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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

C Name of organization
Lehigh Valley Hospital

Doing business as

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

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

D Employer identification number
23-1689692

E Telephone number
(484) 884-0130

G Gross receipts $ 1,754,459,503

F Name and address of principal officer
Brian A Nester
2100 Mack Blvd
Allentown, PA 181035622

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www lvhn org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1971

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Our mission is to heal, comfort and care for the people of our community by providing advanced and compassionate health care of superior quality and value, supported by education and research

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	8,129
6	Total number of volunteers (estimate if necessary)	**6**	782
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,469,523

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	14,960,967	14,934,169
9	Program service revenue (Part VIII, line 2g)	1,123,685,447	1,256,410,410
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,160,392	47,639,923
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,157,377	61,796,771
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,209,964,183	1,380,781,273
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	365,117	678,246
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	440,195,138	460,045,212
16a	Professional fundraising fees (Part IX, column (A), line 11e)	133,491	88,458
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,158,723		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	719,621,661	833,639,041
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,160,315,407	1,294,450,957
19	Revenue less expenses Subtract line 18 from line 12	49,648,776	86,330,316
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,639,527,510	1,648,030,951
21	Total liabilities (Part X, line 26)	798,405,747	817,739,327
22	Net assets or fund balances Subtract line 21 from line 20	841,121,763	830,291,624

Part II Signature Block

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

Sign Here

****** | 2016-05-11
Signature of officer | Date

Edward F O'Dea Exec VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our mission is to heal, comfort and care for the people of our community by providing advanced and compassionate health care of superior quality and value, supported by education and research

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,253,342,624 including grants of $ 678,246) (Revenue $ 1,357,378,402)

