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DLN: 93493132013682

Form **990**

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 black lung benefit trust or private foundation)

2010

Open to Public Inspection

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

<u></u> -	endar year, or tax year be	ginning 07-01-2010 and ending 06-30-2	011		
applicable	C Name of organization	gilling 07 01 2010 and chang 00 30 2	011	D Employer	identification number
change	Lehigh Valley Hospital			23-1689	9692
hange	Doing Business As			E Telephon	e number
turn	Number and street (or P.O. b.	ov if mail is not delivered to street address)	Room/suite	_	
ted	2100 Mack Blvd	ox ii iliali is not deliveled to stiect addless)	Room/ suite		
d return Ion pendina	City or town, state or country Allentown, PA 181035622	, and ZIP + 4		G Gross rece	ipts \$ 1,612,257,814
.o penamg	F Name and address of	of principal officer	11/2)	<u> </u>	
	Ronald W Swinfard	n principal officer	H(a) Isthisa	group return for af	filiates? Yes No
		622	H(b) Are all	affılıates ınclude	ed?
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				st (see instructions)
empt status	▼ 501(c)(3) 501(c) () ◀ (insert no)	H(c) Grou	p exemption	number 🟲
te:► www	lvhn org				
_	Corporation Trust Ass	ociation Other 🕨	L Year of for	mation 1971	M State of legal domicile PA
Sumi	mary				
O ur miss	ion is to heal, comfort and	care for the people of our community by p	providing advance	ed and compa	assionate health care of
Check th	s box ► if the organizati	on discontinued its operations or dispose	d of more than 2	5% of its net	assets
	•			3	:
				4	
Total nun	nber of individuals employe	ed ın calendar year 2010 (Part V, lıne 2a)		5	5,79
Total nun	nber of volunteers (estimat	e if necessary)		6	1,15
a Total unre	elated business revenue fr	om Part VIII, column (C), line 12		7a	1,010,000
Net unrel	ated business taxable inco	ome from Form 990-T, line 34		7b	1,010,000
					Current Year
			<u> </u>	18,/36,231	23,386,299
				38,398,024	1,023,708,498
Grants	and similar amounts paid	(Part IX, column (A), lines 1–3)		291,380	247,489
				0	(
	s, other compensation, em	ployee benefits (Part IX, column (A), line	s 3	57.740.665	380,431,474
•	sional fundraising fees (Pai	tIX column(A) line 11e)		0	(
			5	36.726.198	568,525,912
					End of Year
Total a	ssets (Part X, line 16) .		1,1	98,817,322	1,336,010,242
Total lı	abilities (Part X, line 26)		7	48,053,844	645,026,959
Net ass	sets or fund balances Subature Block	tract line 21 from line 20	. 4	50,763,478	690,983,283
	empt status te: www reganization Briefly de Our miss superior of Check thi Number of Total num Total rum Revenu Total e Revenu	Total number of independent voting mem Total number of independent voting mem Total number of volunteers (estimate Total unrelated business revenue from Net unrelated business revenue (Part VIII, column Total revenue—add lines 8 through 12)	Total number of independent voting members of the governing body (Part VI, line 1a). Number of independent voting members of the governing body (Part VI, line 2a). Total number of volunteers (estimate if necessary). Total runrelated business taxable income from Form 990-T, line 34. Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d). Other revenue (Part VIII, column (A), lines 3, 4, and 7d). Other revenue—add lines 8 through 11 (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 1-2). Total rundraising expenses (Part IX, column (A), line 1-10, line 11-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-10. Total rundraising expenses (Part IX, column (A), line 1-11, line 1-12. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25, Revenue less expenses Subtract line 18 from line 12.	The properties of the companies of the properties of the properties of the time of the properties of	The properties of the propert

Page **2**

Par		Program Service Accomplishments O contains a response to any question in thi		.
1	Briefly describe the orga	inization's mission		
	mission is to heal, comfort ty and value, supported by	and care for the people of our community by education and research	providing advanced and compassion	nate health care of superior
	, , , , ,			
2	the prior Form 990 or 99	ertake any significant program services during 0-EZ?	g the year which were not listed on	┌ Yes ┌ No
3	Did the organization ceas	se conducting, or make significant changes in	how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Schedule O		
4	Section 501(c)(3) and 5	pose achievements for each of the organization) trusts are required to report the a	
4a	services are provided at local educational needs of the resize 2011 Medical/Surgical-371, Orediatric Intensive Care Unithediatric Unit-28, Psychiatry - 731 In addition, LVH opera Pennsylvania, with a special stroke and vascular neurolog neuropsychiatry, neuro-onco neurovascular surgery, traum musculoskeletal disorders of Orthopedic surgeons, greater wrist surgery, foot and ankle purposes Bariatric Services Level 1a Center of Excellence medicine physician and baria provide pre-operative, opera health program for adolescer stabilization, psychiatric, psycoutpatient mental health clin adults and families, emerger teaching independent living sehavioral health services with providing Psychiatrist and corfor women in the Lehigh Vallifocus on prenatal care. This is babies. Comprehensive obstepelvic reconstructive surgery, community events focused o special program for first time. Car Seat safety events am in website was completed. Octoof patient and family centere life specialist and hospital basise, critical care medicine hematology / oncology, neor general surgery, urology, and pediatric intensive care unit, pediatric outpatient clinic, a parenican Nurses Credentialin recognition. Developed by the national leaders in nursing ediatric intensive care unit, pediatric outpatient clinic, a parenican Nurses Credentialin recognition. Developed by the national leaders in nursing ediatric standards than previous for a period of four years, higher standards than previous vidence of a practice environ Thoracic Surgery. Lehigh Vall surgeries and 11,295 cathete experienced cardiac program of PA and in the Nation LVH'diagnostic and therapeutic in vascular surgery. We continued isease, hypertrophic cardion	ealth care promotion, prevention, diagnosis, treatment at tons throughout the region and are a part of a healthcat dents of the Lehigh Valley and beyond The following refused tons throughout the region and are a part of a healthcat dents of the Lehigh Valley and beyond The following refused to the Lehigh Valley and beyond The following refused to the Lehigh Valley and beyond The following refused to the following key areas Neurosciences Services y, epilepsy, neuromuscular disease, movement disorder logy, degenerative brain disease, cognitive disorders, matric brain injury, neuro-radiology and neurointervention the upper and lower extremities as well as the spine. The that 75% fellowship-trained, provide sub-specialty care surgery, orthopedic trauma and pediatric orthopedic care surgery program, recognications and adults in the Lehigh Valley and surrounding regions the stream of the provides comprehensive, quality-measured, medical activities and adults in the Lehigh Valley and surrounding regions thing a variety of our network medical and specialty practicists for chronically and severely mentally ill adults, short not services, and a mental health linkage with home care unseling services to a number of local colleges Women's eye and surrounding communities LVHN has comprehensively and surspecialty of the parents is a sampling of what LVHN provides. Pregnancial and infertility reproductive endocrinology. A Woman in a trial provides private birthing rooms for labor, delivery, and retric and gynecology, ophthalmology, orthopedics, plastic and care with diagnostic, medical, and surgical interventions of the provides and su	Indirehabilitation to the community Extensive network established by the Hospital to more network established by the Hospital to more network established by the Hospital to more continuous the progressive Coronary Care Unit-12, Intensive Coronary Care Unit-13, and Progressive Coronary center for approximately two million residents. LVH provides comprehensive Neurosciences, Parkinson's disease, multiple sclerosis, he inimally invasive surgery, cranial base surgers, cranial base surgers, and radiology Orthopedic Services The Division the program has been nationally recognized in the following joint replacement, spinal reconstructional outcomes are monitored for qualized by the American College of Surgeons Band surgical weight management services. It practitioner, dieticians, behavior health specific paractitioner, dieticians, and services for children services, and education and research. Finaltices, and has established linkages with the services, and education and research. Finaltices, and family centered obstetric and ecovery with a full range of birthing options clude maternal-fetal (high risk) medicine, moratice program offening informative education, postpartum exercise, parenting, and breasservices include adolescent medicine, alleging, and preservices include adolescent medicine, alleging, and preservices include adolescent medicine, alleging, and the program of the violation to the program of the program of the program of the program of the pro	we outpatient and educational leet the medical, surgical and acute care beds as of June 30, 2, Neonatal Intensive Care Unit-32, Transitional Trauma Unit-30, Care Unit-32 Total acute care beds to for surrounding counties in eastern eservices with sub-specialists in eadaches, pain management, env., complex spine surgery, on of Orthopedic Surgery treats by US News & World Report disorders, sports medicine, hand and ity assurance and educational ariatric Surgery Center Network as a led by a board certified bariatric cialists and exercise physiologists tal based acute-care inpatient mental individual patient days, providing crisis rograms for adolescents and adults, dren, adolescents, adults, older residential rehabilitation program, illy, LVH Psychiatry integrates broader community as well, e.g. designed to provide complete care and gynecology services with a special for low or high risk mothers and idwifery, gynecological oncology, in series, a variety of support groups, affeeding consultation along with a mish, Maternity Tours, Sibling Tours, tion of www lyhn org/pregnancy attric care by combining a philosophy iorative efforts of community, child anesthesiology, cardiology, rheumatology, continuum of care beds, a 8 bed wided by LVHN include general cellence. In August 2002, the pitals in Pennsylvania to receive the di recognizes both hospitals as the organization. Magnet designation hospitals demonstrate increasingly to demonstrate the required quality care Cardiology & Cardiology, un Scoring), open heart and vascular operating one of the most cart attack survival rates in the State including medical cardiology, un Scoring), open heart and valvular
4b	the largest trauma program is provides comprehensive trau of over 2.5 million people. Lucastern Pennsylvania and we 24/7/365 in house coverage American Burn Association, for) (Expenses \$ including gran & Burn Services In 1981, LVH became the first hospital in eastern Pennsylvania LVH is also one of four program ma care and services, including education and research, the coordinates pre-hospital emergency medical services estern New Jersey The Lehigh Valley Hospital Trauma part A trauma rehabilitation team completes the continuum or both adult and pediatric burn patients. A new, 18 bed in its western New Jersey and southwestern New York.	in Pennsylvania to be designated as a Levens in the state with added qualifications in particle and is a major regional resource serving a and provides 24 hour a day air ambulance rogram provides a continuum of care for the of trauma care. LVH also serves as a region	ediatric trauma The program ten county area and a patient base service operating four helicopters in e trauma patient with providing nal Burn Center, verified by the
4c	(Code) (Expenses \$ including gran)
	58,270,568, Medical Assistan (CHAMPUS) Shortfall 368,734 Township School District Agre City of Allentown 145,000, St. Consultative Services - City of Company 15,000, School He. Valley 651,807, Transitional I. Programs 109,457, Lehigh Va. Moerkirk Emergency Medicin. Language Interpreting Service Promote Health-Related Activ. 214,070, Free Oral Trauma St. Discharged Patients 342,305, Children's Advocacy Center of Division of Education - Office & Outreach in-kind, Library Seducation in-kind, Comprehe Care Services - Community Servi	ted Value of Free Care, Community Service, Charitable of the Shortfall 25,327,299, Uncompensated Charity Care 14, Blue Cross Special Care & CHIP Shortfall 379,772, Resement (includes 50% add-on value for voluntary agree tippend to City of Allentown 45,000, Free Pap Tests, Mar of Allentown 13,871, Physical Examinations - Firefighter alth 327,356, Communities in Schools 57,247, Value of Living Centers 272,168, Community Health & Health Studies Hospital Cancer Center (includes Patient Support & Einstitute 447,138, Pastoral Care 836,112, Patient Repie 661,942, Public Affairs Activities Community Health Evities 339,634, Physician Referral & Health Information Surgery Care 340,171, Ambulance Transport Costs 130,2 Pharmacy Financial Coordinator 43,515, Infection Confort Lehigh Valley 42,119, Chairman, Department of Pedia of Student Affairs in-kind, Helwig Diabetes Center Community Wound, Skin & Ostomy Services Community Educations of Confording Confording Service (includes classes, support groups, and Profession reatment Program in-kind, Subtotal \$134,013,202 Medicates and Confording 2,566,910 Subtotal \$21,919,108	2,086,969, Bad Debt 13,159,020, Clinics Sual Estate Taxes Paid on Owned and Leased ments) 165,599, Stipend to Salisbury Town imograms & Ultrasounds-City of Allentowns & HazMat Personnel 82,595, Contribution Volunteer Assistance, 1,745,575, Neighborholdies Department 1,328,244, AIDS Activities Education, Community Education & Screeni resentative - Press, Ganey Patient Educatione 362,206, Community Outreach in-kind, 171, Transportation For Discharged Patients and Community Service (Includes free flu vatrics Community Service in-kind, Dental Screation & Outreach Programs in-kind, Weight munity Education Programs in-kind, Heart & Cation in-kind, Sleep Disorders Center Communical Excellence Council activities) in-kind, Tracal Education 8,749,443 Patient Education 3	bsidy 12,425,926, TRICARE Property 1,422,830, Salisbury ship 34,213, Financial Support to 122,292, Laboratory Tests & to Western Salisbury Volunteer Fire bod Health Centers of the Lehigh Office 333,634, Healthy You ng Programs) 373,503, George E 04,480, Foreign Language & Sign on Publications 32,888, Materials to Voluntarism in-kind, Contributions 34,398, Pharmaceuticals For ccine) 282,965, Nurse Practitioner - eenings & Free Procedures in-kind, Management Center Support Groups Vascular Center Community nunity Education in-kind, Patient
	Other program services	(Describe in Schedule 0)		
	(Expenses \$	including grants of \$) (Revenue \$)

4e

Total program service expenses►\$

917,632,049

Form **990** (2010)

Part TV	Checklist	of Require	d 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{m{g}}$	2	Yes	
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		Νο
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	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\square}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		N o
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part $\ensuremath{\mathsf{V}}$

	, , , , , , , , , , , , , , , , , , , ,		Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 606			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
	gaming (gambling) winnings to prize winners?		1 65	
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the	2-	Yes	
,	year?	3a 3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tay cholter transaction at any time during the tay year?	En.		Na
,	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		No No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
	The state of SB, and the organization menorin accounts the state of SB, and the organization menoring accounts the state of SB, and the organi	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		No
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter 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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
•	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states			
:	Enter the amount of reserves on hand			
	Li3c			R :
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo

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

Check if Schedule O contains a response to any question in this Part VI										. ~
---	--	--	--	--	--	--	--	--	--	------

<u>sec</u>	ction A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year			
b i	Enter the number of voting members included in line 1a, above, who are independent			
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		No
3 [Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was			
	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No
6 i	Does the organization have members or stockholders?	6		N o
	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь ,	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8 [Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
<u>Rev</u>	venue Code.)	1		
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b 1	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13 i	Does the organization have a written whistleblower policy?	13	Yes	
	Does the organization have a written document retention and destruction policy?	14	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	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	Yes	
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Sec	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶PA			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

- Own website Another's website Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 The Organization

2100 Mack Blvd

Allentown, PA 181035622 (484)884-0130

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

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

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

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

(A) Name and Title	(B) Average hours	Posi t	tion (that a	che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization related organizations
(1) Richard Fleming Honorary Trustee	1 00	Х						0	0	0
(2) William F Hecht Trustee	1 00	Х						0	0	0
(3) Matthew M McCambridge MD Trustee	1 00	х						80,000	0	0
(4) Stephen K Klasko MD Trustee	1 00	Х						0	0	0
(5) Ronald W Swinfard MD Trustee/CEO	60 00	х		х				887,782	0	21,318
(6) Kathryn P Taylor Chair	1 00	Х						0	0	0
(7) Daniel H Weiss Trustee	1 00	х						0	0	0
(8) Martın K Tıll Vıce-Chaır	1 00	х						0	0	0
(9) Terry Capuano Chief Operating Officer	60 00			х				674,712	0	21,318
(10) Keith Weinhold Vice-President	60 00					х		291,815	0	21,318
(11) James Geiger Sr Vice-President-Operations	60 00					х		282,320	0	21,318
(12) Brian Hardner Vice-President	60 00					х		239,243	0	20,968
(13) Anne Panık Vıce-President	60 00					х		310,820	0	21,318
(14) Debby Patrick Vice-President Human Resources	60 00					х		239,326	0	20,973
(15) Elliot J Sussman MD Former Trustee/CEO	0 00						х	1,636,653	0	21,318
(16) Stuart S Paxton Former Trustee/COO	0 00						х	168,569	0	16,674

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

	(A) Name and Title	(B) Average hours		tion (that a			Ш		(D) Reportable compensation	(E) Reportable compensation	ı ;	(F) Estima amount o	ited f other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t organizati relati organiza	:he on and ed
	Mary Kay Grim er Sr Vice-President-Human Resources	60 00						х	359,876		0		21,318
							-				-		
							-						
								Ļ					
1b	Sub-Total						· ·	-			_		
c	Total from continuation sheets Total (add lines 1b and 1c) .	•					-	 	5,171,116		0		207,841
	Total number of individuals (incl										<u> </u>		107,011
_	\$100,000 in reportable compen						450.0	,		•			
												Yes	No.
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sch					ey e			r highest compensa	ated employee	3	Yes	<u>No</u>
4	For any individual listed on line organization and related organiz										4	Yes	
5	Did any person listed on line 1a												
	services rendered to the organiz	auon <i>r 11 "Yes,"</i>	complet	e sch	eaul	e J fi	or suct	ı per:	SON	•	5		N o
Se	ection B. Independent Con	tractors											

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

(A) Name and business address	(B) Description of services	(C) Compensation
Pulmonary Associates PC 1210 S Cedar Crest Blvd Suite 23 Allentown, PA 18103	Physician Services	3,436,120
VSAS Orthopaedics 1250 S Cedar Crest Blvd Suite 11 Allentown, PA 18103	Physician Services	2,506,215
Lehigh Area Medical Associates 1255 S Cedar Crest Blvd Suite 22 Allentown, PA 18103	Physician Services	2,005,909
Anchor Health Properties LLC 1300 N Grant Avenue-Suite 209 Wilmington, DE 19806	Construction Management	1,721,604
IMR Limited 20 Unico Drive Hazelton, PA 18202	Information Services	1,034,592
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►44) who received more than	

Form 99 Part \	•	<u> </u>					Pag	e 9
Parts	///	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclude from tax under sections
								513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
2 1 2 1 3		Membership dues						
ાં કે, વાર		Fundraising events						
2 <u>5</u>		Related organizations	. 1d					
<u>5</u> .≅		Government grants (contributions)	1e	5,672,230				
± =	f	All other contributions, gifts, grants similar amounts not included above	a, and 1f e					
- C	g	Noncash contributions included in l	nes 1a-1f \$	180,429				
9 E	h	Total. Add lines 1a-1f			18,821,114			
œ.	_			Business Code				
Program Serwoe Revenue	2a	Inpatient Revenue		624100	634,964,911	634,964,911		
Ę.	b	Outpatient Revenue		624100	330 940 443	330,940,443		
MCe	c	Physician Fee Revenue		624100	1,473,864			
Š	d							
Ea l	e							
્ર	f	All other program service re	venue					
_		Total. Add lines 2a-2f	.		967,379,218			
	3	Investment income (including	•		7,537,316			7,537,31
	4	and other similar amounts) Income from investment of tax-ex		-	7,557,510			7,337,31
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents	5,879,986					
	_	Less rental expenses	4,997,988					
		Rental income or (loss)	881,998					
	d	Net rental income or (loss)		(u) 0 th a r	881,998			881,99
	7a	Gross amount	(i) Securities 589,555,019	(II) O ther 121,007				
		from sales of assets other						
	b	than inventory Less cost or	582,569,625	521,850				
		other basis and sales expenses						
		Gain or (loss)	6,985,394	-400,843		6 504 554		
		Net gain or (loss) Gross income from fundraisi			6,584,551	6,584,551		
3	ou	(not including	ng events					
oniei vevelne		\$ of contributions reported on	line 1c)					
		See Part IV, line 18	•					
	b	Less direct expenses .	a b	1,111,672 459,853				
•		Net income or (loss) from full		439,033	651,819			651,8
	9a	Gross income from gaming a	ctivities See Part IV, line 19	a				
		·		b				
		Net income or (loss) from ga Gross sales of inventory, les						
		returns and allowances .						
	h	Less cost of goods sold .	a h	<u> </u>				
		Net income or (loss) from sa						
		Miscellaneous Revenue		Business Code				
	11a	Health Network Labs		621500		12,847,883		
		Research & Misc Incom		900099	7,513,329			
		Lehigh Valley PHO		900003	481,264	481,264		
		All other revenue						
	е	• Total. Add lines 11a-11d			21,852,482			
	12	Total revenue. See Instructi	ons	ļ	1,023,708,498		1,010,006	9 071 11
					1,023,700,498	994,806,245	m 990 (20	

