	N/A	N/A	×	N/A	×	N/A
HEALTH NETWORK LABORATORIES										
LLC - 23-2932802, 794 ROBLE										
ROAD, ALLENTOWN, PA	LABORATORY		LEHIGH VALLEY							
18109-9110	SERVICES	PA	HOSPITAL	RELATED	408,930.	2,099,938.	×	N/A	×	97.938

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. Part IV

				•	•			
(a)	(q)	(၁)	(g	(e)	(f)	(6)	Ð	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		100		2000		Yes No
AMERICAN PATIENT TRANSPORT SYSTEMS, INC								
23-3022467, 119 EAST HOLLY STREET, HAZLETON, AMBULATORY MED	AMBULATORY MEDICAL							
PA 18201-5507	SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	×
CH EYE SPECIALISTS, P.C 83-1905823								
2100 MACK BLVD.	HEALTH CARE RELATED							
ALLENTOWN, PA 18103-5622	SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	×
CH UROLOGY SPECIALISTS, P.C 83-2261980								
2100 MACK BLVD.	HEALTH CARE RELATED							
ALLENTOWN, PA 18103-5622	SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	×
HAZLETON SAINT JOSEPH MEDICAL OFFICE								
BUILDING, INC 23-2500981, 700 E BROAD								
STREET, HAZLETON, PA 18201-6835	MEDICAL OFFICE RENTAL	PA	N/A	C CORP	N/A	N/A	N/A	×
LEHIGH VALLEY ANESTHESIA SERVICES, PC -								
23-3906125, 2100 MACK BLVD., ALLENTOWN, PA								
18103-5622	ANESTHESIA SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	×

Schedule R (Form 990) 2020

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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)	General or managing partner?	(i) (k) General or Percentage managing ownership yes No
HEALTH NETWORK LABORATORIES LP - 23-2948774, 794 ROBLE ROAD, ALLENTOWN, PA	LABORATORY		LEHIGH VALLEY							
18109-9110	SERVICES	PA	HOSPITAL	RELATED	45,544,702.	336,568,112.	×	N/A	×	95,96%
LEHIGH VALLEY IMAGING LLC -										
46-4551937, 1230 S CEDAR										
CREST BLVD., ALLENTOWN, PA	IMAGING		LEHIGH VALLEY							
18103-6202	SERVICES	PA	HOSPITAL	RELATED	39,277,713.	37,172,086.	×	N/A	×	72,778
집										
RETENTION GROUP - 20-0037118,										
151 MEETING STREET, STE. 301,	INSURANCE		LEHIGH VALLEY							
CHARLESTON, SC 29401-2238	SERVICES	PA	HEALTH NETWORK	RELATED	0.	9,664,041.	X	N/A	X	10,00%
NAZARETH ENDOSCOPY CENTER LLC										
- 82-4072967, 1501 N CEDAR										
CREST BLVD., STE. 110,	ENDOSCOPY		LEHIGH VALLEY							
ALLENTOWN, PA 18104-2309	SERVICES	PA	HOSPITAL	INVESTMENT	0.	1,017,259.	X	N/A	×	51,00%
POCONO AMBULATORY SURGERY										
CENTER LTD - 23-2611442, 1										
STORM STREET, STROUDSBURG, PA	SURGICAL									
18360-2406	SERVICES	PA	N/A	N/A	N/A	N/A	×	N/A	×	N/A
POCONO HEALTH SYSTEM										
INVESTMENT COLLABORATIVE LP -										
47-2125419, 206 E BROWN										
STREET, EAST STROUDSBURG, PA	INVESTMENTS	PA	N/A	N/A	N/A	N/A	×	N/A	×	N/A
SCHUYLKILL HEALTH SYSTEM										
MEDICAL MALL LP - 23-2514813,										
700 SCHUYLKILL MANOR ROAD,	REAL ESTATE									
POTTSVILLE, PA 17901-3849	RENTALS	PA	N/A	N/A	N/A	N/A	X	N/A	×	N/A
АГТН ГР -										
20-3586257, 2100 MACK BLVD.,	REAL ESTATE									
ALLENTOWN, PA 18103-5622	RENTALS	PA	N/A	N/A	N/A	N/A	×	N/A	×	N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