LVH offers a continuum of programs in health care promotion, prevention, diagnosis, treatment and rehabilitation to the community Extensive inpatient and outpatient and educational services are provided at locations throughout the region and are a part of a healthcare network established by LVH to meet the medical, surgical and educational needs of the residents of the Lehigh Valley and beyond LVH serves as a referral center for approximately two million residents of surrounding counties in eastern Pennsylvania, with a special focus in the following key areas CANCER SERVICES-The Cancer Center offers a range of cancer services in three convenient, patient-focused locations, John and Dorothy Morgan Cancer Center at the Cedar Crest campus, the Cancer Center in Bethlehem at the Muhlenberg campus, and Infusion services at the Health Center in Bangor The Cancer program was selected member of the prestigious National Community Cancer Centers Program (NCCCP) administered by the National Cancer Institute (NCI) This program ended September 2014 Cancer care programs include prevention, detection, diagnosis, genetics, patient navigation, nutritional services, Social and Psychological support, rehabilitation, clinical trials, Multidisciplinary and coordinated care, and all forms of therapy The Cancer Center is a partner with H Lee Moffitt Cancer Center of Tampa, Florida and the Wistar Scientific and Biology Institute of Philadelphia, PA, both of which is an NCI designated cancer center Cancer Center facilities include physicians offices, Breast Health Services, multidisciplinary clinics, conference rooms, private education and counseling areas, multi-purpose treatment area for infusions, procedure room and radiation oncology facilities including Linear accelerators (6), CT Simulators (2), Stereotactic Body Radiotherapy, Brachytherapy - high and low dose rate, Gamma Knife Radiosurgery, 3-D treatment planning, Intensity Modulated Radiation Therapy, Image Guided Radiation Therapy The faculty of the Cancer Center is composed of physicians who are cancer care specialists and board-certified in all fields of cancer therapy and evaluation In addition, LVH participates in the 1-800-4-CANCER telephone line, the Pennsylvania Department of Health's toll-free cancer information and resource phone number Specially trained nurses from LVH provide callers with information about institutions, agencies, services and programs in the caller's communities that meet their cancer-related needs In calendar year 2014, the Cancer Center saw over 3,652 new cancer patients Inpatient oncology admissions were 3,686 in the fiscal year ended June 30, 2015 and outpatient volumes were 3,688 unique patients for radiation procedures, and 42,012 infusion visits CARDIOVASCULAR SERVICES - Lehigh Valley Hospital (LVH) has one of the largest and most comprehensive cardiovascular programs in the Commonwealth of Pennsylvania LVH performed 949 open-heart and transaortic valve replacement surgeries and 5,374 cardiac catheterization and electrophysiology procedures during the fiscal year ended June 30, 2015 It consistently ranks in the top 10% in the nation for heart attack survival In addition to operating one of the most experienced cardiac programs in the country, LVH was cited as one of the Top 50 Hospitals for Cardiology and Heart Surgery for the third straight year by US News and World Report in their Best Hospitals national rankings for 2015 The Heart and Vascular Center provides disease prevention, advanced acute care and rehabilitation services, including but not limited to Medical Cardiology, Interventional Cardiology, Electrophysiology, Open Heart Surgery, Vascular Surgery, Cardiac Rehabilitation, Advanced Heart Failure, Valvular Heart Disease, Cardiovascular Prevention, Woman's Cardiology, Heart Disease and Pregnancy, Regional MI Alert, Mechanical Heart Assist Devices, Therapeutic Hypothermia, Sports Cardiology, Hypertrophic Cardiomyopathy, Arrhythmia Care, Advanced Electrophysiology NEUROSCIENCES SERVICES-LVH Neuroscience services provided treatment, for stroke, brain tumors, seizures, aneurysms, spine problems, trauma, and other neurological disorders, to 7,330 patients during the fiscal year ended June 30, 2015 in the following areas Neurosurgery, Pain