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) but are not required to complete columns (B), (C), and (D).							
			(B)	(c)	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	247,489	247,489				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	7,036,117	7,036,117				
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	286,459,994	272,590,807	12,739,393	1,129,794		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,862,238	27,669,283	1,083,991	108,964		
9	Other employee benefits	35,983,330	34,470,573	1,397,211	115,546		
10	Payroll taxes	22,089,795	21,150,381	853,692	85,722		
а	Fees for services (non-employees) Management						
b	Legal	1,984,563	1,984,563				
C	Accounting	268,365	268,365				
d	Lobbying						
e	Professional fundraising services See Part IV, line 17						
f	Investment management fees						
g	Other	100,422,972	93,501,172	6,887,603	34,197		
12	Advertising and promotion	4,344,112	1,289,589	3,054,523			
13	Office expenses	2,655,428	2,506,895	130,642	17,891		
14	Information technology	10,818,364	10,708,154	110,210			
15	Royalties						
16	Occupancy	24,453,921	23,825,917	513,312	114,692		
17	Travel	1,208,257	1,137,091	60,708	10,458		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	1,694,206	1,556,498	124,188	13,520		
20	Interest	16,688,302	16,688,302				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	64,582,150	64,460,099	117,956	4,095		
23 24	Insurance	7,825,769	7,825,769				
_	line 25, column (A) amount, list line 24f expenses on Schedule O)	140 504 055	142 502 005	1 255			
a h	Medical Supplies Purchased Services	142,584,252	142,582,997	1,255	100 365		
b	Purchased Services	98,329,029	95,532,743	2,597,921	198,365		
c d	Other Supplies	56,450,033	56,450,033	E0 001	0.103		
	Equipment Rental	4,280,798 2,092,379	4,238,110 2,003,837	50,881 77,728	-8,193 10,814		
e f	All other expenses	27,843,012	2,003,837	-80,868			
25	Total functional expenses. Add lines 1 through 24f			· · ·	1 952 470		
26		949,204,875	917,632,049	29,720,346	1,852,479		
20	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a						
	combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			10,850	1	10,853
	2	Savings and temporary cash investments			21,065,098	2	3,528,591
	3	Pledges and grants receivable, net			12,003,111	3	7,152,180
	4	Accounts receivable, net			126,458,008	4	124,382,143
	5	Receivables from current and former officers, directors, trusted highest compensated employees Complete Part II of	es, ke	y employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$, and contributing sponsoring organizations of section $501(c)(9)$ voluntary employeganizations (see instructions)	emplo	yers, and			
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net			894,266	7	1,123,621
⋖	8	Inventories for sale or use			7,947,907	8	7,833,516
	9	Prepaid expenses and deferred charges			16,480,630	9	15,094,205
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	969,130,593		1	
	b	Less accumulated depreciation	10b	530,331,383	445,348,267	10c	438,799,210
	11	Investments—publicly traded securities	482,181,563	11	639,808,126		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11	76,098,844	13	89,606,426		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	10,328,778	15	8,671,371		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,198,817,322	16	1,336,010,242
	17	Accounts payable and accrued expenses .			86,912,129	17	82,631,847
	18	Grants payable				18	
	19	Deferred revenue			2,181,396	19	2,394,848
- 46	20	Tax-exempt bond liabilities			359,729,000	20	351,205,810
jes	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .		34,091,927	23	34,362,783
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities $$ Complete Part X of Schedule D $$. $$. $$.			265,139,392	25	174,431,671
	26	Total liabilities. Add lines 17 through 25		748,053,844	26	645,026,959	
Ņ		Organizations that follow SFAS 117, check here \blacktriangleright $\overline{\wp}$ and com-	nplete	lines 27			
Balances		through 29, and lines 33 and 34.					
ılar	27	Unrestricted net assets			333,542,482		551,790,038
ä	28	Temporarily restricted net assets			77,410,335		97,224,615
Fund	29	Permanently restricted net assets		_	39,810,661	29	41,968,630
FL		Organizations that do not follow SFAS 117, check here ► a lines 30 through 34.	and co	mplete			
ō	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ 51	32	Retained earnings, endowment, accumulated income, or other				32	
	33	Total net assets or fund balances	iuiius		450,763,478	33	690,983,283
Net	1						
	34	Total liabilities and net assets/fund balances	•		1,198,817,322	34	1,336,010,242

4.	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,023,7	708.49
2	Total expenses (must equal Part IX, column (A), line 25)	2			204,87
3	Revenue less expenses Subtract line 2 from line 1	3		74,5	503,62
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		450,7	763,47
5	Other changes in net assets or fund balances (explain in Schedule O)	5		165,7	716,18
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		690,9	983,28
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৷	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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DLN: 93493132013682

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization Lehigh Valley Hospital

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

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

23-1689692 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) (ii) organization in organization in Name of (described on col (ı) lısted ın A mount of EIN col (i) of your col (i) organized supported lines 1 - 9 above your governing support in the US? support? organization or IRC section document? (see

Total

instructions))

Yes

Yes

No

Yes

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

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

	action A Public Support	organización i	ans to quality t	ander the tests	noted below, pic	ase complete	1 4.1 (111.)
	ection A. Public Support		1		т т		<u> </u>
Cale	endar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on	.					
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
	line 4						
	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	ın)►						
7	A mounts 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						
9	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 IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fıfth tax year as a !	501(c)(3) organı	_ `
	check this box and stop here						•
	ortion C. Commutation of Dut	lio Sunnant T	organia				
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f\)		14	
	• • • • • • • • • • • • • • • • • • • •	•		11 Column (1))		14	
15	Public Support Percentage for 2009	3 Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
	and stop here. The organization qua					22.4/20/	▶
D	33 1/3% support test—2009. If the				oa, and line 15 is a	or more, ده	
17~	box and stop here. The organization 10%-facts-and-circumstances test-				na 12 162 ar 16h	and line 14	►
T/a	is 10% or more, and if the organization				, ,		
	in Part IV how the organization mee						rted
	organization	.co the lacts allu	circuitistatices	cost The Organiz	acion quannes as i	a pablicly Suppol	rted ▶□
h	10%-facts-and-circumstances test-	-2009. If the org	anization did not	check a box on lu	ne 13, 16a, 16b, o	r 17a and line	FI
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						V
	supported organization					a pasilei	' ▶ ┌
18	Private Foundation If the organizati	ion did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this l	box and see	,
	instructions			, , ,	,		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 **(e)** 2010 (f) Total ın) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported ►E organization

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2009 Schedule A, Part III, line 17

17

18

17

18

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493132013682

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ 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," to 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

Na	ction 501(c)(4), (5), or (6) organi me of the organization	Zadono Gompioto Fare III		Emplo	yerıden	ntıfıcatıon number
Leh	ıgh Valley Hospıtal			23-16	589692	
ar	t I-A Complete if the or	ganization is exempt und	er section 501(organization.
1	Provide a description of the or	ganization's direct and indirect po	litical campaign ac	tivities in Part IV		
- 2	Political expenditures	3			b -	\$
3	Volunteer hours					
) Par	t I-B Complete if the or	ganization is exempt und	er section 501 <i>(</i>	c)(3)		
1	<u> </u>	e tax incurred by the organization				\$
- 2	·	e tax incurred by organization mai			•	\$
3		section 4955 tax, did it file Form 4			•	↑ Yes
- 4a	Was a correction made?	,	, ,			☐ Yes ☐ No
b	If "Yes," describe in Part IV					, ,
	•	ganization is exempt und	er section 501(c) except secti	on 501	1(c)(3).
1	-	ended by the filing organization for	_			\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	other organization	s for section 527	_	\$
	exempt function activities					Ψ
3		tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	•	¢
3 4	Total exempt function expending Did the filing organization file I	Form 1120-POL for this year?			•	\$
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio		(EIN) of all section the amount paid fr d directly delivered	n 527 political orga om the filing organiz to a separate politi	zatıon's f ıcal orga	s to which the filing funds Also enter the inization, such as a
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? nd employer identification number For each organization listed, enter ns received that were promptly an	(EIN) of all section the amount paid fr d directly delivered	n 527 political orga om the filing organiz to a separate politi	zation's f ical orga informa id from tion's	s to which the filing funds Also enter the inization, such as a
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an Inspect political action committee (PAC)	(EIN) of all section the amount paid fr d directly delivered If additional space	n 527 political organiom the filing organize to a separate politic is needed, provide (d) A mount pai	zation's f ical orga informa id from tion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an Inspect political action committee (PAC)	(EIN) of all section the amount paid fr d directly delivered If additional space	n 527 political organiom the filing organize to a separate politic is needed, provide (d) A mount pai	zation's f ical orga informa id from tion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an Inspect political action committee (PAC)	(EIN) of all section the amount paid fr d directly delivered If additional space	n 527 political organiom the filing organize to a separate politic is needed, provide (d) A mount pai	zation's f ical orga informa id from tion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an Inspect political action committee (PAC)	(EIN) of all section the amount paid fr d directly delivered If additional space	n 527 political organiom the filing organize to a separate politic is needed, provide (d) A mount pai	zation's f ical orga informa id from tion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an Inspect political action committee (PAC)	(EIN) of all section the amount paid fr d directly delivered If additional space	n 527 political organiom the filing organize to a separate politic is needed, provide (d) A mount pai	zation's f ical orga informa id from tion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an Inspect political action committee (PAC)	(EIN) of all section the amount paid fr d directly delivered If additional space	n 527 political organiom the filing organize to a separate polities is needed, provide (d) A mount pai filing organiza	zation's f ical orga informa id from tion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an Inspect political action committee (PAC)	(EIN) of all section the amount paid fr d directly delivered If additional space	n 527 political organiom the filing organize to a separate polities is needed, provide (d) A mount pai filing organiza	zation's f ical orga informa id from tion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Total exempt function expends Did the filing organization file I Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? Ind employer identification number For each organization listed, enter Ins received that were promptly an Inspect political action committee (PAC)	(EIN) of all section the amount paid fr d directly delivered If additional space	n 527 political organiom the filing organize to a separate polities is needed, provide (d) A mount pai filing organiza	zation's f ical orga informa id from tion's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

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

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?	Yes		100	
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		54,768	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities? If "Yes," describe in Part IV	Yes		33,318	
j	Total lines 1c through 1i			88,186	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Explanation of Other Lobbying Activities	·	Indirect State lobbying activites - Indirect communication includes communication explaining a principal's position and requesting others to contact elected officials by way of grassroots lobbying

1

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132013682

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** Lehigh Valley Hospital 23-1689692 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **▶**\$_____ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

Schedule D (Form 990) 2010

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	411 Organizations Maintaining Co	ilections of Art, H	ISTO	rie	cai irea	isures, or Otno	er Similar <i>i</i>	<u>ASSE</u>	ts (co	<u>ntınued)</u>
3	Using the organization's accession and other items (check all that apply)	r records, check any of	the	foll	owing tha	t are a significant	use of its coll	ection	n	
а	Public exhibition	d	Γ	_	Loan or	exchange program	s			
b	Scholarly research	e	Г	_	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain h	ow t	hey	further t	he organızatıon's e	xempt purpos	se in		
5	During the year, did the organization solicit o						mılar	_		_
D-	assets to be sold to raise funds rather than t								Yes	│ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						res" to Forn	1 990	J,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	•					not		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the follo	owing	g ta	ible	_	T			
_						<u> </u>		Amou	ınt	
C C	Beginning balance					1c	1			
d	Additions during the year					1d				
e •	Distributions during the year					1e	1			
_'	Ending balance	000 D 1 V 1 00				1f				
2a	Did the organization include an amount on Fo		[5					ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		חכואוי	0 rc	d "Voc"	to Form 990 Da	rt IV Juno 1			
ΓŒ	Endowment Funds. Complete	(a)Current Year	(b)Pi				d)Three Years B		e) Four Y	ears Back
1a	Beginning of year balance	89,400,969		78	,716,975	96,684,736				
b	Contributions	1,438,232		3	,372,844	362,255				
C	Investment earnings or losses	16,891,409		9	,223,571	-16,234,043				
d	Grants or scholarships	246,433			285,893	650,069		_		
e	Other expenditures for facilities and programs	1,708,282		1	,625,502	1,445,904				
f	Administrative expenses									
g	End of year balance	105,775,895		89	,401,995	78,716,975				
2	Provide the estimated percentage of the yea	r end balance held as								
а	Board designated or quasi-endowment 🕨	0 %								
b	Permanent endowment 🕨 33 000 %									
c	Term endowment ► 67 000 %									
3a	Are there endowment funds not in the posses	ssion of the organizatio	n tha	at a	re held ar	nd administered fo	r the			
	organization by (i) unrelated organizations						Г	3a(i)	Yes	No
	(ii) related organizations			٠.			<u> </u>	3a(ii)	_	No
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of th	e organızatıon's endow	ment	t fu	nds					
Par	t VI Investments—Land, Buildings	s, and Equipment.	See	e F	orm 990	, Part X, line 10	T	—		
	Description of investment				Cost or othe (investmer		(c) Accumulation		(d) Boo	ok value
1a	Land					4,466,258				4,466,258
b	Buildings					612,204,302	309,299,	.235	30.	2,905,067
C	Leasehold improvements					13,865,198	4,593,	779		9,271,419
d	Equipment					233,835,030	164,318,	400	6	9,516,630
	Other					104,759,805		,969	5	2,639,836
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column (B), II	ıne	10(c).) .		▶		43	8,799,210

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(=, = : : : : : : : : : : : : : : : : : :	Cost or end-of-year market value
(1) Investment-Lehigh Valley Physician Hospital Org -	7 514 466	C
42 7%	7,514,466	C
(2) Investment-Health Network Laboratories-83 24%	78,176,653	C
(3) Quakertown Health Venture - 50%	3,267,307	C
(4) Investment - Careworks Allentown	106,000	C
(5) Investment - Careworks Schnecksville	92,000	С
(6) Investment - Fairgrounds Medical Center	450,000	С
(C)	,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	89,606,426	
Part IX Other Assets. See Form 990, Part X, lii	ne 15.	
	otion	(b) Book value
(a) Descrip	701011	(D) Book value
(a) Descrip	rcion	(D) Book value
(a) Descrip	ALION .	(2) Book value
(a) Descrip	ACCOUNT TO THE PARTY OF THE PAR	(D) Book value
(a) Descrip	ACCOUNT.	(2) Book value
(a) Descrip	ACCOTI	
(a) Descrip	ACCOTI	
(a) Descrip	7000	
(a) Descrip	ACCOTI	
(a) Descrip		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	<i>5.)</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line at Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan Pension Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan Pension Liability Workers Compensation Professional Insurance Liability Reserves	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan Pension Liability Workers Compensation Professional Insurance Liability Reserves Asset Retirement Obligation	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan Pension Liability Workers Compensation Professional Insurance Liability Reserves Asset Retirement Obligation Unrealized Loss on Interest Rate Swap	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan Pension Liability Workers Compensation Professional Insurance Liability Reserves Asset Retirement Obligation	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan Pension Liability Workers Compensation Professional Insurance Liability Reserves Asset Retirement O bligation Unrealized Loss on Interest Rate Swap	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability Federal Income Taxes Cost Settlement Reserves with Third Parties Deferred Compensation Plan Pension Liability Workers Compensation Professional Insurance Liability Reserves Asset Retirement O bligation Unrealized Loss on Interest Rate Swap	5.)	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants]	
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
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		
z a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	┤	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
للحص	.,		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The endowment funds are used for continuing education, scholarships, research, clinical equipment, and nursing awards
Description of Uncertain Tax Positions Under FIN 48	Part X	In 2008, the Organization adopted Financial Accounting Standards Board (FASB) Interpretation No 48 "Accounting for Uncertainty in Income Taxes" ("FIN 48") FIN 48 establishes that the financial statement effects of a tax position taken or expected to be taken are to be recognized in the financial statements when it is more likely than not, based on technical merits, that the position will be sustained upon IRS examination FIN 48 became effective for fiscal year 2008 for the Organization The Organization has analyzed tax positions taken on federal income tax returns for all open tax years for the taxable entities and has determined that as of June 30, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition in the financial statements The Organization has analyzed specific criteria regarding the exempt 501(c) 3 status for the tax exempt entities and has determined that as of June 30, 2011 the Organization is compliant with the qualifications for exemption from Federal income tax

Additional Data

Software ID: Software Version:

EIN: 23-1689692

Name: Lehigh Valley Hospital

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

1 (a) Description of Liability	(b) A mount
Cost Settlement Reserves with Third Parties	2,598,417
Deferred Compensation Plan	8,465,640
Pension Liability	119,184,441
Workers Compensation	2,114,200
Professional Insurance Liability Reserves	26,374,146
Asset Retirement Obligation	4,120,215
Unrealized Loss on Interest Rate Swap	10,659,948
Other	914,664

DLN: 93493132013682

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Name of the organization Lehigh Valley Hospital

Department of the Treasury

Internal Revenue Service

Part I

Employer identification number

23-1689692

1	Indicate whether the orga	nızatıon raısed funds	s through a	any of the	following activities Ch	eck all that apply					
а	Mail solicitations										
b	Internet and e-mail so	olicitations			Solicitation of non-government grants Solicitation of government grants						
c	Phone solicitations										
d	In-person solicitation	6		9) Special fullulation	ig events					
u	i in-person soncitation	5									
2a b	Did the organization have or key employees listed in If "Yes," list the ten highe to be compensated at leas	n Form 990, Part VII st paid individuals o	I) or entity or entities	y in conne (fundraise	ction with professional ers) pursuant to agreem	fundraising services? ents under which the fui					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization				
			Yes	No							
	_										
Tot	al	<u> </u>	<u> </u>								
3	List all states in which the licensing	organization is regi	stered or	licensed t	o solicit funds or has b	een notified it is exempt	from registration or				

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
			(a) Event #1 Nite Lites (event type)	(b) Event #2 (event type)	(c) Other Events	(d) Total Events (Add col (a) through col (c))		
φ					(total number)	1 111 672		
Reveilue	1 2	Gross receipts Less Charitable	1,111,672			1,111,672		
2		contributions)				
	3	Gross income (line 1 minus line 2)	1,111,672			1,111,672		
	4	Cash prizes	C)				
မှာ	5	Non-cash prizes	C)				
Expenses	6	Rent/facility costs	C)				
Ä	7	Food and beverages	C)				
Direct	8	Entertainment	C)				
ā	9	Other direct expenses .	459,853	3		459,853		
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		459,853		
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		651,819		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than		
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						
S S	2	Cash prizes						
Expenses	3	Non-cash prizes						
益	4	Rent/facility costs				1		
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%_ ┌ No	Г Yes			
		Direct expense summary Add lines						
	8	Net gaming income summary Com	bine lines 1 and / in coll	ımn (a)	<u> </u>			
9		er the state(s) in which the organiza						
a b		he organization licensed to operate No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	licenses revoked, susper	nded or terminated during	; the tax year?	· · 「Yes 「No		

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable of	gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to provide instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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DLN: 93493132013682

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Lehigh Valley Hospital

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

Hospitals

Employer identification number

					23-	1689692				
Part I Financial Assistance and Certain Other Community Benefits at Cost										
				· · · · · · · · · · · · · · · · · · ·				Yes	No	
1a	Did the organization have a fi	nnancıal assı	stance policy	during the tax year? I	f "No," skıp to questıo	n 6 a .	1a	Yes		
b	b If "Yes," is it a written policy?									
2	If the organization has multip assistance policy to its vario				describes application o	of the financial				
	Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals									
	·	·								
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year									
а	Does the organization use Fe income individuals? If "Yes,"						За	Yes		
		F 20	00% F	O ther 400.000000	00000 %					
b	Does the organization use FP "Yes," indicate which of the fo					dividuals? If	26	V		
	□ 200% □ 250%	_	00%		0% F Other_		3b	Yes		
С	If the organization does not u				_					
	determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description wl	nether the organizatior					
4	Did the organization's financi					uring the tax year	4	Yes		
5a	provide for free or discounted Did the organization budget amount			=		x year?	5a	Yes		
ь	If "Yes," did the organization	's financial as	ssistance exp	enses exceed the bud	geted amount?		5b	1.00	No	
С	If "Yes" to line 5b, as a resul care to a patient who was elig					or discounted	5c		110	
6a	Does the organization prepare	e a communit	y benefit rep				6a	Yes		
6b	If "Yes," did the organization			ublic?		[6b	Yes		
	Complete the following table worksheets with the Schedule		ksheets prov	ıded ın the Schedule H	instructions Do not s	ubmit these				
7	Financial Assistance and C	ertaın Other	Community I	Benefits at Cost						
	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero total ex		
а	Financial Assistance at cost (from Worksheets 1 and 2)			12,086,969		12,086	.969	1	350 %	
b	Unreimbursed Medicaid (from Worksheet 3, column a)			108,042,506	83,142,863	24,899			790 %	
c	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			100,042,300	03,172,003	24,033	,0-13		, , , , , ,	
d	Total Financial Assistance and Means-Tested Government Programs			120,129,475	83,142,863	36,986	,612	4	140 %	
e	Other Benefits Community health improvement services and community benefit operations (from			6 040 202						
f	(Worksheet 4) Health professions education			6,049,382		6,049			680 %	
g	(from Worksheet 5) Subsidized health services			14,257,491	5,508,048	8,749			980 %	
h	(from Worksheet 6) Research (from Worksheet 7)			16,180,251 5 132 311	2,335,776	13,844 2,566	_		550 % 290 %	
	Cash and in-kind contributions to community groups (from Worksheet 8)			5,132,311	2,565,401	,	,070		020 %	
j 1	Total Other Benefits			41,833,505	10,409,225	31,424	_		520 %	
-	Total. Add lines 7d and 7j			161,962,980	93,552,088	68,410			660 %	