	_							
(a)	(q)	၁	(q)	(e)	Ð	(B)	3	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity? Yes No
LEHIGH VALLEY HEALTH SERVICES, INC 23-2263665 2100 MACK HIVD ALLENTOWN PA	неагин саве ветатер							
	ន្ទ	PA	N/A	C CORP	N/A	N/A	N/A	×
LEHIGH VALLEY PHYSICIAN HOSPITAL								
ORGANIZATION, INC 23-2750430, 2100 MACK	HEALTH CARE RELATED		LEHIGH VALLEY					
BLVD., ALLENTOWN, PA 18103-5622	SERVICES	PA	HOSPITAL	C CORP	1,714,355.	26,055,716.	50.00%	X
LVHN COORDINATED PROFESSIONAL PRACTICE OF								
NJ, P.C 84-4028262, 2100 MACK BLVD.,	PHYSICIAN PRACTICE							
ALLENTOWN, PA 18103-5622	ORGANIZATION	NJ	N/A	C CORP	N/A	N/A	N/A	×
POPULYTICS, INC 23-2539282								
2100 MACK BLVD.	HEALTH CARE RELATED							
ALLENTOWN, PA 18103-5622	SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	×
SCHUYLKILL HEALTH SYSTEM DEVELOPMENT	PURSUES, IMPLEMENTS &							
CORPORATION - 23-2432417, 700 E NORWEGIAN	FURTHERS ACTIVITIES &							
STREET, POTTSVILLE, PA 17901-2710	PURPOSES OF HEALTH	PA	N/A	C CORP	N/A	N/A	N/A	×
SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM								
ASSOCIATION - 23-2931821, 420 S JACKSON	CONDOMINIUM							
STREET, POTTSVILLE, PA 17901-3625	ASSOCIATION	PA	N/A	C CORP	N/A	N/A	N/A	×
SPECTRUM HEALTH VENTURES, INC 23-2391479								
2100 MACK BLVD.	HEALTH CARE RELATED							
ALLENTOWN, PA 18103-5622	SERVICES	PA	N/A	c corp	N/A	N/A	N/A	×
WESTGATE PROFESSIONAL CENTER, INC								
23-1657333, 2100 MACK BLVD., ALLENTOWN, PA			LEHIGH VALLEY					
18103-5622	REAL ESTATE RENTALS	PA	HOSPITAL	c corp	0.	5,110,440.	100%	X

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	å
1 During the tax year, did the organization engage in any of the following tr	transactions with one or more related organizations listed in Parts II-IV?	elated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	olled entity			1 a	×	
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				9		×
				1	×	
e Loans or loan guarantees by related organization(s)				1e	×	
f Dividends from related organization(s)				+		×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				; =		×
j Lease of facilities, equipment, or other assets to related organization(s)				į.	×	
1. I pase of facilities pruinment or other assets from related organization(s)				÷	×	
	(-)			≦ ₹	 	
 Performance of services or membership or fundraising solicitations for related organization(s) Derformance of services or membership or fundraising solicitations by related organization(s) 	lated organization(s)			= 5	4 ×	
	arca organization(s)				>	
n Sharing of lacilities, equipment, mailing lists, of other assets with related organization(s)	organization(s)			= 5	4 ×	
				2		
p Reimbursement paid to related organization(s) for expenses				1p	×	
q Reimbursement paid by related organization(s) for expenses				19	×	
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				18		×
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.	ation on who must complete t	his line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nolved		
(1) WESTGATE PROFESSIONAL CENTER, INC.	м	35,393.	FAIR MARKET VALUE			
(2)						
(3)						
(4)						
(5)						
(9)						
032163 10-26-20			Schedule	Schedule R (Form 990) 2020	(066	2020

23-1689692

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

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

(k) centage nership				
or Perce				
(j) General or managing partner?				
(h)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all Are all 501(c)(3) Gr Ves No				
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

EIN: 47-2125419

206 E BROWN STREET

EAST STROUDSBURG, PA 18301-3006

NAME OF RELATED ORGANIZATION:

Schedule R (Form 990) 2020

1

032165 10-28-20 Schedule R (Form 990) 2020