Management, Neurology, Neuropsychology, Neuro-Imaging, Neuro-Oncology, Neuro-Interventional Radiology, Neurodiagnostic Services LVH provides stroke services through its Regional Comprehensive Stroke Program which began operations in July, 2002 Since that time, the Stroke Center has treated more than 17,000 patients from northeastern Pennsylvania and western New Jersey In addition, LVH was the first primary stroke center in the Lehigh Valley certified by the Joint Commission and was the first stroke program to be certified as a Comprehensive Stroke Center in Pennsylvania ORTHOPEDIC SERVICES-The Division of Orthopedic Surgery treats musculoskeletal disorders of the upper and lower extremities as well as the spine Subspecialists with fellowship credentials provide the following services joint replacement, spinal disorders, sports medicine, hand and wrist surgery, foot and ankle surgery, orthopedic trauma and pediatric orthopedics In the fiscal year ended June 30, 2015, there were 8,310 total orthopedic procedures performed at LVHN of which 4,507 were inpatient and 3,803 were outpatient Acute Orthopedic services are provided at LVH-Cedar Crest and LVHN-Tilghman, which is the only area hospital dedicated to orthopedic musculoskeletal surgery From 2012-2015, the LVH Orthopedic program has been recognized by US News and World Report for being a top 50 orthopedic program in the country The LVH Orthopedic program is also recognized by the Blue Cross and Blue Shield Association as a Blue Distinction+ center, which recognizes LVH for delivering expert and efficient Hip, Knee, and Spine care PERIOPERATIVE SERVICES-Perioperative Services at LVHN consists of the surgical and endoscopic staff and facilities where over 47,000 procedures are performed annually Surgical procedures are performed in 48 operating rooms throughout LVHN, including the Cedar Crest Site, the 17th & Chew Site, LVH-Muhlenberg, Fairgrounds Surgical Center, and the LVHN-Tilghman campus Patient care in the operating room is supported by anesthesia services, surgical prep and staging, post anesthesia recovery, and sterile processing departments, among others LVHN performs endoscopic procedures at three locations - the Cedar Crest Site, LVH-Muhlenberg and Fairgrounds Surgical Center The operating room technologies and facilities include a hybrid operating room, a trauma code red operating room, three da Vinci surgical robots, laparoscopic integrated operating rooms, and cardiac surgery operating rooms Operating room nursing staff are trained to support multiple surgical disciplines including cardiac surgery, orthopedics, vascular surgery, urology, general surgery, transplant surgery, gynecologic surgery, pediatric surgery, and many others Cutting edge endoscopic technologies include endoscopic ultrasound, endobronchial ultrasound and video capsule endoscopy BEHAVIORAL HEALTH SERVICES-LVH operates inpatient behavioral health programs for adolescents and adults The combined programs total 65 beds and serve Lehigh, Northampton, Carbon, Monroe, Schuylkill, and Berks counties Clinical programs include psychiatric, psychological, nursing, dual diagnosis, psychiatric rehabilitation, social work and discharge planning services LVH also provides ambulatory behavioral healthcare, including Psychiatric Evaluation Service program in three hospital emergency departments, Three Partial Hospital programs for adults and adolescents, Several large outpatient group practices providing multidisciplinary short-term treatment to children, adolescents, adults and older adults, Two outpatient mental health clinics for seriously and persistently mentally ill adults, Two residential treatment sites, supporting and educating adults in independent living skills Both these sites and the clinics are funded in part, under a contract with Lehigh County Department of Human Services through funds provided by County of Lehigh and the Pennsylvania Department of Public Welfare, Psychiatric Home Care services, BH Integration in medical/programs and practices on medical/surgical inpatient units and ambulatory, primary care and specialty practices Consultation /Liaison Psychiatry, Education and Research and service offerings to schools, nursing homes and other community agencies round out LVH's contribution to the health and well-being of the region