Part I	Community Buildir activities during the of the communities in	tax year, an									ealth
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect offset revenue	- I	ommunity expense		(f) Perc total ex	
1 Phys	sical improvements and housing										
2 Ecor	nomic development										
3 Com	nmunity support			57,247	,			57,24	17	0	010 %
4 Envi	ronmental improvements										
	dership development and training										
	community members lition building								+		
	nmunity health improvement										
	ocacy kforce development			979,163	:			979,16	53	0	110 %
9 Othe	<u>'</u>										
10 Tota				1,036,410	1			1,036,41	10	0	120 %
Part II	Bad Debt, Medicar	e, & Collec	tion Practice				'	_,,			
Coation (A Rad Daht Evnance										·
1 Did	A. Bad Debt Expense d the organization report bac atement No 15?		e ın accordance	with Heathcare Fin	ancıal M	anageme	ent Association		1	Yes Yes	No
	ter the amount of the organi		ebt expense (at	cost)		 2	13,15	9,020			
3 En	ter the estimated amount of	the organizat	ıon's bad debt e	expense (at cost)							
att	ributable to patients eligible	under the org	ganızatıon's fına	incial assistance po	licy .	3	8,53	6,881			
I n rat	ovide in Part VI the text of t addition, describe the costi conale for including a portion 3. Medicare	ng methodolog	gy used in deter	mining the amounts				pense			
5 En	ter total revenue received fr	om Medicare	(including DSH	and IME)		5	235,85	4,927			
	ter Medicare allowable cost					6	228,33				
7 Su	btract line 6 from line 5 Thi	s is the surpli	ıs or (shortfall)			7	7,52	2,361			
Αls	scribe in Part VI the extent so describe in Part VI the co eck the box that describes	sting method	ology or source								
Г	Cost accounting system	r c∘	st to charge rat	по Г	Other						
Section (C. Collection Practices										
9a Do	es the organization have a v	vritten debt co	llection policy?						9a	Yes	
	"Yes," does the organization								9b	Yes	
Part I	V Management Com				ribe in P	art VI .	· · · ·	•	,	163	
	(a) Name of entity) Description of pr		c) Organi	zation's	(d) Officers, dir	rectors,	(e) Physic	:ians'
			activity of entity	,	orofit % o ownersh		trustees, or employees' pro or stock owner	ofit %		fit % or wnershi	
1 1 LVHN	Reciprocal Risk Retention Group	Malpractice Insu	irance		1	.6 670 %		0 %			0 %
2 2 Health	h Network Laboratories LLC	Laboratory Serv	ices		8	35 000 %		0 %			0 %
3 3 Healtl	n Network Laboratories LP	Laboratory Serv	ices		8	81 670 %		0 %			0 %
4 4 Lehigl Organization	n Valley Physician Hospital on Inc	Health Care Ser	vices		4	15 000 %		0 %			0 %
5											
6											
7											
8											
9											
10											
11											
12											

Part	V Facility Information									
(list in	on A. Hospital Facilities order of size, measured by total revenue per facility, from t to smallest)	Licensed hospital	General medical &	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	
	nany hospital facilities did the organization operate during k year? 2	ospital	dical & surgical	ospital	ospital	ess hospital	scility	Ø		
Name	and address									Other (Describe)
1	Lehigh Valley Hospital 1200 S Cedar Crest Blvd Allentown, PA 18103	×	х		х		х	х		
2	Lehigh Valley Hospital 17th Chew Streets Allentown, PA 18103	×	х		х			х		
		-								
		 								
	I and the second	1	I	l	1	I	l	1	I	

	Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest)						
Hov	How many non-hospital facilities did the organization operate during the tax year?						
Nar	me and address	Type of Facility (Describe)					
2 3 4 5 6 7 8 9	Pediatric Specialty Center Schoenersville Road Bethlehem, PA 18017	Pediatric Unit					
		Schedule H (Form 990) 2010					

Part V Facility Information (continued)

Schedule H (Form 990) 2010 Page 8

Part VI Supplemental Information

Complete this part to provide the following information

Required descriptions. Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 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.)
- 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

Identifier	ReturnReference	Explanation
		Part I, Line 6a The Community Benefit Report is issued by Lehigh Valley Health Network - EIN 22-2458317, the parent company of Lehigh Valley Hospital

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		Part I, Line 7g CLINICS SUBSIDY The clinics subsidy of \$12,425,926 is the difference between clinic payments and
		clinic costs The clinics subsidy includes the operations of the
		Medical and Surgical Clinics, Outpatient Pediatrics, the Dental Clinic, the Center for Women's Medicine, the Family Health
		Center, Geriatrics, Maternal Fetal Medicine, and the Mental
		Health Clinic TRANSITIONAL LIVING CENTERSLehigh Valley Health Network administers two Residential Aftercare Programs
		as a contracted provider for the Lehigh County Department of Human Services These programs include the Transitional
		Living Center-Full Care and the Transitional Living Center-
		Moderate Care Although the programs receive revenue from clients and reimbursements from Lehigh County, these funds do
		not fully reimburse program operating expenditures In FY'11,
		program operating expenditures exceeded program revenues and reimbursements by \$272,168 The Transitional Living
		Centers serve residents of Lehigh County age 18 and over who
		have been treated for mental illness and would benefit from a structured residential program The Full Care site is supervised
		24 hours per day and teaches the activities of daily living as
		designated by the Pa Department of Welfare to those residents who demonstrate the need for ongoing intensified supervision
		due to their mental illness The Moderate Care site is
		supervised 10 hours per day and is designed to teach activities of daily living to those individuals who demonstrate the need for
		community reentry support in a less-intensified structure AIDS
		ACTIVITIES OFFICEEstablished in 1989, Lehigh Valley Hospital's AIDS Activities Office (AAO) provides clinical and
		social services to children, adolescents and adults infected and
		affected by HIV/AIDS and HCV (hepatitis C) In FY'11, the AIDS Activities Office's active patients received one or more of
		the following services 1 HIV testing and counseling (A free
		service open to the public as a state-designated Department of Health lab site) 2 Prevention counseling 3 Initial and ongoing
		medical care (including laboratory evaluation, coordination and referral to diagnostic and specialty service, and pharmaceutical
		treatment regimens) provided by a physician board-certified in
		infectious diseases and specializing in HIV care 4 Coordination and monitoring of inpatient and outpatient clinical therapies, and
		education provided by registered nurses certified in AIDS
		care 5 Nutritional assessments and interventions 6 Adherence counseling 7 Availability of local clinical trials and referral to
		regional trials 8 Case management to insure coverage of basic
		and social service needs, including housing, employment, outpatient substance abuse treatment, mental health
		counseling, etc , and providing linkages to care and coordination
		of specialty treatments 9 HIV outreach, prevention education, and testing in community settings (was previously in-house
		only) 10 Hepatitis C treatment provided by a physician board- certified in internal medicine and specializing in HCV care 11
		Hepatitis C education by nurses specially educated in the
		disease as well as prevention and adherence counseling 12 Support groups for HIV and HCV 13 Mental health counseling
		by a licensed clinical social worker specializing in people living
		with HIV and HCV 14 The AAO Food Bank, supported by private donations 15 HepA, HepB, & Hep A/B vaccines
		provided by the PA DOH High Risk Immunization
		program Funded originally by the Dorothy Rider Pool Health Care Trust and Lehigh Valley Hospital (LVH), the AIDS
		Activities Office is currently primarily supported by LVH, Early
		Intervention Funding (Title III) from the Ryan White Care Act (Human Resources and Services Administration) and AIDSNET
		(Ryan White Title II funding) and the PA Department of Health
		LVH's contribution to the operations of the AIDS Activities Office in FY'11 was \$333,634, net of payments FREE ORAL
		TRAUMA SURGERY CAREIn FY 11, Lehigh Valley Hospital paid \$340,171 to private oral surgery practices to provide oral
		trauma surgery care to hospital patients AMBULANCE
		TRANSPORT COSTSLehigh Valley Hospital incurred total ambulance costs of \$130,271 to transport patients to other
		non-LVHN facilities PHARMACEUTICALS FOR DISCHARGED
		PATIENTSPharmaceuticals appropriate to the course of treatment are often provided at no charge to indigent patients
		upon discharge The cost of these medications in FY'11 was
		\$342,305

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) The costing methodology for bad debt expense is the Medicare cost to charge ratio. The ratio of uninsured charges written off as charity was applied to total charges written off as debt to estimate the portion of bad debt that is attributed to patients under the hospital charity policy.

Identifier	ReturnReference	Explanation
		Part II Community Building Activities are conducted on behalf of Lehigh Valley Health Net work, which is the governing entity
		for Lehigh Valley Hospital and Lehigh Valley Hospital -
		Muhlenberg Our Community Partners include Central School- Line 7 More than 800 students a t Central School in the
		Allentown School District, Allentown, Pa , and their families
		bene fit from care provided by our pediatric health center A health care team provides care that includes basic health care,
		asthma management, immunizations, counseling and community
		outreach We know poor health robs children of their ability to be good students For 15 y ears, this project has worked to
		promote academic success at this inner city elementary sc
		hool Communities in Schools of the Lehigh Valley-Line 3We are
		a longtime partner of Commu nities in Schools of the Lehigh Valley, a program for adolescents at risk for dropping out of
		school About 200 Allentown-area high school students attend
		the program at Lehigh Val ley Hospital-17th Street, Allentown, Pa In addition to classroom instruction, they get me ntoring,
		tutoring and training in job readiness and life skills,in short, a
		great start for a healthy and successful future Da Vinci Science Center-Line 9We recognize science isn't confined to
		test tubes So our clinicians partner with the Da Vinci Discovery
		Center of Science and Technology in Allentown, Pa , to develop interactive displays that introduce y oung minds to health care
		The center has approximately 100,000 visitors each year The
		Pe nnsylvania Regional Community Policing Institute - Line
		6 We partner with The Pennsylvania Regional Community Policing Institute to help keep our community safe We
		recognize medica I health is directly related to the well-being of
		a community, and it takes cooperation from all levels of government to improve quality of life in our community. For
		instance, the institute provides homeland security, crime
		prevention, and emergency preparedness training to community members, police offers and other emergency responders. Sixth
		Street Shelte r-Line 7The Sixth Street Shelter in Allentown
		provides free, basic care to uninsured adult's We offer physicals for employment, driver's licenses and school
		applications If you ne ed more specialized care, you will be
		referred to The Caring Place at 933 Hamilton St , Al lentown, or to the Lehigh Valley Physician's Practice at Lehigh Valley
		Hospital-17th stree t The Caring Place Family Health Program
		at 933 Hamilton St , Allentown, Pa , offers free, basic medical care to you and your family, including immunizations and
		screenings for sex ually transmitted diseases and HIV
		Gynecological exams and cervical cancer screenings are
		available to women As a patient, you'll learn how to care for your own health, and receive support through counseling and
		support groups Safety Town - Line 6This portable, intera ctive
		"town" is designed to teach children (kindergarten through second grade) how to be safe in their everyday lives. The town
		depicts how a child travels through a normal day, in cluding
		home, school, park and neighborhood, while discussing dangers they may encounter a long the way. It can be used at school,
		community and church events GlitterBug - Line 9Th is
		interactive program teaches children how to effectively wash their hands to prevent the spread of germs. Children take part in
		an experiment with "magic potion lotion " It's mad e of pretend
		germs, and when applied to hands, is made visible by a black light. After was hing their hands, children see how many germs
		are removed Miles of Smiles - Line 7This mo bile van helps
		deliver care to children who need dental care There are an estimated 11,000 children in Allentown, Pa, alone who need
		dental care but can't afford a trip to the den tist. So Lehigh
		Valley Health Network, Capital Blue Cross and more than 40
		donors joined forces and brought the dentist to them Miles of Smiles-a dental office on wheels-is a mobile clinic with two
		treatment rooms A dentist and dental hygienist provide teeth
		cleanings, fluoride treatments, X-rays, cavity treatments, simple extractions, and education on pro per brushing, flossing
		and healthy eating An estimated 3,000 community members-
		primarily children-will receive dental care with Miles of Smiles annually. The mobile clinic is curr ently serving children at four
		Allentown elementary schools, The Caring Place Youth Develo
		pment Center, Casa Guadalupe and the Sıxth Street Shelter Iron Pigs Partnership - Line 7Kı ds Run the Bases At
		every Sunday home game, we sponsor "Kids Run the Bases "
		During these games, we provide health tips via public address
		announcements After the game, children t ake the field to feel the glory of what it's like to be in the game. We give each child a
		gift for participating Education Days Nearly 6,000 students
		from regional schools come to Coca-Cola Park for Education Days These game-day events are part of the IronPigs' Swine S
	<u> </u>	marts program, which helps teachers incorporate el

Identifier	ReturnReference	Explanation
		ements of baseball into a lesson (like calculating a "batting" average) We add health top ics to the curriculum (like the importance of wearing sunscreen and a helmet) We are at the games stressing the fundamentals physical activity and proper nutrition. Health Fair N ightThe interactive health activities we place throughout the concourse during Health Fair Night are a hit. Booths contain information about sleep education, diabetes, proper hand washing, car seat safety and more. There is information and activities for the whole family. Via Partnership - Line 3Through an annual marathon, we partner with Via to support its services for children and adults with disabilities. Each year we partner with Via of the Lehigh Valley to promote healthy living through the Lehigh Valley. Health Network. Marathon for Via. Via of the Lehigh Valley is a non-profit human service agency that provides service is for children and adults with disabilities like autism, cerebral palsy and Down syndrome. Many community members, including health network employees, benefit from Via's services. We share Via's mission to care for its community and value our partnership of hosting even ts like the marathon. Community members can run in the marathon (as individuals or on a re lay team), half-marathon, walk in a 5K (3.1 miles) or volunteer at the event each.

Identifier	ReturnReference	Explanation
		Part III, Line 4 BAD DEBTS-In instances where the Organization believes a patient has the ability to pay for services and, after appropriate collection effort, payment is not made, the amount of services not paid is written-off, at charges as bad debts. Amounts recorded as bad debts expense do not include charity. The amount of bad debts expense for the years ended June 30, 2011 and 2010, at charges, was \$56,427,000 and \$61,794,000 respectively, and is reported as Bad debts expense on the Combined Statements of Operations.

Identifier	ReturnReference	Explanation
		Part III, Line 8 The source of the Medicare allowable costs relating to revenue received from Medicare is the FY '11 Medicare Cost Report

Identifier	ReturnReference	Explanation
		Part III, Line 9b Financial Counseling staff will determine whether patients meet eligibility criteria for financial assistance. Accounts that do not meet the eligibility requirements will be referred to the internal collection unit and subsequently transferred to bad debt status if the accounts remain unpaid When the hospital determines that a Medicare patient is either financially or medically indigent and that he is unable to pay his patient liability, the hospital waives its standard collection procedures, deems the account to be uncollectible, and immediately transfer the unpaid balance to bad debt status.

Identifier	ReturnReference	Explanation
		Part VI, Line 2 Community Needs Assessments are conducted on behalf of the Lehigh Valley Health Network, which is the governing entity for Lehigh Valley Hospital and Lehigh Valley Hospital - Muhlenberg LVHN has developed a collaborative with the regional hospitals to plan for our community needs assessment The group has met several times and has drafted an assessment plan

Identifier	ReturnReference	Explanation
		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 Charity Care Policy which incorporates the LHVN
		Reduced Cost of Care program 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
		Reduced Cost of Care LVHN follows the Federal Poverty
		Guidelines to evaluate eligibility Patients whose family income
		falls bellow 200% of the Federal Poverty guideline will have
		their entire balance forgiven for their qualifying services at a
		participating LVHN provider Patients with a family income
		below 400% of the Federal Poverty guidelines will have a
		portion of their balance forgiven for qualifying services at a
		participating LVHN provider Patients are evaluated for no cost
		or reduced premium insurance plans. The LVHN Financial
		Counselors will offer information to patients who are interested
		in seeing if they qualify for these programs offered by
		commercial insurance companies Patients often express
		financial concern or need by contacting the LVHN Customer
		Service departments The Customer Service representatives
		explain the programs available, Reduced Cost of Care, Medical
		Assistance, and a Reduced Patient responsibility for Self Pay
		patients Patients will be referred to the Financial Counselors
		who work with patients to apply for Pennsylvania Medical
		Assistance The Financial Counselors are located onsite. The
		PATHS representatives visit patients in their inpatient rooms,
		In the Cancer Center, and In the Emergency Department In
		addition, LVHN advertises Financial Assistance in the local
		newspaper, on our public website and on the statements sent to
	1	our patients

Identifier	ReturnReference	Explanation
ruentinei		Part VI, Line 4 Lehigh Valley Hospital, Inc (LVH) is a Pennsylvania not-for-profit membership corporation exempt from federal income taxes as a corporation described in Section 501(c)(3) of the Internal Revenue Code LVH was formed on January 1, 1988 as a result of the merger of The Allentown Hospital and Lehigh Valley Hospital Center As of June 30, 2011, LVH operates hospital facilities at three primary locations 17th and Chew Streets in Allentown, Lehigh County, Pennsylvania, Cedar Crest Boulevard and Interstate 78 in Salisbury Township, Lehigh County, Pennsylvania, LVH also operates 65 psychiatry beds on the LVH-Muhlenberg campus The primary service area of LVH consists of Lehigh, Northampton and Carbon counties Based on information available from the U S Census Bureau for the 2000 decennial census and the 2010 decennial census, the population of the primary service area was approximately 637,958 people in 2000 and was estimated to be 712,501 in 2010 During fiscal year 2011, 73% of the discharges from LVH were residents of the primary service area The secondary service area consists of Berks, Luzerne, Monroe, and Schuylkill counties as well as northern portions of Bucks and Montgomery counties The 2000 population of the secondary service area was approximately 1,374,481 During fiscal year 2011, 23% of the discharges from LVH were residents of the secondary service area Based on U S Census Bureau data, the current population of the combined primary and secondary LVH service areas is projected by ScanUS Demographics, to increase approximately
		15 4% (1% / Yr) (from 2000) by the year 2016 During fiscal year 2011, 4% of the discharges from LVH were residents outside the primary and secondary service areas

Part VI, Line 6 Lehigh Valley Hospital qualifies as an Institution of Purely Public Charity in Pennsylvania This
regulation is referred to as Act 55 To be considered a purely public charity, nonprofits must (1) advance a charitable purpose, (2) donate or render gratuitously a substantial portion of its services, (3) benefit a substantial and indefinite class of persons who are legitimate subjects of charity, (4) relieve the government of some burden, and (5) operate entirely free from private profit motive LVH is required to reapply for this charitable status every five years and currently qualifies through October 31, 2015

. . . . , _ . . .

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Schedule I

(Form 990)

DLN: 93493132013682 OMB No 1545-0047

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

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

Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization Lehigh Valley Hospital						Employer identification	on number
Part I General Informatio	n on Grants and	l Assistance				23-1689692	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization Part II Grants and Other A Form 990, Part IV, line 	records to substantivard the grants or as ation's procedures fo	ate the amount of the sistance?	f grant funds in the Unite	d States United States. Con	nplete if the orga	nızatıon answered "Y	es" to
duplicated if additiona							rait II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50 3 Enter total number of other orga						· · · ·	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Nursing Scholarships	65	246,889	0	Book	
(2) Jirolano Tuition Aide Scholarship	1	600	0	Book	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Scholarships are awarded to Senior Nursing Students in a Bachelor of Nursing program, and 2nd year nursing students in an Associate Degree Program based on the following criteria. Two letters of recommendation from Clinical Instructors, an official copy of their most current transcript demonstrating a 3 0 GPA or better, a one page essay describing why they deserve the scholarship and a completed assessment survey. If above information is considered favorable, two interviews are scheduled with selection committee members. If considered favorable after all interviews have been conducted, a scholarship is offered. If candidate signs, their commitment back to the hospital is for 2080 hours of employment as a Registered Nurse after successfully completing an internship. If candidate does not fulfill their commitment, the scholarship dollars are pro-rated and repayment is due back.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132013682

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	orga	nization	
Lehigh	Vall	ey H	ospīta	ıl	

Employer identification number

23-1689692

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the approplate box(es) if the organization provided any of the following to or for a person listed in 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			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee ▼ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
0		•		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Ronald W Swinfard MD	(I) (II)	515,044 0	140,719 0	232,019 0	0 0	21,318 0	909,100 0	0
(2) Terry Capuano	(I) (II)	463,703 0	139,500 0	71,509 0	0 0	21,318 0	696,030 0	0
(3) Keith Weinhold	(ı) (ıı)	218,867 0	69,875 0	3,073 0	0 0	21,318 0	313,133 0	0
(4) James Geiger	(I) (II)	220,781 0	54,213 0	7,326 0	0 0	21,318 0	303,638 0	0
(5) Brian Hardner	(I) (II)	200,884 0	37,710 0	649 0	0 0	20,968 0	260,211 0	0
(6) Anne Panık	(I) (II)	248,490 0	52,000 0	10,330 0	0	21,318 0	332,138 0	0
(7) Debby Patrick	(ı) (ıı)	211,369 0	30,240 0	-2,283 0	0 0	20,973 0	260,299 0	0
(8) Elliot J Sussman MD	(ı) (ıı)	872,544 0	271,845 0	492,264 0	0	21,318 0	1,657,971 0	0
(9) Stuart S Paxton	(I) (II)	42,981 0	125,000 0	588 0	0 0	16,674 0	185,243 0	0
(10) Mary Kay Grim	(I) (II)	278,975 0	62,500 0	18,401 0	0 0	21,318 0	381,194 0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	Travel expenses for companion is paid by Lehigh Valley Hospital for one professional meeting per year for the President/CEO
		Part I, Line 4b Elliot J Sussman, MD 488,685 Ronald W Swinfard, MD 229,992 Keith Weinhold 10,278 Anne Panik 9,705 Mary Kay Grim 17,634 Terry Capuano 65,176 James Geiger 12,284 These amounts are accruals to a nonqualified supplemental executive retirement plan

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

DLN: 93493132013682 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Lehigh Valley Hospital

Part I Bond Issues

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Employer identification number

(h) On

23-1689692

2010

No

Χ

Χ

Yes

Χ

Х

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f)	Description of Purpose	(g) Det	feased	Beh	alf of uer		Pool ncing						
								Yes	No	Yes	No	Yes	No						
A	Lehigh County General Purpose Authority	91-1886539	5248053E6	07-07-2005	61,000,000		refund 4/1/94, 7/25/95 & 11/21/95 issues		X		Х		Х						
В	Lehigh County General Purpose Authority	91-1886539	5248053F3	09-15-2005	81,000,000		construct, renovate & equip facilities		Х		Х		Х						
С	Lehigh County General Purpose Authority	91-1886539	52480GAY0	06-04-2008	53,725,184		construct, renovate & equip facilities		Х		х		Х						
D	Lehigh County General Purpose Authority	91-1886539	52480GBA1	06-05-2008	52,574,500	refund	refund 4/2/98 issues		refund 4/2/98 issues		refund 4/2/98 issues		refund 4/2/98 issues		Х		х		Х
_																			
۰.																			
12	art II Proceeds				Α		В		С		1	D							
1	A mount of bonds retired					9,750,000				705,700			648,250						
	A mount of bonds legally defe	ased			7,	- /							,						
3	Total proceeds of issue				61,000	0.000	82,955,467	53.8		53,885,593		52	574,500						
4	Gross proceeds in reserve fu	ınds			-	9,759	8,199,759					<u> </u>	,						
5	Capitalized interest from prod	ceeds			1		. ,												
6	Proceeds in refunding escrow	N			58,939	9,661						51,	115,735						
7	Issuance costs from proceeds			5,094	908,575		7	704,63	,		528,264								
8	Credit enhancement from pro	ceeds			1,21	5,245	2,341,645			323,209	+		930,501						
9	Working capital expenditures	from proceeds								-			·						
10	Capital expenditures from pro	oceeds			71,50	5,488	71,505,488	51,857,747			7								

41100	acion or pro	cccas	
Part III	Private	Business	Use

allocation of proceeds?

Other spent proceeds

Other unspent proceeds

Year of substantial completion

11

12

13

14

15

16

17

			Α		В	(С	I)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		X		X		X
2	Are there any lease arrangements that may result in private business use of bond- financed property?		Х		Х		Х		X

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

2005

No

Χ

Yes

Χ

Χ

Χ

2007

No

Χ

Х

Yes

Χ

Х

2008

No

Χ

Yes

Χ

Χ

Χ

Part III Private Business Use (Continued)

	Filvate business ose (continued)									
			4		В	1	С	Г)	_
		Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private business use?		×		×		×		Х	
ь	Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		Х	
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		x	x		x			Х	
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	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		Х	Х		Х			Х	_

Part IV Arbitrage

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		Х		Х		х		Х
2	Is the bond issue a variable rate issue?	X			Х		X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	×			Х		х	×	
ь	Name of provider	Merrill Lynch Goldman Sacl	hs					Goldman Sac Goldman Sac	
С	Term of hedge	20 00000	0000000					20 00000	0000000
d	Was the hedge superintegrated?		х						х
е	Was a hedge terminated?		х						Х
4a	Were gross proceeds invested in a GIC?		Х	Х			Х		Х
ь	Name of provider	MBIA		MBIA					
С	Term of GIC	3 30000	0000000	3 30000	0000000				
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х		х					
5	Were any gross proceeds invested beyond an available temporary period?		х		Х		х		Х
6	Did the bond issue qualify for an exception to rebate?	х		×		Х		×	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

DLN: 93493132013682

Open to Pu<u>blic</u>

Inspection

OMB No 1545-0047

Department of the Treasury

Part I Bond Issues

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Name of the organization Lehigh Valley Hospital

Schedule K

(Form 990)

Employer identification number

23-1689692

	(a) Issuer Name	(b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Yes	(f) Description of Purpose		(f) Description of Purpose		(f) Description of Purpose		(g) De	feased	Beh	On alf of suer		Pool ncing			
					,		rafund 8 /1 / / 9 7 8 / / 2 1 / 9 9						No	Yes	No	Yes	No
A	Lehigh County General Purpose Authority	91-1886539	52480GAA2	06-06-2008	59,745,000	refund 8, Issues	efund 8/14/97 & 4/21/99 ssues		Х		X		Х				
В	Lehigh County General Purpose Authority	91-1886539	52480GBG8	04-01-2011	13,920,480	refund 6, issues	refund 6/12/96 & 4/21/99 issues		Х		Х		Х				
_																	
	TI Dropode																
	art II Proceeds				Α	<u> </u>	В		С		T						
1	A mount of bonds retired					5,000											
	A mount of bonds legally defe	ased				* 											
3	Total proceeds of issue				59,74	5,000	13,920,480										
4	Gross proceeds in reserve fu	nds			,	<u> </u>	, ,										
5	Capitalized interest from prod	ceeds															
6	Proceeds in refunding escrow	V			59,010	0,280	13,800,000										
7	Issuance costs from proceed	is			734	4,720											
8	Credit enhancement from pro	ceeds			120	0,480	120,480										
9	Working capital expenditures	from proceeds															
10	Capital expenditures from pro	oceeds											-				
11	O ther spent proceeds																
12	O ther unspent proceeds																

12	O ther unspent proceeds								
13	Year of substantial completion	20	08	20	11		•		
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		Х					
15	Were the bonds issued as part of an advance refunding issue?		х		Х				
16	Has the final allocation of proceeds been made?	Х		Х					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х					
Dar	+ THE Drivate Rusiness Use	•							

Parte III Private Business Use

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

Part III Private Business Use (Continued)

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		Х		×				
b	Are there any research agreements that may result in private business use of bond-financed property?		Х		×				
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		Х		×				
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	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		Х		Х				

Part IV	Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		V		V				
			X		X				
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		х				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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As Filed Data -

DLN: 93493132013682

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Name of the organization
Lehigh Valley Hospital

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqu	ıalıfıed	person		(b) Description of transaction						(c) rected
								Yes	No	
2 Enter the amount of tax impose	ed on t	ne orgar	ı nızatıon managers	or disqualified pers	ons dur	ng the y	ear unde	r	0	
section 4958							🕨	* \$ —	0	
3 Enter the amount of tax, if any,					• •	• •		- \$	U	
Part II Loans to and/or F Complete if the organiz					. or For	n 990-F	7. Part V	/. line 38	а	
		oan to					(f)			
(a) Name of interested person and purpose		m the zation?	(c)O rıgınal prıncıpal amour	t (d)Balance due	(e) defau		Approved by board or committee?		(g)Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
						+	1	1		
						+				
		1				+	+			
							<u> </u>		_	
	се Ве	nefitt on ansv	ing Interested wered "Yes" on	l Persons. Form 990, Part IV		<u> </u> 27.				
Part IIII Grants or Assistan	i ce Be nizatio	nefitt on ansv	ing Interested vered "Yes" on b)Relationship bet	l Persons.			ount of g	rant or ty	/pe of assis	stance
Grants or Assistan Complete if the orga	i ce Be nizatio	nefitt on ansv	ing Interested vered "Yes" on b)Relationship bet	I Persons. Form 990, Part IV ween interested per			ount of g	rant or ty	/pe of assis	stance
Part III Grants or Assistan Complete if the orga	i ce Be nizatio	nefitt on ansv	ing Interested vered "Yes" on b)Relationship bet	I Persons. Form 990, Part IV ween interested per			ount of g	rant or ty	/pe of assis	stance

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organization	ni alisweled les oli	TOTTI 330, Part IV, III	ie zoa, zob, oi zoc.		
(a) Name of interested person	(b) Relationship between interested person and the (c) A mount of transaction		(d) Description of transaction	organiz	aring of zation's nues?
	organization			Yes	No
(1) James H Miller-Trustee	CEO of PPL Corp , Trustee of LV HN		PPL provides electric service to LVHN facilities at fair market value rates		No
(2) Kathryn P Taylor-Trustee	Board Member of Capital Blue Cross - Trustee of LVHN		Capital BlueCross is a third party insurer doing business with LVHN		No

Supplemental Information Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
raentii iei	Ketuin Kererence	Lybianacioi

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493132013682

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Inspection

Name of the organization Lehigh Valley Hospital

Employer identification number

23-1689692 Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining o amounts		ontribut	ion
1	Art—Works of art	Х	5		Fair Market Value			
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X	4	12,663	Fair Market Value			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	Dental							
25	Automatic	X	1	4 0 0 0	Fair Market Value			
25	Other ► (Processor) (27) Wooden		1	4,000	rali Market Value			
	Rocking							
26	Other ► (Horses)	Х	1	2,025	Fair Market Value			
	Flat Screen							
27	Other► (TV)	X	1	750	Fair Market Value			
28	O ther ▶ ()							
29	Number of Forms 8283 received by				29			
	for which the organization complete	ea Form a	3283, Part IV, Donee Ackn	owieagement		I	v l	
30~	During the year, did the organization	n recov	e hy contribution any propo	rty reported in Part I lines	1-28 that it		Yes	No
30a								
	must hold for at least three years for exempt purposes for the entire				a to be used			No
						30a		No
31	If "Yes," describe the arrangement			rovious of any non-standard	contributions?	31	Yes	
	Does the organization have a gift a					21	162	
32a	Does the organization hire or use the contributions?	hırd part • • •	es or related organizations	to solicit, process, or sell	non-cash • • • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,			
For F	Privacy Act and Paperwork Reduction Ac	t Notice.	see the Instructions for Forr	n 990. Cat No 51227J	Schedule	M (For	n 990)	2010

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493132013682

OMB No 1545-0047

2010

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 11		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 Controller and the LVHN Corporate Legal Counsel Draft 2 of the returns is reviewed by the Sr Vice-President-Finance and CFO. All Compensation disclosures are reviewed by the Sr Vice President - Human Resources. In addition, selected information is also reviewed by LVHN external consultants. Compensation information reviewed by the LVHN Compensation consultant and compensation and charitable purpose information reviewed by an additional LVHN consultant. Draft 3 of the returns is reviewed together with the President & CEO, the Sr Vice-President Finance and CFO, the Sr V P Human Resources, the Controller and the Director-Tax. Final Returns are reviewed with LVHN Executive Committee of the Board of Trustees prior to their filing.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Trustees, officers, management and members of the medical staff are required to complete the Conflict of Interest and Commitment questionnaire on an annual basis. Effective August 2008, the questionnaire is completed electronically and stored in a database for ease of reporting and monitoring purposes. Reported conflicts of interests are reported to the Lehigh Valley Health Network Board on an annual basis. The information is also shared with the Pennsylvania Department of Health during their survey process. Those affected within the organization and their immediate supervisors are responsible for ongoing compliance with the Policy both annually and in the interim between declaration periods where possible new conflict situations may arise.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, Inne 15	The Executive Compensation Committee of the Board of Trustees functions as follows -Members are independent of management -Members are appointed annually by Board of Trustees -Members to have relevant and specified qualifications -Review performance of CEO and other specified senior management and selected physicians - Review succession plans and career development of senior management -Review compensation policy and this Committee Charter -Meet quarterly The Executive Compensation Committee retains an independent compensation consulting firm, specializing in the healthcare industry, to provide comprehensive comparability analyses for all key executives, physicians, and key employees on an annual basis. This consulting firm does no other work for LVHN.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 18	Anothers Website - Guidestar Upon request - hard copies with senior management and marketing

Identifier	ifier Return Explanation Reference				
		The Organization makes its financial statements available to the public through its Annual Report to the community. The Annual Report is distributed to all attendees at the Organizations annual public meeting. In addition, it is distributed via mail to members of the community. The Organizations governing documents and conflict of interest policy are not made available to the public.			

ldentifier	Return Reference	Explanation				
Changes in Net Assets or Fund Balances		Net unrealized gains on investments 53,498,652 Unfunded Pension Liability Other Changes in Net Assets				

ldentifier	Return Reference	Explanation
Committee - oversight of audit	· · · · · · · · · · · · · · · · · · ·	The Audit Committee of the Board of Trustees assumes responsibility for oversight of the audit and selection of an independent auditor

ldentifier	Return Reference	Explanation
Written Policy - Joint Venture arrangements	VI, Line 16b	Although the organization does not have a written policy with respect to evaluation of participation in joint venture arrangements, no joint venture is entered into without having had the transactional documents reviewed and evaluated by outside counsel and, if necessary, consultants and accountants to assure that the arrangement does not, in any manner, compromise the organization's exempt status and mission

ldentifier	Return Reference	Explanation
Compensation of Officers, Directors, Trustees, Key Employees, etc	Form 990, Part VII, Line 1a	Hours worked by these individuals reflect the combined hours spent as a Board Officer and an Employee of the organization. All compensation, benefits, etc. reported are for work as a member of senior management of the organization. The remainder of the officers, trustees, listed above are volunteers and receive no compensation.

(Form 990)

SCHEDULE R

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493132013682

Open to Public

Department of the Treasury Internal Revenue Service						Op: I	en to Put nspectio	olic n
Name of the organization Lehigh Valley Hospital					Employer iden	tification number		
Lenigh valley hospital					23-1689692			
Part I Identification of I	Disregarded Entities (Comple	ete ıf the organızatıc	on answered "Yes'	' on Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN o	of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of F or more related tax	Related Tax-Exempt Organi: -exempt organizations during t	zations (Complete he tax year.)	if the organization	answered "Yes" o	on Form 990, Part	: IV, line 34 beca	use it had	one
(a) Name, address, and EIN of re	elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	g) 512(b)(: rolled nization
(1) Lehigh Valley Health Network						 	Yes	No
1200 S Cedar Crest Blvd Allentown, PA 18103 22-2458317	F	Parent Company	PA	501(c)(3)	509(a)(3) III-FI	N/A		No
(2) Lehigh Valley Hospital - Muhlenberg 1200 S Cedar Crest Blvd Allentown, PA 18103	ŀ	Health Care Organization	PA	501(c)(3)	170(b)(1) (A)(III)	Lehigh Valley Health Network		No
23-2367707 (3) Lehigh Valley Physician Group 1200 S Cedar Crest Blvd Allentown, PA 18103		Physician Practice Organization	PA	501(c)(3)	Line 9	Lehigh Valley Health Network		No
23-2700908 (4) Muhlenberg Realty Corporation 1200 S Cedar Crest Blvd Allentown, PA 18103	F	Real Estate Rentals	PA	501(c)(3)	509(a)(3) III-FI	Lehigh Valley Health Network		No
23-2245513 (5) Lehigh Valley Health Network Realty Holding Co		Real Estate Holding Co	PA	501(c)(2)	509(a)(3) III-FI	Lehigh Valley Health Network		No

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

	- 10 110 0110 01 1111		ated organizations	treated as a part		,								
(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	allocations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No			
300 Allentown, PA18104 23-2530415	Surgical Center	PA	N/A											
(2) LVHN Reciprocal Risk														
301 Charleston, SC29401 20-0037118	Insurance		Lehigh Valley Health Network	Related				No			No			
(3) Health Network Laboratories LLC 2024 Lehigh Street Allentown, PA18103 23-2932802	Laboratory Services	PA	Lehigh Valley Hospital	Related	163,350	828,750		No			No			
(4) Health Network Laboratories LP 2024 Lehigh Street Allentown, PA18103 23-2948774	Laboratory Services	PA	Lehigh Valley Hospital	Related	23,179,814	86,836,109		No			No			
(5) Lehigh Magnetic Imaging Center 1230 S Cedar Crest Blvd Allentown, PA18103 23-2429077	Imaging Center	PA	N/A											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
	Health Care Related Services	PA	N/A	С			
(2) Lehigh Valley Anesthesia Services PC 2100 Mack Blvd Allentown, PA181035622 23-3096124	Anesthesia Services	PA	N/A	С			
Allentown, PA181035622 23-1657333	Real Estate Rentals	PA	N/A	С			
	Health Care Related Services	PA	Lehigh Valley Hospital	С			

(5)

(6)

Part \	Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)						
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No			
1 Durin	ng the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Par	ts II-IV?							
a Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			[:	1a		No			
b Gı										
c Gi	ft, grant, or capital contribution from other organization(s)			[:	1c		No			
d Lo	pans or loan guarantees to or for other organization(s)			[:	1d		No			
e Lo	pans or loan guarantees by other organization(s)			[1e		No			
f Sa	ale of assets to other organization(s)			[1f		No			
g Pu	urchase of assets from other organization(s)			[:	1g		No			
h Ex	xchange of assets			[:	1h		No			
i Lea	ase of facilities, equipment, or other assets to other organization(s)				1i		No			
j Le	ase of facilities, equipment, or other assets from other organization(s)			<u>-</u>	1j	Yes				
k Pe	k Performance of services or membership or fundraising solicitations for other organization(s)									
l Pe	Performance of services or membership or fundraising solicitations by other organization(s)									
m Sh	naring of facilities, equipment, mailing lists, or other assets			:	1m	Yes				
n Sh	haring of paid employees			[1n	Yes				
_				-	_					
	eimbursement paid to other organization for expenses			<u> </u>		Yes				
p Re	eimbursement paid by other organization for expenses			<u> </u>	1р	Yes				
q 0 t	ther transfer of cash or property to other organization(s)				1q		No			
r Ot	ther transfer of cash or property from other organization(s)			Į:	1r		No			
2 If t	the answer to any of the above is "Yes," see the instructions for information on who must complete this line		tionships and transact							
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d Method of deter Invo	rmını	ing amo	ount			
(1) Lehigh	h Valley Anesthesia Services PC	L	7,575,432	cost						
(2)										
(3)										
(4)										

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners tion t)(3) rations?	(e) Share of end-of-year assets		f) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or aging tner?
			Yes	No		Yes	No		Yes	No
									+	
			t			+				T
									4	_
									+	-
										+
										1
			1							$oldsymbol{oldsymbol{\perp}}$

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

LEHIGH VALLEY HEALTH NETWORK AND COMPONENT ENTITIES

Combined Financial Statements for the Years Ended June 30, 2011 and 2010 and Independent Auditors' Report

Deloitte.