4b (Code) (Expenses $ including grants of $) (Revenue $)

TRAUMA AND BURN SERVICES-In 1981, LVH became the first hospital in Pennsylvania to be designated as a Level I Trauma Center and is currently the second largest trauma program in Pennsylvania, admitting 4,054 patients in the fiscal year ended June 30, 2015 This program provides comprehensive trauma care and serves as a major regional resource covering a ten county area and a patient base of more than two million LVH is also one of three Level I trauma programs in the state with additional qualifications in pediatric trauma The Lehigh Valley Hospital Trauma Program provides a continuum of care for the trauma patient with one of seven trauma surgeons in-house 24 hours a day covering a 14 bed Trauma/Neuro Intensive Care unit as well as a 28 bed Transitional Trauma unit A trauma rehabilitation team completes this continuum of trauma care LVH also provides a Regional Burn Center operating 18 beds serving northeastern Pennsylvania, western New Jersey and parts of New York The Regional Burn Center is the largest burn program in Pennsylvania, admitting 849 patients in fiscal year 2015 and has received certification from the American Burn Association and the American College of Surgeons to provide comprehensive inpatient and outpatient care for both adult and pediatric patients Since 2008, the Regional Burn Center has implemented a TeleBurn service, which provides rapid access to our comprehensive burn care to more than 100 hospitals, emergency care clinics, and physician offices in Pennsylvania, New Jersey and New York In addition, LVH coordinates pre-hospital emergency medical services and provides a 24 hour-a-day air ambulance service operating four helicopters covering eastern Pennsylvania and western New Jersey Lehigh Valley Hospital MedEvac performs over 1,221 flights annually, including both on-scene and inter-facility patient transports WOMEN'S SERVICES-LVH offers programs and services designed to provide complete care for women in the Lehigh Valley Deliveries at LVH totaled 4,287 during the fiscal year ending June 30, 2015 LVH maintains a special focus on prenatal care as a component of its comprehensive obstetric and gynecology services The department of Obstetrics and Gynecology at LVH provides a variety of services to the women in the Greater Lehigh Valley and surrounding communities within Northeastern Pennsylvania The Obstetrical portion of the department provides a vast array of services for both routine and high risk, complex obstetrical patients Obstetrics-Physicians and Certified midwives provide general obstetrical care within LVH-Cedar Crest Midwives offer their patients a family centered approach to low risk prenatal and general delivery care They are independent allied health professionals who enjoy staff privileges and work under a collaborative agreement with designated physicians General Obstetricians provide care to low to medium risk pregnancies and handle most deliveries at LVH Maternal Fetal Medicine-These physicians have specialized training and are available to provide complex, high risk prenatal care which includes genetic counseling,amniocentesis,chorionic villus sampling and ultrasound MFM providers are seeing outpatients in a state of the art ambulatory setting which opened August 2013 They also reside on the Labor and Delivery and Perinatal Units to provide direct patient care, supervision and assist to ensure patients receive quality care in the inpatient setting Gynecology-LVH maintains a special focus on procedural and technological gynecological interventions (Gyn minimally invasive surgery),laparoscopic surgery, preoperative consultation and evaluation of pre-invasive and invasive gynecologic malignancies (cancer care), pelvic floor disorders (Urogynecology),chronic pelvic pain and reproductive endocrinology & infertility Lehigh Valley Health Network's (LVHN) hospitals received designation as a Center of Excellence in Minimally Invasive Gynecology (COEMIG) AAGL, the world's largest gynecologic surgery organization, awarded this certification in August 2013 Cardiology-LVH offers a Women's Heart and Vascular Program led by five female cardiologists with expertise in treating women with heart disease Women's Health Services offers preventative care programs in a variety of lecture based series covering issues addressing young, middle and older females related to wellness and prevention These include diverse support groups, community health fairs related to women, bilingual prenatal education,childbirth and parenting classes,CPR,safe sleep,lactation consultation and postpartum depression/support AMBULATORY SERVICES-LVH's Ambulatory Services Division includes Health Centers,Rehabilitation Services,Wound Care,Hyperbaric Oxygen,Health Spectrum Pharmacies,Imaging,Sleep Disorder Centers,Endocrine Testing,Lab,Fitness and Sports Performance programs LVHN continues to expand its portfolio of Health Centers and as of June 2015, there are 12 situated throughout the Lehigh Valley comprising approximately 330,000 square feet The twelve health centers are in the following towns, Bangor,Bethlehem Township,Bath,Trexlertown,Emmaus,Bethlehem, Quakertown,Moselem Springs,Kutztown,Hamburg,Macungie,Hazleton The core services in most of the health centers are primary care,basic imaging,rehabilitation services and/or lab services and the two Health & Wellness Centers include fitness centers are Hazleton & Bethlehem Many of them also provide specialty care and imaging services CHILDREN'S HOSPITAL AT LEHIGH VALLEY HOSPITAL, introduced in May 2012, offers the most wide-ranging, specialized health care services of any facility in the region It has the region's only Children's ER,Pediatric Intensive Care Unit and is the region's only institutional member of the Children's Hospital Association,the organization that recognizes children's hospitals in the United States and internationally LVHN completed a children's care checklist made by the late Forrest Moyer, MD, the Lehigh Valley's father of pediatrics LVHN accomplished the last two goals on the list for the community by opening the Children's Emergency Room in 2011 and establishing a pediatric residency program in 2012 The Children's Hospital leadership recently completed a strategic planning process and developed a plan to communicate and operationalize the mission,vision and strategic goals for 2014-2016 The Children's Hospital affiliated professionals and staff are committed to improving the health of children in the region LVHN provides and supports educational services in addition to healthcare LVHN promotes safety and health living in various forums throughout the year LVHN provides specialized pediatric trauma and burn care,pediatric cancer care and expert inpatient care in the pediatric and neonatal intensive care units and on the pediatric unit LVHN's board-certified physicians provide children's care in greater than 25 specialties including pediatric surgery,hematology-oncology,pulmonology,neurology,endocrinology,infectious disease, cardiology,rheumatology,adolescent medicine,urology,gastroenterology and psychiatry LVHN also has a child protection team that evaluates children who may have been abused or neglected This team includes a board-certified child abuse specialist In addition to over 150 General Pediatricians and Pediatric Sub-specialists, there are Pediatric Radiology and Pediatric Anesthesia providers on staff Inpatient pediatric services include 107 licensed beds for general pediatrics,pediatric intensive care,neonatal intensive care and adolescent psychiatry Children can receive care as an outpatient at the Pediatric Sub-specialty offices and the Children's ER at the Cedar Crest Site and the Children's Clinic at the 17th & Chew Site Pediatric Sleep Center locations are at the 17th & Chew and Bethlehem Township Sites We provide health services to a number of schools in Allentown

4c (Code) (Expenses $ including grants of $) (Revenue $)

PHARMACY SERVICES-Health Spectrum Pharmacy Services offers a range of pharmacy services in three convenient, patient focused locations one at the Cedar Crest Site, one at the 17th & Chew Site and one at LVH-Muhlenberg A fourth pharmacy located near the Cedar Crest Site provides home infusion services to residents of surrounding counties in eastern Pennsylvania Pharmacy services include prescriptions, compounding, specialty medications, vaccinations, over-the-counter, herbal/alternative medications, personal care products, first aid, wound care, ostomy, knee braces, orthotics, vascular garments, post-mastectomy, breast prostheses, diabetic supplies, and home infusion The retail pharmacies are accredited by The Board of Certification/Accreditation International and the home infusion pharmacy is accredited by Community Health Accreditation Program The retail pharmacies are equipped with workflow, counting cell, and bar code scanning technology Pills in a Pouch compliance packaging and Convenience Shipping are also offered In fiscal Year 2015, 371,985 prescriptions were filled and 3,729 infusion patients were serviced The Lehigh Valley Health Network inpatient pharmacy services are nationally recognized for efforts in medications safety and advances in technology In 2003, the Institute for Safe Medication Practices recognized LVHN with in annual Cheers Award for safety The department utilizes advances medications safety technologies including CPOE, Bedside Barcoding Medication verification, two medication dispensing robots, automated dispensing cabinets, and smart IV pump technologies The staff has board certified clinical pharmacy specialists in the areas of Oncology, Trauma, Burn, Pediatrics, Cardiology, and General Medicine and uses a unit based model to provide pharmacy services at the point of care The Pharmacy leadership holds national and regional board level and fellowship positions to provide state of the art leadership in pharmacy practice COMMUNITY PRACTICES-The LVHN Community Practices provide quality, compassionate care for all members of the community, with the majority of patients either qualifying for Medicaid or having no insurance Patients have access to primary care doctors and a full range of specialists, as well as access to bilingual and bicultural caregivers The Community Practices see over 140,000 patient visits each year, with the majority of the population served being of Latino descent The following services are offered at the 17th & Chew Site AIDS Activity Office Serving patients infected or affected by HIV Center for Healthy Aging Specialized geriatric care as a consultative service and skilled nursing facility primary care provider, in 2015, opened the Fleming Memory Center to provide support and guidance to patients and families affected by memory loss Center for Women's Medicine Comprehensive health care for women, in addition to a residency teaching program, which focuses on improved outcomes for women with routine and complicated OB/GYN concerns Centro de Salud Bi-lingual/bi-cultural Internal Medicine care for Latino families Children's Clinic Primary care for newborns through young adults, including a Pediatric residency program School Health Services Serving 13 schools in the Allentown School District, providing physical exams, immunizations, comprehensive and preventive dental care Child Protective Services Consults provided inpatient and outpatient by a Child Abuse Pediatrician, Licensed Social Worker and CRNP, in collaboration with local county agencies Dental Clinic Full dental care provided to children and adults in the hospital setting and mobile unit, in addition to a dental residency program Hepatitis Care Center Specialty practice focused on viral hepatitis Family Health Center Primary medical care for every family member in addition to a Family Medicine Residency Teaching Program Lehigh Valley Physicians Practice Internal Medicine primary/subspecialty and General Surgical/subspecialty care for adults in addition to both an Internal Medicine Residency Teaching Program as well as Surgical Residency Teaching Program Mark J Young Community Health and Wellness Center Teaching patients self-management for chronic diseases such as Diabetes, Asthma, and Obesity Street Medicine Care of the homeless in their environment and linkage to PCP care following hospitalization POPULATION HEALTH COMMUNITY CARE TEAMS-Lehigh Valley Health Network (LVHN) created Community Care Teams (CCT) in 2012 to improve the health of at-risk, vulnerable populations in primary care practices (PCP) by providing comprehensive services, removing barriers to care and closing gaps in care Better individual health outcomes, and reducing unneeded emergency department use, unscheduled admissions and readmissions are the goals of this program Each CCT includes a registered nurse care manager, social worker, behavioral health specialist and pharmacist with support from an information services expert The teams collaborate with the primary care and specialty physicians to identify at-risk patients Interventions are scheduled during their practice visits or are contacted by phone Patients aren't charged for CCT services, nor are the practices reimbursed for them The costs for these teams are borne by the health network Currently, CCTs cover 26 primary care practices and 4 specialty practices in five counties served by the network, many of them NCQA-recognized patient-centered medical homes Collaboration among clinicians fosters smooth transitions, effective communication and improved outcome Estimated Value of Free Care,Community Service,Charitable Contributions,and Professional and Community EducationMedicare Shortfall $157,785,467,Medical Assistance Shortfall 57,019,041,Uncompensated Charity Care 12,891,000Bad Debt 25,308,108,Clinics Subsidy 14,395,169,TRICARE (CHAMPUS) Shortfall 459,779,Real Estate Taxes Paid on Owned and Leased Property 2,315,096,Salisbury Township School District Agreement 193,730,Financial Support to Salisbury Township 127,000,Support to City of Allentown Health Bureau 45,000,Financial Support to City of Allentown 145,000,Free Pap Tests, Mammograms & Ultrasounds-City of Allentown 112,331,Laboratory Tests & Consultative Services-City of Allentown 22,583,Physical Examinations-Firefighters & HazMat Personnel 87,647, Contribution to Western Salisbury Volunteer Fire Company 20,000,School Health 213,102,Value of Volunteer Assistance 1,498,745,Transitional Living Centers 264,907,Department of Community Health 1,127,409,AIDS Activities Office in-kind,LVHN Fitness 82,710,Lehigh Valley Health Network Cancer Center (includes PatientSupport & Education, Community Education & Screening Programs) 1,028,838,George E Moerkirk Emergency Medicine Institute 402,347,Pastoral Care 905,035,Patient Representative - Press, Ganey Patient Survey 205,999,Foreign Language & Sign Language Interpreting Service 1,051,234,Community Health Education Programs 310,158,Patient Education Publications 487,122,Materials to Promote Health-Related Activities 262,599,Physician Referral & Health Information Line 614,568,Community Outreach in-kind,Voluntarism in-kind,Contributions 273,125,Free Oral Trauma Surgery Care 498,255,Ambulance Transport Costs 187,287,Transportation For Discharged Patients 124,402,Pharmaceuticals For Discharged Patients 253,553,Pharmacy Financial Coordinator 50,016,Infection Control Community Service (includes free flu vaccine) 366,200,LVHN Couriers Free Transportation Services 117,000,Dental Screenings & Free Procedures in-kind,Division of Education-Office of Student Affairs in-kind,Helwig Diabetes Center Education & Outreach Programs in-kind,Library Services to the Community in-kind,Stroke Center Community Education Programs in-kind,Sleep Disorders Center Community Education in-kind,Patient Care Services - Community Service (includes classes, support,groups, and Professional Excellence Council activities) in-kind, Trauma Division-Injury Prevention Programs in-kind,Tobacco Treatment Program in-kind,Weight Management Center Support Groups & Outreach in-kind Medical Education $8,053,020,Patient Education 170,328,Nursing Education 7,545,681,Research Activities net of Grant Funding 3,826,828 Total $300,847,419