Deloitte & Touche LLP 1700 Market Street Philadelphia, PA 19103-3984 USA

Tel +1 215 246 2300 Fax +1 215 569 2441 www deloitte com

INDEPENDENT AUDITORS' REPORT

Board of Trustees Lehigh Valley Health Network Allentown, Pennsylvania

We have audited the accompanying combined statements of financial position of Lehigh Valley Health Network and Component Entities (the "Organization") as of June 30, 2011 and 2010, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of the Organization's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, such combined financial statements present fairly, in all material respects, the combined financial position of Lehigh Valley Health Network and Component Entities as of June 30, 2011 and 2010, and the combined results of their operations, changes in their combined net assets, and their combined cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Deloitle & Touche UP

September 7, 2011

Lehigh Valley Health Network and Component Entities Combined Statements of Financial Position June 30, 2011 and 2010 (In Thousands)

(In Thousands)		
	<u>2011</u>	<u>2010</u>
<u>Assets</u>		
Current assets:		
Cash and cash equivalents	\$29,795	\$31,630
Patient accounts receivable, net	183,142	178.746
Prepaids, inventories and other current assets	37,371	35,118
Assets limited under bond debt service fund - current portion	17,353	17.621
Assets limited under primary professional liability arrangements - current portion	3,066	3,075
Total current assets	270,727	
Total cultent assets	<u> 270,727</u>	<u>266,190</u>
Noncurrent assets:		
Assets whose use is limited or restricted		
Assets limited by board of trustees for capital improvements	720,568	512,857
Assets limited by board of trustees for retained excess professional liability arrangements	16,290	15.141
Assets limited under primary professional liability arrangements	40,270	34,699
Assets limited by management	29,924	23,058
Assets limited under bond indenture, bond construction, debt service, and	27,724	23,030
debt service reserve agreements - held by trustee	11,077	11,223
Assets restricted by donors	141.390	119.042
Assets limited to fund deferred compensation and other liabilities	39.873	31,233
Property and equipment, net	601,997	613,186
Partnership investments	15,283	23,015
Deferred financing costs, net and other noncurrent assets	<u>22,972</u>	<u>23,893</u>
Total noncurrent assets	<u>1,639,644</u>	<u>1,407,347</u>
Total assets	\$1,910,371	\$1,673,537
Total ussess	<u> </u>	<u> </u>
<u>Liabilities and net assets</u>		
Current liabilities:		
Accounts payable	\$42,757	\$45,857
Accrual for estimated third-party paver settlements	2,598	17.531
Accrued compensation	66,418	61,803
	35.310	27.952
Other accrued expenses Pension	2.944	2,556
Professional liability	3.066	3.075
Current portion of long-term debt	11,218	10,891
Total current liabilities	<u>164,311</u>	<u>169,665</u>
Noncurrent liabilities:		
Long-term debt, net of current portion	513,537	523,600
Deferred compensation and other liabilities funded with matching assets	39,873	31.233
Pension	155,126	229,173
Professional liability	49,598	45,327
Other habilities	<u> 27,531</u>	28,308
Total noncurrent habilities	<u>785,665</u>	<u>857,641</u>
Total habilities	<u>949,976</u>	1,027,306
NI 4		
Net assets:		
Unrestricted		
Lehigh Valley Health Network and component entities	805,276	522,548
Noncontrolling interests in subsidiaries	<u>13,729</u>	<u>4,641</u>
Total unrestricted net assets	819,005	527,189
Temporarily restricted	98,868	78,681
Permanently restricted	42,522	40,361
Total net assets	960,395	646,231
m . 19 1999 1		
Total liabilities and net assets	<u>\$1,910,371</u>	<u>\$1,673,537</u>

See notes to combined financial statements

Lehigh Valley Health Network and Component Entities Combined Statements of Operations Years Ended June 30, 2011 and 2010 (In Thousands)

	<u>2011</u>	<u>2010</u>
Patient services and supporting operations		
Revenues		
Net patient service revenue	\$1,482,711	\$1,363,015
Other supporting operations revenue	35,949	31.718
Net assets released from restrictions used for operations	<u>5,861</u>	<u>4,608</u>
Total revenues	<u>1,524,521</u>	1,399,341
Expenses		
Salaries and wages	619,504	582,900
Benefits	139.748	131,052
Supplies	245,112	237,561
Purchased services	142,080	132,633
Other	96,123	69.316
Depreciation and amortization	85.095	87.292
Bad debts	93,133	94,038
Interest expense	<u>23,357</u>	<u>23,902</u>
Total expenses	<u>1,444,152</u>	<u>1,358,694</u>
Operating income	80.369	40,647
Other nonoperating gains and losses		
Realized investment earnings	24,355	26,721
Change in net unrealized gains (losses) on swaps	3,005	(6,100)
Loss on refinancing of debt	(605)	()
Nonoperating losses, net	<u>(952)</u>	<u>(652)</u>
Other nonoperating gains and losses, net	<u>25,803</u>	<u>19,969</u>
Revenues and gains in excess of expenses and losses before income taxes	106.172	60,616
Provision for income taxes	(3,889)	(2,046)
Revenues and gains in excess of expenses and losses attributed to		
Lehigh Vallev Health Network and component entities	102,283	58,570
Net assets released from restrictions - capital acquisitions	3.277	1.195
Contribution of long lived assets	O	450
Adjustment to funded status of pension plans	93,652	(48,754)
Change in noncontrolling interests	9.088	589
Change in net unrealized gains on investments	<u>83,516</u>	<u>23,503</u>
Increase in unrestricted net assets	<u>\$291,816</u>	<u>\$35,553</u>
See notes to combined financial statements		

Lehigh Valley Health Network and Component Entities Combined Statements of Changes in Net Assets Years Ended June 30, 2011 and 2010 (In Thousands)

	<u>2011</u>	<u>2010</u>
<u>Unrestricted net assets</u>		
Revenues and gams in excess of expenses and losses attributed to		
Lehigh Valley Health Network and component entities	\$102,283	\$58,570
Net assets released from restrictions - capital acquisitions	3.277	1.195
Contribution of long lived assets	0	450
Adjustment to funded status of pension plans	93,652	(48,754)
Change in noncontrolling interests	9.088	589
Change in net unrealized gains on investments	<u>83,516</u>	<u>23,503</u>
Increase in unrestricted net assets	<u>291,816</u>	<u>35,553</u>
Temporarily restricted net assets		
Contributions	8.409	8,164
Reclassification to permanently restricted net assets	0	(619)
Increase in assets temporarily held in trust	260	205
Realized and unrealized investment gains, net	20,656	10.851
Net assets released from restrictions	<u>(9,138)</u>	<u>(5,803)</u>
Increase in temporarily restricted net assets	<u>20,187</u>	12,798
Permanently restricted net assets		
Contributions	451	2,509
Reclassification from temporarily restricted & unrestricted net assets	0	776
Increase in beneficial interest in perpetual trusts	<u>1,710</u>	<u>376</u>
Increase in permanently restricted net assets	<u>2,161</u>	<u>3,661</u>
Increase in net assets	314,164	52,012
Net assets, beginning of year	<u>646,231</u>	<u>594,219</u>
Net assets, end of year	<u>\$960,395</u>	<u>\$646,231</u>

See notes to combined financial statements

Lehigh Valley Health Network and Component Entities Combined Statements of Cash Flows Years Ended June 30, 2011 and 2010 (In Thousands)

(In I housands)	<u>2011</u>	<u>2010</u>
Cash flows from operating activities: Increase in net assets	\$314,164	\$52,012
Adjustments to reconcile increase in net assets to net cash		
provided by operating activities		
Depreciation and amortization	85,095	87,292
Loss on refinancing of debt	605	()
Net realized and unrealized (gains) on unrestricted investments	(94,738)	(37.351)
Restricted contributions received for capital and endowments and related investment (gains)	(20,374)	(10.958)
Adjustment to funded status of pension plans	(93.652)	48.754
Increase in capital leases obligation	271	296
Change in net unrealized loss on swaps	(3,005)	6.100
Provision for bad debts	93,133	94,038
Adjustment to noncontrolling interests due to a change in control of equity investee Changes in assets and liabilities	(7.932)	()
Increase in patient accounts receivable, net	(97.529)	(106.768)
(Increase) decrease in prepaids, inventories and other current assets	(1,320)	1,506
Decrease (increase) in other noncurrent assets	1,468	(496)
Decrease (increase) in interest earned but not received on assets	2.0	10000
whose use is limited or restricted	30	(290)
(Decrease) increase in accounts payable	(4.184)	5.469
Increase (decrease) increase in other accrued expenses (Decrease) increase in accrual for estimated third party paver settlements	6,566 (14,933)	(1.269) 6.473
Increase in accrued compensation	4,615	18,035
Increase in pension liability	19,993	11,715
Increase (decrease) in professional liability	4,262	(1.292)
Increase in deferred compensation and other liabilities funded		(-1)
with matching assets, and other liabilities	<u>10,849</u>	<u>6,303</u>
Net eash provided by operating activities	<u>203,384</u>	<u>179,569</u>
Cash flows from investing activities:		
Purchases of property and equipment	(72.158)	(49.075)
Purchases of investments	(1,402,470)	
Proceeds from sales of investments	<u>1,278,985</u>	1,450,561
Net cash used in investing activities	(195,643)	(162,186)
Cash flows from financing activities:		
Proceeds from issuance of long-term debt	27,720	()
Payment of financing costs	(400)	()
Repayment of debt	(37,796)	(10.225)
Proceeds from restricted contributions for capital and endowments	<u>900</u>	<u>2,796</u>
Net cash used in financing activities	<u>(9,576)</u>	<u>(7,429)</u>
Net (decrease) increase in cash and cash equivalents	(1.835)	9.954
Cash and cash equivalents, beginning of vear	<u>31,630</u>	<u>21,676</u>
Cash and cash equivalents, end of year	<u>\$29,795</u>	<u>\$31,630</u>
Supplemental cash flow information:		
Cash paid for interest	\$21,520	\$20,538
Cash paid for income taxes	\$2,741	\$2,264
Non-eash increase in capital lease obligation	\$271	\$296
Amounts accrued for purchase of property and equipment in excess of amounts paid	\$2,440	\$2,070

LEHIGH VALLEY HEALTH NETWORK AND COMPONENT ENTITIES

NOTES TO COMBINED FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2011 AND 2010 (AMOUNTS IN THOUSANDS OF DOLLARS)

ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Lehigh Valley Health Network ("LVHN") is a not-for-profit 501(c)(3) corporation that controls related organizations in a health care delivery network providing a wide array of health care services and products to the Lehigh Valley and surrounding communities in Pennsylvania The combined financial statements of Lehigh Valley Health Network and Component Entities (the "Organization") at June 30, 2011 and 2010 include the accounts of the following entities

Entity Name	Income Tax Status
Lehigh Valley Hospital ("LVH")	Exempt-501(c)3
Lehigh Valley Hospital - Muhlenberg ("LVHM")	Exempt- $501(c)3$
Lehigh Valley Health Network ("LVHN")	Exempt-501(c)3
Lehigh Valley Physician Group ("LVPG")	Exempt- $501(c)3$
Muhlenberg Realty Corporation ("MRC")	Exempt- $501(c)3$
Health Network Laboratories, LP ("HNL") - 97% owned by LVHN	Non-exempt
Health Network Laboratories, LLC	Non-exempt
Lehigh Valley Health Services, Inc ("LVHS")	Non-exempt
Spectrum Administrators, Inc	Non-exempt
Spectrum Health Ventures, Inc	Non-exempt
LVHN Reciprocal Risk Retention Group ("RRG")	Non-exempt
Lehigh Valley Health Network Realty Holding Company, Inc ("LVHNRHC")	Exempt- $501(c)2$
Westgate Professional Center, Inc ("Westgate")	Non-exempt
Lehigh Valley Anesthesia Services, PC ("LVAS")	Non-exempt
Fairgrounds Surgical Center ("FSC") - 77% owned by LVHN	Non-exempt
Lehigh Valley Physician Hospital Organization ("LVPHO") - 50% owned by LVHN	Non-exempt

All significant intercompany balances and transactions have been eliminated

Basis of Accounting

The combined financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America and in accordance with the American Institute of Certified Public Accountants' Audit and Accounting Guide, Health Care Organizations, and other pronouncements applicable to not-for-profit healthcare organizations. The Organization evaluated subsequent events through September 7, 2011, the date the financial statements were issued, and determined there were no subsequent events requiring disclosure

Use of Estimates

The preparation of combined financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates include the bad debts reserve, contractual allowances, estimated amounts due to third party pavers, professional liabilities, liabilities for pension and other benefits, swaps, alternative investments, and asset retirement obligations

The Organization is the beneficiary in perpetuity of income earned on certain perpetual irrevocable trusts, the funds of which are maintained and administered by independent trustees, and are recognized at the Organization's share of the estimated fair value of the related trust assets and are included in Assets restricted by donors. The Organization's share of income earned on these trusts is unrestricted

I ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments purchased with an initial maturity of three months or less, excluding amounts included in assets whose use is limited or restricted. At June 30, 2011 and 2010, the Organization had cash balances at financial institutions that exceeded federal depository insurance limits. Management believes that credit risk related to these deposits is minimal.

Inventories

Inventories are stated at the lower of first-in, first-out cost or market

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Organization has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Organization or outside trustees in perpetuity.

Income Taxes

The Organization's for-profit components, which are subject to income taxes, recognize deferred tax assets and liabilities for the future tax impact of temporary differences between amounts recorded in the financial statements and their respective tax bases and the future benefit of utilizing net operating loss carry forwards

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restriction. In the absence of donor specification that investment income on donated funds be restricted, such income is reported as realized investment earnings of unrestricted net assets.

Property and Equipment

Property and equipment is stated at cost, or in the case of donated items, at the fair market value at the date of the gift Depreciation is recorded over the estimated useful lives of assets, as indicated in the table below, using the straight-line method

	Lives
Land improvements	2 - 25 years
Buildings and building equipment	5 - 40 years
Fixed and major movable equipment	2 - 20 years

Assets under capital lease are amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the assets. Such amortization is included in depreciation and amortization in the Combined Statements of Operations. Interest costs, net of related interest earnings, incurred on related funds acquired through the issuance of tax-exempt bonds is capitalized during the period of construction of capital assets as a component of the cost of acquiring those assets. No interest costs were capitalized for the years ended June 30, 2011 and 2010. Leasehold improvements and software licenses are amortized over the shorter of their useful lives or the term of the lease using the straight-line method. The cost of assets and the related accumulated depreciation are removed from the records upon retirement or other disposition and any gain or loss is included in the Combined Statements of Operations.

Asset Retirement Obligations

The Organization recognizes the fair value of a liability for legal obligations associated with conditional asset retirement obligations ("ARO's") in the period in which the liability is incurred. ARO's are accreted to their present value at the end of each reporting period. The associated estimated asset retirement costs are capitalized as part of the carrying amount of the long-lived asset and depreciated over its useful life. ARO's are adjusted each year for any liabilities incurred or settled during the period, accretion expense, and any revisions made to the estimated cash flows. The Organization has identified ARO's related to the legally required remediation of asbestos existing within the Organization's facilities. While all hazardous materials within the Organization's facilities are currently contained and meet existing safety standards, the capitalized asset and liability recorded relate to the eventual remediation and removal that is legally required upon the ultimate repair, renovation, or demolition of facilities containing the hazardous materials. ARO liabilities recorded at June 30, 2011 and 2010 were \$4,946 and \$4,927, respectively.

1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Long-Lived Assets

The Organization assesses the recoverability of its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. Recoverability is based on the estimated fair value of the asset measured using the estimated future cash flows expected to result from the use of the assets and their eventual disposal

Deferred Financing Costs

Deferred financing costs, principally legal fees and bond issuance costs, are amortized over the period of financing. Gross deferred financing costs at June 30, 2011 and 2010 were \$16.132 and \$17.007 respectively. Accumulated amortization of deferred financing costs was \$3.905 and \$3.921 at June 30, 2011 and 2010, respectively.

Partnership Investments

Partnership investments, primarily joint venture investments, are accounted for at the lower of cost or market for investments in which the Organization does not exercise significant influence. Partnership investments in which the Organization may exercise significant influence are accounted for under the equity method of accounting.

Pledges

Pledges, less an allowance for uncollectible amounts, are recorded as receivables in the year made. Pledges are reported as additions to either temporarily or permanently restricted net assets at their present value.

Estimated Third-Party Payer Settlements

The Organization has agreements with third party payors that provide for payments at amounts different than our established rates. Payment arrangements include primarily prospectively determined rates per discharge, per visit, and per diem payments and to a lesser extent, reimbursed costs at discounted charges.

Noncontrolling Interests in Subsidiaries

The Combined Statements of Financial Position include noncontrolling interests that relate to the portion of subsidiaries that are not owned by the Organization. Similarly, the Combined Statements of Operations include noncontrolling interests that reflect amounts not attributable to the Organization, which are recorded as a component of Nonoperating losses, net

On July 1, 2010, the Organization adopted the provisions of Accounting Standards Update ("ASU") 2010-07, which established accounting and reporting standards for the noncontrolling interests in a subsidiary. The accounting and reporting standards require entities that prepare combined financial statements to (a) present noncontrolling interest as a component of net assets, separate from the parent's net assets, (b) separately present the amount of revenue and gains over expenses and losses attributed to the noncontrolling interest in the statements of operations, and (c) require an entity to provide sufficient disclosures that identify and clearly distinguish between interests of the parent and interests of noncontrolling owners.

Accordingly, this presentation has been adopted for 2011 and retrospectively applied to 2010. The Organization has reclassified its noncontrolling interests, which were formerly classified as a component of Other liabilities, as a separate component of unrestricted net assets on the Combined Statements of Financial Position and have reclassified noncontrolling interest expense, which was formerly classified as Other expenses, to be a component of Nonoperating losses, net on the Combined Statements of Operations.

In the 2010 Combined Statement of Financial Position, \$4.641 previously recorded as Other liabilities was reclassified to Noncontrolling interests in subsidiaries. In the 2010 Combined Statement of Operations, \$589 previously recorded as Other expense was reclassified to Nonoperating losses, net

Combined Statements of Operations

For purposes of display, transactions deemed to be ongoing, major or central to the provision of health care services are reported as revenue and expenses from Patient services and supporting operations. Peripheral or incidental transactions are reported as Other Nonoperating Gains and Losses.

Patient services and supporting operations revenues and expenses are those revenues and expenses directly related to the provision of patient care and community wellness and education. Other nonoperating gains and losses includes Realized investment earnings. Change in net unrealized gains (losses) on swaps. Loss on refinancing of debt, and Nonoperating gains and losses, net

1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Performance Indicator

In the Combined Statements of Operations, the primary indicator of the Organization's results is "Revenues and gains in excess of expenses and losses". Changes in unrestricted net assets that are excluded from the performance indicator, consistent with industry practice, include Net assets released from restrictions — capital acquisitions. Contribution of long lived assets. Adjustment to funded status of pension plans. Change in noncontrolling interests, and Change in net unrealized gains on investments (except for declines in fair value that are determined by management to be other-than-temporary, which are reported as realized investment losses)

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amount from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are recorded on an estimated basis in the period the related services are rendered or when known by the Organization and adjusted in future periods as final settlements are determined. Laws and regulations governing the Medicare and Medicard programs are complex and subject to interpretation. As a result, there is a reasonable possibility that recorded estimates will change by a material amount in the near term. Changes in prior year estimates increased net patient service revenue by \$14,424 and \$2,990 in the fiscal years ended June 30, 2011 and 2010, respectively

Other Supporting Operations Revenue

Other supporting operations revenue includes primarily revenue from grant contracts, property rental, partnership revenue and unrestricted contributions

Patient Accounts Receivable

Patient Accounts receivable for which the Organization receives payment under cost reimbursement, prospective payment formulas or negotiated rates, which cover the majority of patient services, are stated at the estimated net amounts receivable from payers, which are generally less than the established billing rates of the Organization. Patient accounts receivable is reported at its net realizable value and includes reserves for bad debts of \$112.924 and \$106.928 at June 30, 2011 and 2010, respectively. Bad debts reserves are estimated based on the Organization's belief that a patient has the ability to pay for services but payment is not expected to be received. The reserve for bad debts is based on management's assessment of historical and expected collections, business economic conditions, trends in health care coverage, and other collection indicators. Accounts receivable are written off against the reserve for bad debts when management determines that recovery is unlikely and the Organization ceases collection efforts.

Concentrations of Credit Risk

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The mix of net receivables from patients and third-party payers was as follows at June 30.

	<u>2011</u>	<u>2010</u>
Medicare	20%	26%
Blue Cross/Blue Shield	18%	14%
Independence Blue Cross & Valley Preferred	17%	17%
Commercial, Auto & Workers Compensation	12%	14%
Medicare & Medicaid Managed Care	13%	13%
Medicaid	11%	7%
Self Pay	<u>9%</u>	<u>9%</u>
Total	100%	100%

Estimated Medical Malpractice Costs

The Organization uses a combination of commercial insurance and self-insurance arrangements to provide for medical malpractice costs. The self-insured arrangements include actuarially determined estimates of the ultimate costs for both reported claims and claims incurred but not reported (IBNR) and include the primary layer provided through the RRG, and the self-insured excess layer. The Medical Care Availability and Reduction of Error (MCARE) layer provides coverage between the self-insured primary layer and the self-insured excess layer and is provided by the Pennsylvania Insurance. Department funded through direct assessments. Commercial insurance is used to provide additional excess coverage beyond the self-insured excess layer.

The June 30, 2011 and 2010 financial statements include actuarially determined self-insured medical malpractice expenses of \$9,503 and \$3,731, respectively, and are reported as Other expense in the Combined Statements of Operations Corresponding reserves are reported as current and non-current Professional liability in the Combined Statements of Financial Position. Commercial excess insurance expense and MCARE assessments were \$5,431 and \$6,162 as of June 30, 2011 and 2010, respectively, and were recorded in Other expense in the Combined Statements of Operations.

1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Assets Whose Use is Limited

Investments in equity securities with readily determinable fair values and all investments in debt securities are reported at fair value in the Combined Statements of Financial Position. The Organization also invests in a diversified program of alternative investment funds. These investments utilize a "fund of funds" approach resulting in diversified multistrategy, multimanager investments. Certain investments include liquidation restrictions of 30 to 70 days notice prior to withdrawal. The Organization reports these investments at fair value.

Investment income or loss (including realized gains and losses on investments, interest and dividends) is reported as Realized investment earnings unless the income or loss is restricted by donor or law, in which case investment income or loss is recorded as a component of Temporarily restricted net assets. Unrealized gains and losses on investments are excluded from Revenues and gains in excess of expenses and losses but are reported as increases or decreases in Unrestricted net assets unless the income or loss is restricted by donor or law, in which case investment income or loss is recorded as a component of Temporarily restricted net assets.

Investments, in general, are exposed to various risks such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the combined financial statements.

Assets whose use is limited includes (1) assets set aside by the Board of Trustees (the "Board") for future purposes over which the Board retains control and may at its discretion subsequently use for other purposes. (2) assets limited by the Board for retained excess professional liability arrangements. (3) assets limited under primary professional liability arrangements. (4) assets internally designated by management for various purposes and (5) assets limited to fund deferred compensation and other liabilities

In addition, Assets whose use is limited also includes Assets limited under bond indenture, bond construction, debt service funds, and debt service reserve funds, related to the Organization's outstanding tax exempt bonds (see note 3). Bond construction funds are held by a trustee and are established to hold bond proceeds until the Organization has incurred capital expenditures in accordance with the allowable uses of issued bonds. The Organization is required to fund to a trustee its scheduled monthly and semi-annual (January 1 and July 1) debt service payments 1-15 days in advance of the payment dates. This funding is reflected in the Combined Statements of Financial Position in the Current assets section reported as Assets limited under bond debt service fund. For certain outstanding bond issues, the Organization is required to maintain debt service reserve funds with a trustee. These funds are available to pay debt service in the event the Organization fails to make such payments. The following schedule summarizes the Assets limited under bond debt service fund – current portion and Assets limited under bond indenture, bond construction, debt service, and debt service reserve agreements – held by trustee at June 30.

	<u>2011</u>	<u>2010</u>
Assets limited under bond service fund - current portion	\$17.353	\$17.621
Assets limited under bond indenture, bond construction, debt service.		
and debt service reserve agreements - held by trustee		
Debt service reserve funds	\$11.077	\$11,223

2 ASSETS WHOSE USE IS LIMITED OR RESTRICTED AND PARTNERSHIP INVESTMENTS

Investments carried primarily at fair value and other assets carried at cost at June 30, 2011 and 2010 are summarized as follows

		II 6			F	Pledges receivable		
	Short-term	US government agencies and	Corporate	Mark etable equity	Equity investments in	other	Accrued	
	<u>investments</u>	authorities	bonds	securities (C)	<u>partnerships</u>	investments (A)	<u>interest</u>	<u>Total</u>
<u>2011</u>								
Assets limited under bond debt service fund-current portion	\$17.353	\$0	\$0	\$0	\$0	\$0	\$0	\$17,353
Assets limited under primary professional liability arrangements - current portion	238	1,253	727	837	0	0	11	3,066
Assets limited by board of trustees for capital improvements	64,714	154,210	101.050	399,224	0	0	1,370	720,568
Assets limited by board of trustees for retained excess professional liability arrangements	1.489	3.288	2.345	9,136	0	0	32	16.290
Assets limited under primary professional liability arrangements	3,292	13,994	8,437	14,424	0	0	123	40,270
Assets limited by management (B)	1.722	3,092	1.843	14,763	0	8.477	27	29.924
Assets limited under bond indenture, bond construction, debt service, and								
debt service reserve agreements - held by trustee	11.077	0	0	0	0	0	0	11.077
Assets restricted by donors	11.676	22.982	14,457	77.911	0	14.167	197	141.390
Partnership investments	0	0	0	0	15,283	0	0	15,283
Assets limited to fund deferred compensation and other liabilities	<u>3,048</u>	<u>5,143</u>	<u>4,597</u>	<u>24.839</u>	<u>0</u>	<u>2,192</u>	<u>54</u>	<u>39,873</u>
Total Investments	<u>\$114,609</u>	\$203,962	<u>\$133,456</u>	<u>\$541,134</u>	<u>\$15,283</u>	<u>\$24,836</u>	<u>\$1,814</u>	<u>\$1,035,094</u>
Total Investments <u>2010</u>	<u>\$114,609</u>	<u>\$203,962</u>	<u>\$133,456</u>	<u>\$541,134</u>	<u>\$15,283</u>	<u>\$24,836</u>	<u>\$1,814</u>	<u>\$1,035,094</u>
	\$114,609 \$17.621	<u>\$203,962</u> \$0	<u>\$133,456</u> \$0	<u>\$541,134</u> \$0	<u>\$15,283</u> \$0	<u>\$24,836</u> \$0	<u>\$1,814</u> \$0	\$1,035,094 \$17.621
2010 Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion								
2010 Assets limited under bond debt service fund-current portion	\$17.621	\$0	\$0	\$0	\$0	\$0	\$0	\$17.621
2010 Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion	\$17.621 229	\$0 1.470	\$0 660	\$0 702	\$0 0	\$0	\$0 14	\$17.621 3.075
2010 Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion Assets limited by board of trustees for capital improvements	\$17.621 229 46.898	\$0 1.470 128.732	\$0 660 76.513	\$0 702 259,360	\$0 0 0	\$0 0 0	\$0 14 1.354	\$17.621 3.075 512.857
2010 Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion Assets limited by board of trustees for capital improvements Assets limited by board of trustees for retained excess professional liability arrangements	\$17.621 229 46.898 1.387	\$0 1.470 128.732 3.804	\$0 660 76.513 2.267	\$0 702 259.360 7.643	\$0 0 0	\$0 0 0	\$0 14 1.354 40	\$17.621 3.075 512.857 15.141
Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion Assets limited by board of trustees for capital improvements Assets limited by board of trustees for retained excess professional liability arrangements Assets limited under primary professional liability arrangements	\$17.621 229 46.898 1.387 2.780	\$0 1.470 128.732 3.804 14.037	\$0 660 76.513 2.267 6.721	\$0 702 259.360 7.643 11.025	\$0 0 0 0	\$0 0 0 0	\$0 14 1.354 40 136	\$17.621 3.075 512.857 15.141 34.699
Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion Assets limited by board of trustees for capital improvements Assets limited by board of trustees for retained excess professional liability arrangements Assets limited under primary professional liability arrangements Assets limited by management (B)	\$17.621 229 46.898 1.387 2.780	\$0 1.470 128.732 3.804 14.037	\$0 660 76.513 2.267 6.721	\$0 702 259.360 7.643 11.025	\$0 0 0 0	\$0 0 0 0	\$0 14 1.354 40 136	\$17.621 3.075 512.857 15.141 34.699
Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion Assets limited by board of trustees for capital improvements Assets limited by board of trustees for retained excess professional liability arrangements Assets limited under primary professional liability arrangements Assets limited by management (B) Assets limited under bond indenture, bond construction, debt service, and	\$17.621 229 46.898 1.387 2.780 2.227	\$0 1.470 128.732 3.804 14.037 2.247	\$0 660 76.513 2.267 6.721 1.038	\$0 702 259,360 7,643 11,025 9,048	\$0 0 0 0 0	\$0 0 0 0 0 0 8.477	\$0 14 1.354 40 136 21	\$17.621 3.075 512.857 15.141 34.699 23.058
Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion Assets limited by board of trustees for capital improvements Assets limited by board of trustees for retained excess professional liability arrangements Assets limited under primary professional liability arrangements Assets limited by management (B) Assets limited under bond indenture, bond construction, debt service, and debt service reserve agreements - held by trustee	\$17.621 229 46.898 1.387 2.780 2.227	\$0 1.470 128.732 3.804 14.037 2.247	\$0 660 76.513 2.267 6.721 1.038	\$0 702 259,360 7,643 11,025 9,048	\$0 0 0 0 0 0	\$0 0 0 0 0 0 8.477	\$0 14 1.354 40 136 21	\$17.621 3.075 512.857 15.141 34.699 23.058
Assets limited under bond debt service fund-current portion Assets limited under primary professional liability arrangements - current portion Assets limited by board of trustees for capital improvements Assets limited by board of trustees for retained excess professional liability arrangements Assets limited under primary professional liability arrangements Assets limited by management (B) Assets limited under bond indenture, bond construction, debt service, and debt service reserve agreements - held by trustee Assets restricted by donors	\$17.621 229 46.898 1.387 2.780 2.227 11.223 8.420	\$0 1.470 128.732 3.804 14.037 2.247	\$0 660 76.513 2.267 6.721 1.038	\$0 702 259,360 7,643 11,025 9,048 0 59,078	\$0 0 0 0 0 0	\$0 0 0 0 0 8.477 0	\$0 14 1.354 40 136 21	\$17.621 3.075 512.857 15.141 34.699 23.058 11.223 119.042

⁽A) Includes \$7.114 and \$5.404 representing the Organization's interest in certain perpetual trusts stated at net present value at June 30, 2011 and 2010, respectively (see Note 1) Includes \$4.588 and \$4.052 of pledges receivable at June 30, 2011 and 2010, respectively (see Note 14) Includes other investments, primarily cash surrender value of life insurance, of \$3.834 and \$3.339 at June 30, 2011 and 2010, respectively. Includes an unrestricted gift of land valued at \$8.250 at June 30, 2011 and 2010. respectively

⁽B) Assets limited by management are primarily unspent unrestricted gift proceeds invested until used, and the unrestricted gift of land described in note (A) above

⁽C) Includes \$90,497 and \$61,832 in alternative investments at June 30, 2011 and 2010, respectively. Because alternative investments are not readily marketable, the estimated fair value is subject to uncertainty and, therefore, may differ from the fair value that would have been used had a ready market existed, and such differences could be material (see Note 13)

The following schedule summarizes the investment earnings and its classification in the Combined Statements of Operations and Combined Statements of Changes in Net Assets for the years ended June 30

	<u>2011</u>	<u>2010</u>
Income		
Interest and dividend income	\$15,122	\$15,165
Net realized gains on investments	14,537	16,540
Net unrealized gains on investments	<u>98,868</u>	<u>29,370</u>
Total	<u>\$128,527</u>	<u>\$61,075</u>
Reported as follows		
Combined Statements of Operations		
Other nonoperating gains and losses - Realized investment earnings	\$24,355	\$26,721
Change in net unrealized gains on investments	83,516	23,503
Combined Statements of Changes in Net Assets		
Temporarily restricted net assets - Realized and unrealized investment gains, net	20,656	<u>10,851</u>
Total	<u>\$128,527</u>	\$61,075

Other Than Temporary Impairment

The Organization recognizes other than temporary impairment on equity securities when (1) in management's judgment, a decline in value is not temporary or (2) when the Organization, through it's investment managers, has made a decision to sell the equity security at an amount below its carrying value, or (3) when the Organization determines it does not have the ability and intent to hold an investment for a sufficient period of time for a recovery of fair value

The Organization evaluates other than temporary impairment on debt securities by determining (1) if the Organization has the intent to sell the debt security or (2) if it is more likely than not that the Organization will be required to sell the debt security before its anticipated recovery, and (3) assessing whether a credit loss exists, that is, where the Organization believes that the present value of the cash flows expected to be collected from the security are less than the amortized cost basis of the security

When an other than temporary impairment is recognized, the security is written down to fair value as the new cost basis, and the amount of the write-down is recorded as a realized loss

During fiscal years 2011 and 2010, assessments of other than temporary impairment were performed on each security held by the Organization Factors considered in determining whether an other than temporary impairment existed included the financial condition, business prospects and creditworthiness of the issuer, and the length of time and extent to which fair value had been less than cost for equity securities or amortized cost for fixed income securities

The other-than-temporary impairment losses recorded as of June 30, 2011 and 2010 were \$3,143 and \$3,284, respectively. These losses are reported on the line "Realized investment earnings" within the Combined Statements of Operations.

In addition to the above, certain other investments had fair values below cost at June 30, 2011 and 2010 but were determined to not be other-than-temporarily impaired due to the Organization's ability and intent to hold the securities until recovery of fair value. The following table presents the unrealized losses and fair value of these investments, aggregated by investment category and length of time individual securities have been in a continuous unrealized loss position.

	Less than 12 months		Greater than 12 months		Total	
	Fair	Unrealized	Fair	Unrealized	Fair	Unrealized
	Value	loss	Value	loss	Value	loss
<u>2011</u>						
Marketable equity securities	\$25,001	(\$254)	\$96,540	(\$981)	\$121,541	(\$1.235)
<u>2010</u>						
Marketable equity securities	\$28,049	(\$6.317)	\$106,669	(\$23,191)	\$134,718	(\$29,508)

2 ASSETS WHOSE USE IS LIMITED OR RESTRICTED AND PARTNERSHIP AND OTHER INVESTMENTS (continued)

Other Than Temporary Impairment (continued)

The unrealized losses on investments in marketable equity securities were caused by a combination of economic, industry, and company factors. The Organization's marketable equity securities portfolios are diversified. The nature of a diversified portfolio is that at any point in time some holdings are reasonably expected to reflect market losses. Since the declines in market value of equity securities are not considered severe in nature on a security by security basis, the financial condition and near term prospects of the issuer are not in question, and the Organization has the ability and intent to hold to recovery, the Organization does not consider those investments to be other than temporarily impaired at June 30, 2011 and 2010.

3 LONG-TERM DEBT

Long-term debt consists of the following at	<u>2011</u>	<u>2010</u>
Hospital Revenue Bonds. Series of 1994 (net of unamortized bond discount of \$5 and \$6 at June 30, 2011 and 2010, respectively) at a fixed rate of 7 000% due in various amounts through July 1, 2016	\$7.214	\$8.159
Hospital Revenue Bonds. Series of 1996 (net of unamortized bond discount of \$0 and \$38 at June 30, 2011 and 2010, respectively) at a fixed rate of 5 625% due in various amounts through July 1, 2015. These bonds were refinanced with the issuance of the Hospital Revenue Bonds. Series A of 2011 (see below).	0	10,774
Hospital Revenue Bonds. Series A of 1999 (net of unamortized bond discount of \$0 and \$10 at June 30, 2011 and 2010, respectively) at fixed rates ranging from 4 750% to 5 250% due in various amounts through July 1, 2029. These bonds were refinanced with the issuance of the Hosital Revenue Bonds, Series A of 2011 (see below).	0	18.515
Hospital Revenue Bonds, Series A of 2001 (net of unamortized bond discount of \$23 and \$28 at June 30, 2011 and 2010, respectively) at fixed rates ranging from 4 700% to 5 00% due in various amounts through July 1, 2015	8.842	10.372
Hospital Revenue Bonds. Series B of 2001 (net of unamortized bond discount of \$161 and \$168 at June 30, 2011 and 2010, respectively) at fixed rates ranging from 4 125% to 5 375% due in various amounts through July 1, 2031	28.029	28.786
Hospital Revenue Bonds. Series A of 2003 (net of unamortized bond discount of \$466 and \$487 at June 30, 2011 and 2010, respectively) at fixed rates ranging from 5 000% to 5 250% due in various amounts through July 1, 2033	60.359	60,338
Hospital Revenue Bonds, Series A of 2005 At variable rates of interest (0 134% at June 30, 2011) due in various amounts through July 1, 2025. These bonds are privately held and the interest rate is indexed and resets on a monthly basis. See Page 14 "Swap Agreements"	51.250	52.600
Hospital Revenue Bonds, Series B of 2005 At a fixed rate of 5 000% due in various amounts through July 1, 2035	81,000	81,000
Hospital Revenue Bonds. Series A of 2008 (net of unamortized bond premium of \$315 and \$327 at June 30, 2011 and 2010, respectively) at fixed rates ranging from 4 000% to 5 000% due in various amounts through July 1, 2038	70,261	71.447
Hospital Revenue Bonds. Series B of 2008 At variable rates of interest (0 134% at June 30, 2011) due in various amounts through July 1, 2028. These bonds are privately held and the interest rate is indexed and resets on a monthy basis. See Page 14 "Swap Agreements"	90,775	93.225
Hospital Revenue Bonds, Series C of 2008 At variable rates of interest (0 069% at June 30, 2011) due in various amounts through July 1, 2029 These bonds reprice daily	59,030	59.265

	<u>2011</u>	<u>2010</u>
Hospital Revenue Bonds, Series A of 2011 At variable rates of interest (0 134% at June 30, 2011) due in various amounts through July 1, 2029 These bonds reprice daily	\$27,720	\$0
Capital Lease Liability on parking deck and The Center for Advanced Health Care MOB located on LVH campus at Cedar Crest & I78 Pavable in monthly installments through February 2027 with subsequent renewal options	34,363	34.092
Mortgage liability to Firstrust Bank on property located at 2649 Schoenersville Rd. Bethlehem. PA containing a medical office building on the LVHM campus At a fixed rate of 55% with monthly payments of \$37 through March 2016	5.337	5.478
Other Long Term Debt	<u>575</u>	<u>440</u>
Subtotal (net of unamortized bond discount of \$340 and \$410 at June 30, 2011 and 2010, respectively)	524.755	534,491
Less current maturities	(11,218)	<u>(10,891)</u>
Total long-term debt	<u>\$513,537</u>	<u>\$523,600</u>

Maturities of Long-Term Debt

Scheduled principal maturities on long-term debt (excluding capital lease obligations) for the next five fiscal years and thereafter are as follows

	Long-Term
	Debt
2012	\$11.218
2013	11.568
2014	12,001
2015	12.562
2016	17,663
Thereafter	<u>425,720</u>
Total principal for long-term debt	\$ <u>490,732</u>

<u>Long-Term Debt – Authority Bond Issues</u>

LVHN. LVH. and LVHM (the "Obligated Group") have borrowed funds through revenue bonds issued by the Lehigh County General Purpose Authority (the "Authority") The proceeds were used in part to finance certain facilities of the Obligated Group. The bonds are secured by a pledge of revenue of the Obligated Group. For accounting purposes, the revenue bonds are treated as though they are the debt of the entity which received the proceeds.

Swap Agreements

The Organization has hedged its long term exposure to rising interest rates on portions of its variable rate debt through the participation in interest rate swaps. As of June 30, 2011, interest rate swap agreements with external counter parties were in place on the Series A of 2005 Bonds (the "2005 Swap") and the Series B of 2008 Bonds (the "2006 Swaps") bonds. These interest rate swaps effectively convert these variable rate bonds to a fixed rate. The swaps carry a fair value based on long term interest rates and are further described in the table below.

	Liability Derivatives		
Derivatives not designated		Fan Va	alue
as hedging instruments	Combined Statements of Financial Position - location	<u>2011</u>	<u>2010</u>
Interest rate contracts - 2005 Swap	Other liabilities	\$5,103	\$6,159
Interest rate contracts - 2006 Swaps	Other liabilities	10,076	<u>12,025</u>
Total derivatives		\$ <u>15.179</u>	\$ <u>18.184</u>

For the years ended June 30, 2011 and 2010, the 2005 and 2006 Swaps were determined to be ineffective hedges for accounting purposes and as a result did not qualify for hedge accounting treatment. Consequently, changes in the swaps fair values are reported as a component of Other nonoperating gains and losses, where as under hedge accounting all changes in the swaps fair values would be reported below Revenues and gains in excess of expenses and losses.

Swap Agreements (continued)

The below table presents the gains and losses on the 2005 and 2006 swap derivatives within the Combined Statements of Operations as of June 30, 2011 and 2010, respectively

Amount of some (love)

		Amount of gai	ins (losses)
Derivatives not designated		recogniz	zed in
as hedging instruments	Location of losses on ineffective portion	<u>2011</u>	<u>2010</u>
Interest rate contracts - 2005 Swap	Change in net unrealized gains (losses) on swaps	1.056	(\$2.249)
Interest rate contracts - 2006 Swaps	Change in net unrealized gains (losses) on swaps	<u>1,949</u>	(3,851)
Total derivative gains (losses)		\$ <u>3.005</u>	(\$6,100)

In addition to the above, the 2005 and 2006 interest rate swaps also impose collateralization requirements on both parties if certain conditions occur. Collateralization for the 2005 or 2006 swaps was not required as of June 30, 2011 and 2010.

For the 2005 and 2006 swaps where Merrill Lynch is the counter party no collateralization is required as long as LVHN maintains its current credit rating of Al (Moody's) and A+ (S & P) or above, regardless of the market value of the swaps. If LVHN's credit rating drops below Al/A+, collateralization may be required based on the market value of the swaps. For example, if LVHN's credit rating drops one notch to A2/A, a negative swap market value of \$20 million or more would require LVHN to provide collateral of \$5 million. Further declines in LVHN's credit rating or lower negative swap market values will further increase collateral requirements.

For the 2006 swap where Goldman Sachs is the counter party collateral of \$2.5 million would be required at LVHN's current credit rating of A1/A+ if the swap market value reaches negative \$12.5 million. A swap market value of negative \$15 million would require \$5.0 million collateral at the current credit rating. A swap market value of negative \$20 million would require \$10.0 million collateral. In addition, a decline in LVHN's credit rating below A1/A+ would increase collateral requirements beyond those at the current rating.

As of June 30, 2011 the 2005 and 2006 swaps where Merrill Lynch is the counter party had negative market values of \$5.1 million and \$5.1 million respectively, and the 2006 swap where Goldman Sachs is the counter party had a market value of negative \$5.0 million. Accordingly collateralization for the 2005 or 2006 swaps was not required as of June 30, 2011.

Issuance of Tax exempt Bonds – Series A of 2011

In April 2011, the Obligated Group issued \$27,720 in variable rate Hospital Revenue Bonds. Series A of 2011 to refinance \$9,240 in fixed rate Hospital Revenue Bonds Series A of 1996, and \$18,240 in fixed rate Hospital Revenue Bonds Series A of 1999, and to pay costs of issuance of \$240. In accordance with accounting standards for modification or extinguishment of debt the refinancing was determined to represent an extinguishment of the 1996 and 1999 Series A Bonds. A loss on refinancing of \$605 was recorded and is reported as "Loss on refinancing of debt" within Other nonoperating gains and losses in 2011.