See Additional Data

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

4e **Total program service expenses ▶** 1,253,342,624

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	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*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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, line 10? *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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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		No
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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, 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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	643		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,129		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 8			
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 supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ The Organization

2100 Mack Blvd
Allentown, PA 181035622 (484) 884-0130

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Richard Fleming Honorary Trustee	1 00	X						0	0	0
(2) Alison Byerly PhD Trustee	1 00	X						0	0	0
(3) Robert M Dickler Trustee	1 00	X						0	0	0
(4) Steven R Follett Trustee	1 00	X						0	0	0
(5) William F Hecht Trustee	1 00	X						0	0	0
(6) Robert J Motley MD Trustee	1 00 60 00	X						0	316,233	36,954
(7) Brian Nester DO Trustee/CEO	1 00 60 00	X		X				1,002,894	0	31,340
(8) Joseph E Patruno MD Trustee	1 00 60 00	X						0	292,902	22,196
(9) Jarret R Patton MD Trustee	1 00 60 00	X						0	303,097	42,442
(10) Anthony P Veglia MD Trustee	1 00	X						0	0	0
(11) Gregory Brusko DO Trustee	1 00 60 00	X						0	459,355	41,506
(12) William Mason Trustee	1 00	X						0	0	0
(13) Susan C Yee Trustee	1 00	X						0	0	0
(14) Kathryn P Taylor Chair	1 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Martin K Till Vice-Chair	1 00			X				0	0	0
(16) Edward F O'Dea Treasurer	1 00 60 00			X				660,544	0	42,762
(17) James A Rotherham Assistant Treasurer	1 00 60 00			X				268,373	0	51,620
(18) Thomas Kennedy Esq Secretary	1 00			X				0	0	0
(19) Thomas V Whalen MD Assistant Secretary	1 00 60 00			X				887,248	0	21,172
(20) Terry Capuano Chief Operating Officer	60 00					X		797,002	0	38,761
(21) Harry Lukens Sr Vice-President & CIO	60 00					X		452,169	0	36,538
(22) James Geiger President LVH-M	60 00					X		508,404	0	36,538
(23) Donald Levick Chief Medical Information Officer	60 00					X		403,772	0	41,506
(24) Deborah Patrick SVP - Human Resources	60 00					X		430,562	0	36,538
(25) Ronald W Swinfard MD Former Trustee/CEO	0 00 0 00						X	2,364,927	0	33,636
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								7,775,895	1,371,587	513,509

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶323

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Crothall Healthcare 13028 Collection Center Drive Chicago, IL 60693	Housekeeping Services	13,523,991
Sodexho Inc & Affiliates PO Box 360170 Pittsburgh, PA 152516170	Dietary Services	11,400,351
GE Healthcare IITS 15724 Collection Center Drive Chicago, IL 60693	Computer System Maintenance	5,908,280
Harmelin Media 525 Righters Ferry Rd Bala Cynwyd, PA 19004	Advertising Services	3,765,685
Innovative Consulting Group 9210 Petersburg Rd Evansville, IN 47725	Consulting Services	3,733,654