Restructure of Tax-Exempt Bonds – Series A of 2005

In April 2011, the Obligated Group restructured \$51,250 in variable rate Hospital Revenue Bonds. Series A of 2005 by converting the interest mode from variable rate demand bonds to variable index rate bonds. In accordance with accounting standards for modification or extinguishment of debt the refinancing was determined to represent a modification of the debt instrument and therefore no loss on refinancing was recorded

Restructure of Tax-Exempt Bonds - Series B of 2008

In April 2011, the Obligated Group restructured \$90,775 in variable rate Hospital Revenue Bonds. Series B of 2008 by converting the interest mode from variable rate demand bonds to variable index rate bonds. In accordance with accounting standards for modification or extinguishment of debt the refinancing was determined to represent a modification of the debt instrument and therefore no loss on refinancing was recorded

Capital Lease

In August 2005 LVH entered into a lease arrangement with a third party to finance the construction of a 133,000 square foot medical office building to house The Center for Advanced Health Care and an adjacent 892 space parking deck (the "project") The lease has an initial term of 20 years with an optional renewal for 9 years and an additional optional renewal for another 11 years with a bargain purchase price option at the end of the second renewal

Capital Lease (continued)

Lease payments are approximately \$2,223 to \$2,420 annually over the next five years and are subject to annual adjustments. Interest expense related to this financing is recorded throughout the life of the financing

Scheduled principal maturities on capital lease obligation for the next five fiscal years and thereafter are as follows

			Scheduled
	Principal	Interest	Payments
2012	\$0	\$2,223	\$2,223
2013	0	2.271	2.271
2014	0	2.319	2.319
2015	0	2,369	2,369
2016	0	2,420	2,420
Thereafter	<u>34,363</u>	<u>55,647</u>	90,010
Totals for capital lease	\$34,363	\$67.249	\$101.612

Lines of Credit

LVHN and LVH have a combined line of credit, expiring December 31, 2011, available which provided for borrowings and letters of credit up to an aggregate of \$19,000 at June 30, 2011. Although no borrowings were outstanding against this line of credit at June 30, 2011, a total of \$5,714 in the form of letters of credit was committed and is described further in the table below. The remaining amount available under the line of credit at June 30, 2011 was \$13,286. At June 30, 2010, LVHN and LVH had a combined line of credit available which provided for borrowings and letters of credit up to an aggregate of \$19,000. Although no borrowings were outstanding against this line of credit at June 30, 2010, a total of \$5,663 in the form of letters of credit was committed. The remaining amount available under the line of credit at June 30, 2010 was \$13,337.

The following schedule summarizes the letters of credit commitments outstanding at June 30

Beneficiary	<u>Purpose</u>	<u>2011</u>	<u>2010</u>
South Carolina Dept Of Insurance	RRG capitalization collateral	\$4,980	\$4,980
Commonwealth of PA	LVH Cedar Crest highway expansion collateral	648	648
City of Bethlehem, PA	LVHM North Campus expansion collateral	35	35
Township of Salisbury	LVH Cedar Crest Family Lodging Center collateral	<u>51</u>	<u>O</u>
Total letters of credit commitments or	utstanding	\$ <u>5.714</u>	\$ <u>5.663</u>

Restrictive Covenants

The indentures for the Obligated Group's bonds incorporate certain restrictive covenants as provided in the 1987 Master Trust Bond Indenture regarding issuance of additional indebtedness on behalf of the Obligated Group. Additional long-term indebtedness, including, among other things, long-term indebtedness which may be secured on a parity with the 1987 bonds, may be incurred if either. (i) the revenues available for debt service of the Obligated Group for the fiscal year immediately preceding the incurrence of the proposed long-term indebtedness were at least equal to 125% of the sum of (a) the debt service requirements on all long-term indebtedness of the Obligated Group outstanding immediately preceding the incurrence of the proposed long-term indebtedness, and (b) the maximum annual debt service requirements on the long-term indebtedness to be incurred, or (ii) immediately after the incurrence of the proposed long-term indebtedness, the total outstanding long-term indebtedness of the Obligated Group will not exceed 66 2/3% of principal amount of all long-term indebtedness plus the unrestricted net assets of the Obligated Group

The 2001 Series A and 2001 Series B bonds include requirements to (a) maintain a Debt Service Coverage Ratio of 1 25 and (b) maintain Days Cash on Hand of at least 60 days. If the preceding covenants are not met, the engagement of a consultant is required. Also, failure to maintain a Debt Service Coverage ratio of at least 1.75 or maintain Days Cash on Hand of at least 90 days will result in the requirement to immediately fund a Debt Service Reserve account for the 2001 Series A and Series B bonds in the amount of \$2.0 million and \$2.2 million, respectively

Restrictive Covenants (continued)

The 2003 Series A bonds include requirements to maintain a Debt Service Coverage Ratio of 1.25. If this ratio is not met the engagement of a consultant is required. In addition, failure to maintain a Debt Service Coverage ratio of at least 1.00 is an event of default. Also, the 2003 bonds include a requirement to maintain Day's Cash on Hand of at least 50 days. If this covenant is not met the engagement of a consultant is required. Upon issuance the 2003 Series A bonds required the establishment of a Debt Service Reserve account in the amount of \$6.1 million which remained in place at June 30, 2011 and 2010. This debt service account is reported under Noncurrent assets "Assets limited under bond indenture, bond construction, debt service, and debt service reserve agreements – held by trustee"

The 2005 Series A and 2005 Series B bonds include requirements to (a) maintain a Debt Service Coverage Ratio of 1 25. (b) maintain Day's Cash on Hand of at least 60 days and (c) maintain an Indebtedness Ratio not to exceed 0 67 to 1. If any of the preceding covenants are not met, the engagement of a consultant is required. Also, failure to maintain a Debt Service Coverage ratio of at least 1.75 or maintain Day's Cash on Hand of at least 90 days will result in the requirement to immediately fund a Debt Service Reserve account for the 2005 Series A and Series B bonds in the amount of \$5.8 million and \$8.1 million, respectively. Upon issuance the 2005 Series B bonds required the establishment of a Debt Service Reserve account in the amount of \$5.0 million which remained in place at June 30, 2011 and 2010. If additional funding of the Series B Debt Service Reserve is required as described above, the amount of funding required will be reduced by the current \$5.0 million. Series 2005 B Debt Service Reserve, resulting in an additional funding requirement of \$3.1 million. This debt service account is reported under Noncurrent assets "Assets limited under bond indenture, bond construction, debt service, and debt service reserve agreements – held by trustee"

The 2008 Series A bonds include requirements to (a) maintain a Debt Service Coverage Ratio of 1 25. (b) maintain Days Cash on Hand of at least 60 days and (c) maintain an Indebtedness Ratio not to exceed 0 67 to 1. If any of the preceding covenants are not met the engagement of a consultant is required. Also, failure to maintain a Debt Service Coverage ratio of at least 1.75 or maintain Days. Cash on Hand of at least 90 days will result in the requirement to immediately fund a Debt Service Reserve account for the 2008 Series A bonds in the amount of \$4.7 million.

The 2008 Series B bonds include requirements to (a) maintain a Debt Service Coverage Ratio of 1 25. (b) maintain Days Cash on Hand of at least 65 days and (c) maintain an Indebtedness Ratio not to exceed 0 67 to 1. If any of the preceding covenants are not met the engagement of a consultant is required. Also, failure to maintain a Debt Service Coverage ratio of at least 1.75 or maintain Days Cash on Hand of at least 90 days will result in the requirement to immediately fund a Debt Service Reserve account for the 2008 Series B bonds in the amount of \$8.7 million.

The 2008 Series C bonds include requirements to (a) maintain a Debt Service Coverage Ratio of 1 20. (b) maintain Days Cash on Hand of at least 60 days and (c) maintain an Indebtedness Ratio not to exceed 0 67 to 1. If any of the preceding covenants are not met, the engagement of a consultant is required

The 2011 Series A bonds include requirements to (a) maintain a Debt Service Coverage Ratio of 1 25, (b) maintain Days Cash on Hand of at least 60 days and (c) maintain an indebtedness ratio not to exceed 66 2/3% Failure to maintain any of these covenants is an event of default. If a default occurs, the Bank, at its option, may declare the entire unpaid balance of principal and interest immediately due and payable and all outstanding sums shall bear interest at the default rate. In addition, any obligation of the Bank to make loans or extend credit will terminate

For the years ended June 30, 2011 and 2010, the financial covenants noted above were met and the Obligated Group was not aware of any instances of non-compliance with its other covenants

4 PROPERTY AND EQUIPMENT, NET

Property and equipment and accumulated depreciation consist of the following at June 30

<u>2011</u>	<u>2010</u>
\$65,282	\$64.871
783,464	762,942
372,705	360,296
32,188	32,188
<u>23,984</u>	<u>13,303</u>
1.277.623	1,233,600
(675,626)	(620,414)
\$601.997	\$613,186
	\$65.282 783.464 372.705 32.188 <u>23.984</u> 1.277.623 (675,626)

4 PROPERTY AND EQUIPMENT, NET (continued)

Depreciation expense for the years ended June 30, 2011 and 2010 was \$83,271 and \$85,360, respectively. Depreciation of assets under capital lease included in depreciation expense was \$1,413 at June 30, 2011 and 2010, respectively. Accumulated depreciation relating to the assets under capital lease was \$6,354 and \$4,941 at June 30, 2011 and 2010, respectively and is included in accumulated depreciation.

5 FUNCTIONAL EXPENSES

The Organization provides a wide array of health care services to patients and members of the community within its service area. Expenses related to providing these services, including provision for income taxes, were as follows for the years ended June 30.

	<u>2011</u>	<u>%</u>	<u>2010</u>	<u>%</u>
Health care services	\$1.373.673	95%	\$1,291,744	95%
General and administrative	<u>74,368</u>	<u>5%</u>	<u>68,996</u>	<u>5%</u>
Total	\$ <u>1.448.041</u>	100%	\$ <u>1.360,740</u>	100%

General and administrative expenses include expenses for organizational administrative activities, primarily human resources, management, legal, and financial services. The categorization of expenses as health care services versus general and administrative follows the guidance provided for similar expense reporting in the annual IRS 990 tax return

6 FUNDS HELD BY FIDUCIARY

LVH is the primary beneficiary of the Dorothy Rider Pool Health Care Trust (the "Pool Trust") which was established through the estate of a former director of LVH. The fair value of the Pool Trust at June 30, 2011 and 2010 was \$72,991 and \$68,736, respectively. The assets of the Pool Trust are not included in the accompanying combined financial statements. Under the general provisions of the Trust, distributions from the Pool Trust are to be made to or for the benefit of LVH to supplement, not replace, LVH's ordinary operating expenses, so that LVH can be operated and managed in a manner that will improve its medical standards, knowledge and procedures, and sustain at the highest level of quality the health maintenance and hospital care it provides to members of the community it serves. Under certain circumstances, distributions from the Pool Trust may be made to other designated health care related organizations. Distributions to LVH from the Pool Trust were \$4,127 and \$3,521 during the years ended June 30, 2011 and 2010, respectively, and are reported as a component of Other supporting operations revenue.

7 CHARITY CARE

As a community organization, all revenues and gains in excess of expenses and losses of the Organization are, or will be, used for the repayment of debt, acquisition of equipment and facilities, and to provide for the present and future health care needs of the patients and communities it serves. The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates regardless of their ability to pay Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as patient service revenues. The amount of charity care to patients for the years ended June 30, 2011 and 2010, at charges, was \$70.621 and \$57.498 respectively.

8 BAD DEBTS

In instances where the Organization believes a patient has the ability to pay for services and, after appropriate collection effort, payment is not made, the amount of services not paid is written-off, at charges, as bad debts. Amounts recorded as bad debts expense do not include charity care. The amount of bad debts expense for the years ended June 30, 2011 and 2010, at charges, was \$93,133 and \$94,038, respectively, and is reported as Bad debts expense on the Combined Statements of Operations.

9 RETIREMENT PLAN

The Organization provides employees with a variety of retirement plan options through a combination of defined benefit and defined contribution benefits based on an employee's hire date. Prior to July 1, 2006, the Organization's retirement plan ("the Plan") was a noncontributory defined benefit plan that covered all full-time and certain part-time employees. In order to provide increased flexibility to employees, effective July 1, 2006, additional retirement plan options were implemented. Employees hired prior to April 1, 2006, had the choice of selecting between 1) a noncontributory defined benefit option (the previous plan). 2) a combination of noncontributory defined benefit option with reduced benefits plus a contributory matched savings plan benefit in accordance with the Plan. or 3) a noncontributory defined contribution benefit with a matched savings plan benefit in accordance with the Plan. Employees hired on April 1, 2006 or later have the choice of selecting between options 2 and 3 above, the previous noncontributory defined benefit option (option 1 above) is not available to employees hired after April 1, 2006. During 2011 the Organization further modified pension plan options available to employees in the future. Employees hired on or after October 1, 2011 can participate only in option 3 above. In addition, future benefit accruals for active participants in the defined benefit plan are phased to frozen status in the future with all active employees transitioning to the defined contribution plan as of January 1, 2017. The effect of these changes adopted in 2011 was the recognition of a curtailment gain of \$21,201 in 2011.

The following applies to the defined benefit component of the retirement plan

Information for the noncontributory defined benefit option regarding funded status, net periodic pension cost, benefit obligation, assumptions, etc., as of June 30, 2011 and 2010, is presented below and on the following pages and includes the impact of employee selection of pension benefit options. The Plan's assets described below and on the following pages are not included in the combined financial statements of the Organization.

Description of Investment Policies

The primary investment objective for the Plan's assets is to achieve long term growth subject to prudent risk constraints

Plan Assets

Asset allocation targets, which are permitted to be +/- 5%, approved by the Finance Committee of the LVHN Board of Trustees, and the Plan's actual asset allocation, by investment category, at June 30 were

	201	1	2010)
Investment category	<u>Actual</u>	<u>Target</u>	<u>Actual</u>	<u>Target</u>
Domestic equity	40 5%	35 0%	34 4%	35 0%
International equity	17 4%	15 0%	13 7%	15 0%
Private equity	3 0%	5 0%	2 9%	5 0%
Hedge funds	5 0%	5 0%	4 5%	5 0%
Real estate securities	2 9%	5 0%	5 4%	5 0%
Commodities contracts	5 4%	5 0%	4 8%	5 0%
Fixed income	<u>25 8%</u>	<u>30 0%</u>	<u>34 3%</u>	<u>30 0%</u>
Total	<u>100 0%</u>	<u>100 0%</u>	<u>100 0%</u>	<u>100 0%</u>

Determination of Expected Return on Plan Assets

To develop the expected return on Plan assets assumption reported below, the Organization considered the current level of expected returns on risk free investments (primarily government bonds), the historical level of the risk premium associated with the other asset classes in which the portfolio is invested and the expectations for future returns of each class. The expected return for each asset class was weighted based on the target asset allocation to develop the expected long-term rate of return on assets assumption for the portfolio. This resulted in the selection of the 7.0% return on plan assets assumptions for 2011 and 2010.

9 RETIREMENT PLAN (continued)

The following tables present the categorization of the Plan's assets according to the levels of valuation risk described in footnote 13 at June 30

<u>2011</u>

Type of Investment	Level 1	Level 2	Level 3	<u>Total</u>
Cash and cash equivalents	\$()	\$5,678	\$()	\$5,678
Equity securities				
Domestic equity	171,284	()	()	171,284
International equity	73,447	()	()	73,447
Real estate equity	12,077	()	()	12,077
Fixed income				
U.S. Treasury securities and obligations of				
U S Government agencies	62.014	11,261	()	73,275
Corporate bonds	()	29,898	()	29,898
Asset-backed securities	()	3	()	3
Collateralized mortgage obligations	0	585	0	585
Hedge funds (multi-strategy)	0	0	20.971	20,971
Commodities contracts	0	22.794	0	22,794
Private equity	<u>()</u>	<u>()</u>	13,058	13,058
•	_			
Total assets at fair value	\$318.822	<u>\$70.219</u>	\$34,029	\$423,070
<u>2010</u>				
Type of Investment	Level 1	Level 2	Level 3	<u>Total</u>
Cash and cash equivalents	\$0	\$1,778	\$0	\$1,778
Equity securities				
Domestic equity	119,029	()	0	119,029
International equity	47,531	()	0	47.531
Real estate equity	18,496	0	O	18,496
Fixed income				
U S Treasury securities and obligations of				
U S Government agencies	64,315	17.825	O	82,140
Corporate bonds	125	33,549	O	33,674
Asset-backed securities	O	4	O	4
Collateralized mortgage obligations	O	1.446	O	1,446
Hedge funds (multi-strategy)	0	0	15.518	15,518
Commodities contracts	0	16,555	0	16,555
Private equity	<u>()</u>	<u>()</u>	10,227	10,227
Total assets at fair value				

The Plan's use of Level 3 unobservable inputs as of June 30, 2011 and 2010 accounted for 8 0% and 7 4%, respectively, of the total fair value of investments. The following table summarizes changes in Level 3 assets measured at fair value at June 30.

<u>2011</u>	Private equity	Hedge <u>funds</u>	<u>Total</u>
Beginning balance at July 1, 2010	\$10,227	\$15,518	\$25,745
Net appreciation in market value of investments	2,958	1,395	4,353
Purchases	824	4,058	4,882
Sales	<u>(951)</u>	<u>0</u>	<u>(951)</u>
Ending balance at June 30, 2011	\$ <u>13.058</u>	\$ <u>20,971</u>	\$ <u>34</u> ,029

9 RETIREMENT PLAN (continued)

<u>2010</u>	Private <u>equitv</u>	Hedge <u>funds</u>	Total
Beginning balance at July 1, 2009	\$9.058	\$13.651	\$22,709
Net appreciation in market value of investments	403	1.367	1.770
Purchases	<u>766</u>	<u>500</u>	<u>1,266</u>
Ending balance at June 30, 2010	\$10,227	\$ <u>15.518</u>	\$ <u>25.745</u>

Additional Pension Information

The Organization uses a June 30 measurement date for the plan. The following tables set forth the Plan's funded status at June 30, benefits paid, and employer contributions made during the fiscal years ended June 30, 2011 and 2010 and certain other information and amounts recognized in the financial statements at June 30.

Change in hanefit abligation	<u>2011</u>	<u>2010</u>
Change in benefit obligation Projected benefit obligation at beginning of year	\$575,571	\$459,437
Sen ice cost	22,892	19,926
Interest cost	33,884	31,430
Curtailment gain	(21,201)	0
Actuarial (gain) loss	(22,924)	73,293
Benefits paid	<u>(10,026)</u>	<u>(8,515)</u>
Projected benefit obligation at end of year	<u>\$578,196</u>	<u>\$575,571</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$346,398	\$290,252
Actual return on plan assets	66,804	39,838
Employer contributions	19,894	24.823
Benefits paid	(10,026)	(8,515)
Fair value of plan assets at end of year	<u>\$423,070</u>	<u>\$346,398</u>
Funded status at end of year	<u>(\$155,126)</u>	<u>(\$229,173)</u>
Amounts recognized in the statements of financial position consists of		
Accrued pension liability - current portion	\$0	\$0
Accrued pension liability - noncurrent portion	<u>(155,126)</u>	(229,173)
Net amount recognized	<u>(\$155,126)</u>	<u>(\$229,173)</u>
Amounts recognized in unrestricted net assets but not yet recognized in net periodic benefit cost		
Prior service costs	\$23	\$90
Net loss	<u>57,177</u>	150,760
Total amount recognized in unrestricted net assets	\$57,200	\$150,850
Components of net periodic benefit cost (NPBC)		
Sen ice cost	\$22,892	\$19,926
Interest cost	33,884	31,430
Expected return on plan assets	(24,546)	(20,562)
Amortization of prior service cost	25	292
Recognized actuarial loss	7,200	5,107
Curtailment loss recognized	<u>43</u>	<u>0</u>
Net periodic benefit cost (pension expense)	<u>\$39,498</u>	<u>\$36,193</u>
Other changes in plan assets and benefit obligation recognized in unrestricted net assets		
Net actuarial (gain) loss	(\$86,383)	\$54,017
Amortization of loss	(7,200)	(5,107)
Amortization of prior service cost	(25)	(292)
Curtailment loss recognized	<u>(43)</u>	$\underline{0}$
Total (gain) loss recognized in unrestricted net assets	(<u>\$93,651</u>)	\$ <u>48,618</u>

9 RETIREMENT PLAN (continued)

Additional Pension Information (continued)

	<u>2011</u>	<u>2010</u>
Reconciliation of accrued pension cost		
Balance at beginning of year	(\$229,173)	(\$169,185)
Annual pension expense	(39,498)	(36,193)
Adjustments to funded status of pension plan	93,651	(48,618)
Annual contributions	<u> 19,894</u>	<u>24,823</u>
Balance at end of year	<u>(\$155,126)</u>	<u>(\$229,173)</u>
Accumulated benefit obligation at year end	\$511,470	\$472,582
Weighted - average assumptions used to determine projected benefit obligation		
Discount rate	6 08%	6 01%
Rate of compensation increase	4 00% *	4 00%
* (used 4% for 2 years, 3 5% thereafter)		
Weighted - average assumptions used for NPBC development		
Discount rate	6 01%	6 77%
Expected return on plan assets	7 00%	7 00%
Rate of compensation increase	4 00%	4 00%

The actuarial net loss and prior service cost that will be amortized from unrestricted net assets into net periodic benefit cost over the next fiscal year are \$0 and \$9, respectively

Estimated Future Benefit Payments

Future payments on an undiscounted basis to participants in the Plan are expected to occur as follows

Estimated benefit payments	
Fiscal 2012	\$13.746
Fiscal 2013	15,921
Fiscal 2014	18.259
Fiscal 2015	21,132
Fiscal 2016	24,224
Fiscal 2017-2021	<u>177,936</u>
Total	\$271.218

The following applies to the defined contribution and matched savings components of the retirement plan

Fiscal Year 2011 Activity

During the years ended June 30, 2011 and 2010, the Organization made contributions of \$8.6 million and \$7.5 million, respectively, to the defined contribution component of the Plan and recorded \$9.0 million and \$7.8 million, respectively, in related pension expense. The liability recognized under the Current portion "Pension" in the Combined Statements of Financial Position at June 30, 2011 and 2010 for the defined contribution component of the Plan was \$2.6 million and \$2.2 million, respectively. Total expected contributions to the defined contribution component of the Plan in fiscal year 2012 are \$10.5 million.

During the years ended June 30, 2011 and 2010, the Organization made contributions of \$5.1 million and \$4.6 million, respectively, to the matched savings benefit component of the Plan and recorded \$5.1 million and \$4.8 million, respectively, in related pension expense. The liability recognized under the Current portion "Pension" in the Combined Statements of Financial Position at June 30, 2011 and 2010 for the matched savings benefit component of the Plan was \$0.4 million, respectively. Total expected contributions to the matched savings component of the Plan in fiscal year 2012 are \$6.0 million.

10 COMMITMENTS AND CONTINGENCIES

Operating Leases

Rental expense reported on the Other expense line of the Combined Statements of Operations for the years ended June 30, 2011 and 2010 was \$21,347 and \$19,928, respectively

Minimum future rentals under non-cancelable operating leases with terms in excess of one year as of June 30, 2011 are as follows

Fiscal Year	Real Estate	<u>Vehicles</u>	<u>Equipment</u>	<u>Total</u>
2012	\$11.625	\$372	\$194	\$12,191
2013	10,764	202	158	11,124
2014	8,980	79	95	9,154
2015	7,601	14	56	7,671
2016	6,885	0	1	6,886
Thereafter	47,168	0	0	47,168

Litigation

The Organization is involved in litigation and regulatory investigations arising in the course of business. Based on the opinion of in-house legal counsel and risk management, who routinely consult and work with external legal counsel, management estimates that these matters will be resolved without material adverse effect on the Organization's future financial position or results from operations.

11 TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets were available for the following purposes at June 30

	<u>2011</u>	<u>2010</u>
Purchase of capital assets	\$266	\$278
Specific health care services and education	<u>98,602</u>	<u>78,403</u>
Total temporarily restricted net assets	<u>\$98,868</u>	<u>\$78,681</u>

Permanently restricted net assets, which total \$42,522 and \$40,361 at June 30, 2011 and 2010, respectively, are required to be held in perpetuity with the expendable income earned thereon to be used to support health care services and education

During the year ended June 30, 2010, the Organization received a temporarily restricted donation in the amount of \$5,000 from the Lehigh Valley Physician Hospital Organization ("PHO") to fund capital expenditures for expansion of Electronic Health Records used by physicians. As of June 30, 2010, the Organization held a 50% ownership interest in the PHO

12 ENDOWMENT FUNDS

Endowment funds are defined as funds established by donors or the Board of Trustees to provide the Organization with either a permanent source of income or a source of income for a specified period of time. The Organization's endowment funds consist of 103 and 104 individual donor-restricted funds at June 30, 2011 and 2010, respectively, established for a variety of purposes hereinafter referred to as the "LVHN Endowment Fund". The Organization does not have Board Designated endowment funds or unrestricted endowment funds.

Interpretation of Relevant Law

The Organization has interpreted Pennsylvania law as requiring preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds when explicit donor stipulations requiring permanent maintenance of the historical fair value are present. As a result of this interpretation, the Organization classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present. (b) the original value of the subsequent gifts to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present, and (c) accumulations of investment earnings to the permanent endowment in cases where the donor explicitly instructed a portion of investment earnings be added to the permanent fund. The remaining portion of the donor-restricted endowment fund comprised of accumulated investment earnings not required to be maintained in perpetuity is classified.

12 ENDOWMENT FUNDS (continued)

as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with donors' stipulations. The Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: duration and preservation of the fund, purposes of the donor-restricted endowment fund, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the Organization, and the investment policies of the Organization.

The net asset composition of the LVHN Endowment Fund at June 30, 2011 and 2010 v	was as follows
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	Temporarily	Permanently	
	<u>restricted</u>	<u>restricted</u>	<u>Total</u>
<u>2011</u>			
Donor restricted endowment funds	\$71.088	\$35,408	\$106,496
2010			
2010) Donor restricted endowment funds	\$55,104	\$34.956	\$90,060

Changes in the LVHN Endowment Fund Net Assets at June 30, 2011 and 2010 were as follows

<u>2011</u>	Temporarily <u>restricted</u>	Permanently restricted	<u>Total</u>
Endowment net assets, beginning of year	\$55,104	\$34,956	\$90,060
Investment Return Investment income Net appreciation (realized and unrealized)	1.986 14.970	() ()	1,986 14,970
Total investment return	16,956	()	16,956
Contributions	990	452	1.442
Appropriation of endowment assets for expenditures (expense)	(<u>1,962</u>)	<u>0</u>	(<u>1,962</u>)
Endowment net assets, end of year	\$ <u>71.088</u>	\$ <u>35,408</u>	\$ <u>106.496</u>
<u>2010</u>	Temporarily restricted	Permanently restricted	<u>Total</u>
Endowment net assets, beginning of year	\$47.666	\$31.671	\$79.337
Endowment net assets, beginning of vear Investment Return Investment income Net depreciation (realized and unrealized) Total investment return	\$47.666 2.076 <u>7.193</u> 9.269	\$31.671 0 0 0 0	\$79.337 2.076 <u>7.193</u> 9.269
Investment Return Investment income Net depreciation (realized and unrealized)	2.076 7.193	() ()	2.076 7.193
Investment Return Investment income Net depreciation (realized and unrealized) Total investment return	2.076 7.193 9.269	0 <u>0</u> 0	2.076 7.193 9.269
Investment Return Investment income Net depreciation (realized and unrealized) Total investment return Contributions Reclassification from permanently restricted to temporarily restricted	2.076 7.193 9.269 89	$\frac{0}{0}$ 2.509	2.076 7.193 9.269 2.598

Investment Return Objectives

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity and assets with donor specified annual spending limitations and in some cases purpose restrictions applicable

12 ENDOWMENT FUNDS (continued)

Investment Return Objectives (continued)

for a specified period of time after which any remaining assets become unrestricted. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a diversified manner that is intended to produce results that over the long term will average 3 to 4 percentage points above the consumer price index while assuming a moderate level of investment risk. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The actual and target investment allocations were as follows for the LVHN Endowment Fund Assets as of June 30, 2011.

LVHN Endowment assets	Actual %	Target %
Domestic equity	37%	34%
International equity	16%	15%
Real estate	4%	6%
Fixed income	31%	33%
Hedge funds	6%	6%
Commodities	<u>6%</u>	<u>6%</u>
Total	<u>100%</u>	<u>100%</u>

Spending Policy and How the Investment Objectives Relate to Spending Policy

The Organization has a policy of appropriating for distribution each year between 4 and 5 percent of the LVHN Endowment Fund's total fair value, including accumulated total investment returns. In establishing this policy, the Organization considered the long-term espected return on its endowments which is espected to exceed the allowable spending, and therefore over the long term, the Organization espects its endowment funds to grow. This is consistent with the Organization's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

13 FAIR VALUE OF FINANCIAL INSTRUMENTS

The following methods and assumptions were used by the Organization in estimating the fair value of its financial instruments

Cash and cash equivalents, patient accounts receivables, prepaid expenses, accounts payable, estimated third party settlements, and all other current liabilities are reported at carrying values which approximate fair value because of the short term nature of these accounts

Assets whose use is limited or restricted is comprised of short-term investments, marketable equity securities, corporate and U.S. Government obligations, real estate securities, and commodities contracts which are reported at amounts which approximate fair value based on quoted market prices and other relevant information. Alternative investments, which include hedge funds, are carried at the estimated market value provided by the management of the alternative investment partnerships or funds.

Assets and liabilities recorded at fair value in the Combined Statements of Financial Position are categorized in the footnotes based upon the level of judgment associated with the inputs used to measure their fair value. In situations where more than one level of input is used to determine the fair value of an asset or liability, the asset or liability's categorization within the fair value hierarchy is based on the lowest (that requiring the most judgment) level of significant input to its valuation. Hierarchical levels directly related to the amount of subjectivity associated with the inputs to fair valuation of these assets and liabilities are described below.

The availability of observable inputs for valuation of investments varies and is affected by a wide variety of factors. When the valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires significantly more judgment. The degree of judgment exercised by management in determining fair value is greatest for investments categorized as Level 3. For investments in this category, the Organization considers prices and inputs that are current as of the measurement date. In periods of market dislocation the observability of prices and inputs may be reduced.

Level 1 – Valuations based on quoted prices in active markets for *identical* assets or liabilities that the organization has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active

13 FAIR VALUE OF FINANCIAL INSTRUMENTS (continued)

market, valuation of these products do not entail a significant degree of judgment. Level 1 primarily includes those investments traded on active exchanges or markets.

Level 2 – Valuations based on quoted prices in active markets for *similar* assets or liabilities, quoted in markets that are not active or for which an identical asset or liability was not traded on the financial statement date or where all significant inputs are not observable, directly or indirectly. Level 2 primarily includes investments in U.S. Treasury securities and obligations of U.S. government agencies, together with municipal bonds, corporate debt securities, commercial mortgage and asset-backed securities, certain residential mortgage-backed securities that are generally investment grade, certain equity securities, and commodities

Level 3 – Valuations based on inputs that are unobservable and significant to the overall fair value measurement. These are generally organization or individual investment manager generated inputs and are not observable market based inputs. Material assumptions and factors considered in the valuation may include, but are not limited to, operational activity of private equity holdings, reliance on third party estimates, share valuations, and appraisals. Level 3 investments include investments in hedge funds. The Organization based the fair value of Hedge funds, a fund of funds investment of \$90.497 and \$61.832 at June 30, 2011 and 2010, respectively, on the fair value of the underlying reported net asset values of each fund held.

The following tables present the categorization of the Organization's investments according to the valuation levels described above at June 30

Type of Investment	Level 1	Level 2	Level 3	<u>Total</u>
Cash and cash equivalents	\$226	\$60,500	\$0	\$60,726
Equity securities				
Domestic equity	299,017	0	0	299,017
International equity	123,492	0	0	123,492
Real estate equity	32,603	0	0	32,603
Fixed income				
U S Treasury securities and obligations of				
U S Government agencies	76,045	60,686	0	136,731
Corporate bonds	15,803	94,064	0	109,867
Asset-backed securities	0	64,690	0	64,690
Collateralized mortgage obligations	O	32,719	O	32,719
Hedge funds (multi-strategy)	O	0	90,497	90,497
Commodities contracts	O	51,757	0	51,757
Other	<u>54</u>	<u>3,608</u>	<u>O</u>	<u>3,662</u>
Total assets at fair value	<u>\$547,240</u>	\$368,024	<u>\$90,497</u>	\$1,005,761
Liabilities at Fair Value				
Deferred compensation and other liabilities				
funded with matching assets	\$27,006	\$12,867	\$0	\$39,873
Other Liabilities - swap liabilities	<u>0</u>	<u>15,179</u>	<u>O</u>	<u>15,179</u>
Total liabilities at fair value	\$27,006	\$28,046	<u>\$0</u>	\$55,052

13 FAIR VALUE OF FINANCIAL INSTRUMENTS (continued)

20	1	()

Type of Investment	Level 1	Level 2	Level 3	<u>Total</u>
Cash and cash equivalents	\$4,477	\$51,390	\$0	\$55.867
Equity securities				
Domestic equity	190,455	()	O	190,455
International equity	73,258	()	O	73,258
Real estate equity	41,099	()	O	41.099
Fixed income				
U S Treasury securities and obligations of				
U S Government agencies	98,065	30,250	O	128,315
Corporate bonds	4.217	84,335	O	88,552
Asset-backed securities	0	47,074	O	47,074
Collateralized mortgage obligations	O	30,815	O	30,815
Hedge funds (multi-strategy)	O	0	61.832	61,832
Commodities contracts	170	36,786	O	36,956
Other	<u>O</u>	<u>1,263</u>	<u>O</u>	<u>1,263</u>
Total assets at fair value	<u>\$411.741</u>	\$281,913	\$61.832	\$755.486
Liabilities at Fair Value				
Deferred compensation and other liabilities				
funded with matching assets	\$21,970	\$9,263	\$0	\$31,233
Other Liabilities - swap liabilities	<u>O</u>	<u>18,184</u>	<u>0</u>	<u>18,184</u>
Total liabilities at fair value	\$21,970	\$27,447	<u>\$0</u>	\$49,417

The fair value of the Organizations interest rate swaps was determined based on the comparison of the present value of the fixed rate payments the Organization is committed to make to the present value of the variable rate payments the Organization is expected to receive from the swap counterparties. The variable payments were based on estimated future interest rates using current LIBOR based interest rate models.

The Organization's use of Level 3 unobservable inputs at June 30, 2011 and 2010 accounted for 9 0% and 8 2%, respectively, of the total fair value of investments. The following tables summarize changes in Level 3 assets measured at fair value at June 30, 2011 and 2010.

<u>2011</u>	Hedge Funds
Balance at July 1, 2010 Included in Change in net unrealized gains on investments Purchases	\$61.832 5.813 <u>22,852</u>
Balance at June 30, 2011	\$ <u>90.497</u>
<u>2010</u>	Hedge Funds
Balance at July 1, 2009 Included in Change in net unrealized gains on investments Purchases	\$44.833 4.158 <u>12.841</u>
Balance at June 30, 2010	\$ <u>61.832</u>

The fair value of long-term debt, which was estimated at \$523.657 and \$536.036 at June 30, 2011 and 2010 respectively, was determined using the Organization's current borrowing rates for similar types of borrowing arrangements. The recorded value of long-term debt reported in the combined Statements of Financial Position at June 30, 2011 and 2010 was \$524.755 and \$534.491, respectively. The excess of recorded value over fair value for long-term debt at June 30, 2011 indicates market interest rates for debt of similar term and quality at June 30, 2011 were higher than the weighted average interest rates of the Organization's outstanding debt. The excess of fair value over recorded value for long-term debt at June 30, 2010 indicates market interest rates for debt of similar term and quality were lower than the weighted average interest rates of the Organization's outstanding debt.

14 PLEDGES RECEIVABLE

Included in assets restricted by donors in the Combined Statements of Financial Position are the following pledges receivable at June 30

	<u>2011</u>	<u>2010</u>
Pledges receivable within next fiscal year	\$2,942	\$2,311
Pledges receivable in future periods beyond next fiscal year	<u>2,262</u>	<u>2,418</u>
Total pledges receivable before unamortized discount		
and allowance for uncollectible pledges	5,204	4,729
Less unamortized discount	(411)	(484)
Less allowance for uncollectible pledges	<u>(205)</u>	<u>(193)</u>
Net pledges receivable	<u>\$4,588</u>	<u>\$4,052</u>
Amounts due in		
Less than one year	\$2,942	\$2,311
One to five years	2,262	2,418
More than five years	<u>0</u>	<u>0</u>
Total	<u>\$5,204</u>	<u>\$4,729</u>

Cash payments received applicable to prior pledges were \$2.723 and \$2.436 for the years ended June 30, 2011 and 2010, respectively. Pledges written off as uncollectible were \$239 and \$10 for the years ended June 30, 2011 and 2010, respectively. The Organization's policy regarding the recording of pledges receivable in the financial statements requires pledges to be in writing, signed by the donor, and to indicate the specific amount of the pledge and espected timing the pledge payment will be received. LVHN does not record pledges based on bequests or life insurance. The Organization's historical write off of pledges receivable has been in the 1-5% range. The allowance for uncollectible pledges as of June 30, 2011 and 2010 was \$205 (4%) and \$193 (4%), respectively.

15 RECENT ACCOUNTING PRONOUNCEMENTS

In June 2009, the FASB issued SFAS No. 167, "Amendments to FASB Interpretation No. 46R" ("SFAS No. 167"), which was effective for fiscal years beginning after November 15, 2009. SFAS No. 167 retains the scope of Interpretation 46R. "Consolidation of Variable Interest Entities" with the addition of entities previously considered qualifying special-purpose entities. On July 1, 2010, the Organization adopted this guidance, which resulted in the combination of the LVPHO into its combined financial statements. The effect of this change resulted in a \$7.932 increase in noncontrolling interests due to a change in control of this equity investee.

In January 2010, the FASB issued ASU 2010-07, "Not-for-Profit Entities Mergers and Acquisitions (Originally issued as Statement 164, Not-for-Profit Entities Mergers and Acquisitions — including an amendment of FASB Statement No 142) "This ASU amends the Accounting Standards Codification for the issuance of FASB Statement No 164, Not-for-Profit Entities Mergers and Acquisitions. The amendments provide guidance on accounting for combinations of not-for-profit entities. Those transactions or other events include mergers of two or more not-for-profit entities and acquisitions by a not-for-profit entity that result in its initially recognizing another not-for-profit entity, a business, or a nonprofit activity in its financial statements. This ASU also amends previously issued guidance related to goodwill, intangible assets, and noncontrolling interests in consolidated financial statements to make their provisions applicable to not-for-profit entities. This ASU was effective prospectively for mergers that occur at or after the beginning of an initial reporting period that begins on or after December 15, 2009, and acquisitions that occur at or after the beginning of the first annual reporting period that begins on or after December 15, 2009. The adopting ASU 2010-07 did not have a material impact on the Organization's combined financial statements as it relates to mergers and acquisitions or accounting for goodwill and intangible assets. The impact of adopting this ASU regarding the presentation of noncontrolling interests is disclosed in Note 1

In January 2010, the Financial Accounting Standards Board ("FASB") issued ASU 2010-06, "Fair Value Measurements and Disclosures (Topic 820). Improving Disclosures about Fair Value Measurements." This ASU amends ASC 820 to add new requirements for disclosures about transfers into and out of Levels 1 and 2 and separate disclosures about purchases, sales, issuances, and settlements relating to Level 3 measurements. The ASU also clarifies existing fair value disclosures about the level of disaggregation and about inputs and valuation techniques used to measure fair value. Further, the ASU amends guidance on employers' disclosures about postretirement benefit plan assets under ASC 715 to require that disclosures be provided by classes of assets instead of by major categories of assets. The new disclosures and clarifications to existing disclosures were effective for annual reporting periods beginning after December 15, 2009, except for disclosures about purchases, sales, issuances, and settlements in the rollforward of activity in Level 3 fair value.

15 RECENT ACCOUNTING PRONOUNCEMENTS (continued)

measurements Those disclosures are effective for annual reporting periods beginning after December 15, 2010. The Organization has adopted this ASU and has included the enhanced disclosures in Notes 9 and 13.

In August 2010, the FASB issued ASU 2010-23, "Health Care Entities (Topic 954) Measure Charity Care for Disclosure" This ASU requires a Healthcare Organization ("HCO") to disclose its policy for providing charity care and the amount of charity care provided. In addition, the ASU requires that the amount of charity care be based on the direct and indirect costs of providing charity care, eliminating the other measurement attributes available under ASC 954-605-50-3, and also requires disclosure of cost reimbursements associated with providing charity care. This guidance is effective for annual reporting periods beginning after December 15, 2010, and must be applied retrospectively. The Organization is currently assessing the impact of adopting this guidance on its combined financial statements.

In August 2010, the FASB issued ASU 2010-24, "Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries." This ASU requires a HCO to present a liability related to medical malpractice claims (and other contingent claims) gross, such a liability would not be offset against related insurance recoveries unless the criteria in ASC 210-20 for offsetting were met. Also, the industry specific guidance for the accrual of legal fees associated with resolving contingent claims would be eliminated and HCO's should follow the guidance for such fees in ASC 450-20-S99-2. This guidance is effective for annual reporting periods beginning after December 15, 2010. The Organization is currently assessing the impact of adopting this guidance on its combined financial statements.

In July 2011, the FASB issued ASU 2011-07. "Health Care Entities (Topic 954) Presentation and Disclosure of Patient Service Revenue. Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities. This ASU requires a HCO to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, a HCO is required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The ASU also requires disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. This guidance is effective for annual reporting periods ending after December 15, 2011. The Organization is currently assessing the impact of adopting this guidance on its combined financial statements.