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶127

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	3,353,154			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,581,015			
	g	Noncash contributions included in lines 1a-1f $		345,523			
	h	**Total.** Add lines 1a-1f . . . . . ▶			14,934,169		
Program Service Revenue			Business Code				
	2a	Outpatient Revenue	624100	627,919,406	627,919,406		
	b	Inpatient Revenue	624100	627,110,795	627,110,795		
	c	Physician Fee Revenue	624100	1,380,209	1,380,209		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,256,410,410			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		6,451,195			6,451,195
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	9,443,485				
	b	Less rental expenses	8,026,962				
	c	Rental income or (loss)	1,416,523				
	d	Net rental income or (loss) . . . . . ▶		1,416,523			1,416,523
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	406,334,029				
	b	Less cost or other basis and sales expenses	365,145,301				
	c	Gain or (loss)	41,188,728				
	d	Net gain or (loss) . . . . . ▶		41,188,728	41,188,728		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a	1,106,951				
	b	Less direct expenses . . . b	505,967				
	c	Net income or (loss) from fundraising events . . ▶		600,984			600,984
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	Research & Misc Income	900099	54,570,106	54,570,106		
	b	Health Network Labs	621500	4,879,406	4,879,406		
	c	Lehigh Valley PHO	900003	329,752	329,752		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		59,779,264			
	12	**Total revenue.** See Instructions . . . . . ▶		1,380,781,273	1,357,378,402	0	8,468,702

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	678,246	678,246		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,958,072	8,958,072		
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	337,153,815	319,239,681	17,137,244	776,890
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,975,001	20,978,206	951,951	44,844
9 Other employee benefits	63,454,002	61,785,061	1,601,975	66,966
10 Payroll taxes	28,504,322	27,101,474	1,341,684	61,164
11 Fees for services (non-employees)				
a Management				
b Legal	2,035,939	504	2,035,435	
c Accounting	349,740	19,090	330,650	
d Lobbying				
e Professional fundraising services See Part IV, line 17	88,458			88,458
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	131,204,864	121,266,968	9,937,896	
12 Advertising and promotion	6,732,464	4,992,010	1,740,454	
13 Office expenses	2,104,183	1,987,503	123,180	-6,500
14 Information technology	17,415,303	17,272,710	142,593	
15 Royalties				
16 Occupancy	36,537,808	36,267,622	259,019	11,167
17 Travel	1,504,348	1,428,675	70,176	5,497
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,128,054	1,969,866	139,963	18,225
20 Interest	21,297,476	21,297,476		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,265,316	76,189,509	75,338	469
23 Insurance	3,890,856	3,890,856		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	241,393,227	241,393,227		
b Purchased Services	207,471,859	203,927,009	3,477,190	67,660
c Bad Debt Expense	41,571,055	41,571,055		
d Other Supplies	5,597,566	5,597,566		
e All other expenses	36,138,983	35,530,238	584,862	23,883
25 **Total functional expenses.** Add lines 1 through 24e	1,294,450,957	1,253,342,624	39,949,610	1,158,723
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		9,905	1	4,534
	2	Savings and temporary cash investments		781,495	2	2,149,210
	3	Pledges and grants receivable, net		16,052,585	3	21,512,164
	4	Accounts receivable, net		227,838,924	4	253,677,623
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		29,178	7	1,016,747
	8	Inventories for sale or use		17,027,248	8	18,722,673
	9	Prepaid expenses and deferred charges		23,722,509	9	22,648,592
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,419,589,894			
	b	Less accumulated depreciation	10b 740,940,102	595,544,408	10c	678,649,792
	11	Investments—publicly traded securities		600,879,409	11	480,508,557
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		129,734,159	13	141,226,435
	14	Intangible assets		22,611,218	14	22,523,789
	15	Other assets See Part IV, line 11		5,296,472	15	5,390,835
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,639,527,510	16	1,648,030,951
Liabilities	17	Accounts payable and accrued expenses		100,792,989	17	116,862,781
	18	Grants payable			18	
	19	Deferred revenue		8,057,104	19	10,804,627
	20	Tax-exempt bond liabilities		386,650,466	20	384,824,361
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		302,905,188	25	305,247,558
	26	**Total liabilities.** Add lines 17 through 25		798,405,747	26	817,739,327
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		663,856,235	27	654,555,731
	28	Temporarily restricted net assets		127,000,916	28	125,570,878
	29	Permanently restricted net assets		50,264,612	29	50,165,015
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		841,121,763	33	830,291,624
	34	Total liabilities and net assets/fund balances		1,639,527,510	34	1,648,030,951

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,380,781,273
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,294,450,957
3	Revenue less expenses Subtract line 2 from line 1	3	86,330,316
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	841,121,763
5	Net unrealized gains (losses) on investments	5	-41,172,711
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-55,987,744
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	830,291,624

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 23-1689692
Name: Lehigh Valley Hospital

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

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

MAGNET STATUS FOR NURSING EXCELLENCEIn August 2002, the American Nurses Credentialing Center (ANCC) granted Magnet designation to LVH and LVH-Muhlenberg, the first full-service hospitals in Pennsylvania to receive the recognition Developed by the ANCC in 1994, the Magnet designation is the American Nurses Association's highest honor for excellence in nursing and recognizes both hospitals as national leaders in nursing education, research, patient satisfaction, quality care, job retention and the central role of nursing in the organization Magnet designation is for a period of four years, at which time an organization must reapply The reapplication process is intense, necessitating that hospitals demonstrate increasingly higher standards than previous applications In 2006 and 2011, LVHN hospitals were redesignated as Magnet hospitals, continuing to demonstrate the required evidence of a practice environment in which professional nurses and interdisciplinary colleagues deliver the highest standards of quality care Evidence associated with designation for a fourth time was submitted April 1, 2015, earning LVH and LVH-Muhlenberg a January 4 - 7, 2016 site visit to verify, clarify and amplify the written evidence In October, 2013, Lehigh Valley Health Network was honored with the prestigious Magnet Prize for innovations in telehealth The Magnet Prize recognizes innovative nursing programs and practices in ANCC Magnet-designated organizations The $25,000 purse is being used to continue, advance, and disseminate the winning innovation

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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 in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

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), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" 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
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Lehigh Valley Hospital	23-1689692

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		0
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		100,752
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		18,000
j	Total Add lines 1c through 1i			118,752
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Item II-B, Line 1, Item i, represents indirect lobbying activities performed by contract lobbyist as defined by Pennsylvania Law,

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	138,587,046	120,067,970	110,386,214	105,775,895	89,400,969
b	Contributions	231,046	2,458,029	1,322,044	4,304,716	1,438,232
c	Net investment earnings, gains, and losses	3,543,583	18,987,135	11,499,784	2,562,031	16,891,409
d	Grants or scholarships	752,196	381,163	619,560	363,340	246,433
e	Other expenditures for facilities and programs	2,686,407	2,544,925	2,520,512	1,892,924	1,708,282
f	Administrative expenses					
g	End of year balance	138,923,072	138,587,046	120,067,970	110,386,378	105,775,895

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 31 000 %
- c Temporarily restricted endowment ▶ 69 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,181,338		5,181,338
b Buildings		782,082,054	416,885,106	365,196,948
c Leasehold improvements		51,067,436	16,768,895	34,298,541
d Equipment		356,302,112	211,433,472	144,868,640
e Other		224,956,954	95,852,629	129,104,325
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				678,649,792

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment-Lehigh Valley Physician Hospital Org - 45 0%	8,952,960	C
(2) Investment-Health Network Laboratories-81 68%	104,655,203	C
(3) Quakertown Health Venture - 50%	2,445,168	C
(4) Investment - Fairgrounds Medical Center	619,464	C
(5) Investment - GV - LVHS	444,416	C
(6) Investment - Lehigh Valley Imaging	24,109,224	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	141,226,435	

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Cost Settlement Reserves with Third Parties	14,419
Deferred Compensation Plan	5,098,762
Pension Liability	141,476,112
Workers Compensation	617,702
Professional Insurance Liability Reserves	32,138,163
Asset Retirement Obligation	3,812,670
Unrealized Loss on Interest Rate Swap	11,524,313
Capital Leases	109,755,583
Other	809,834
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	305,247,558

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	The endowment funds are used for continuing education, scholarships, research, clinical equipment, and nursing awards
Part X, Line 2	In 2008, the Organization adopted Financial Accounting Standards Board (FASB) Interpretation No 48 Accounting for Uncertainty in Income Taxes (FIN 48) FIN 48 has become part of ASC 740 FIN 48/ASC 740 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, 2015, 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, 2015 the Organization is compliant with the qualifications for exemption from Federal income tax

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1689692
Name: Lehigh Valley Hospital

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

1	**(a)** Description of Liability	**(b)** Book Value
	Cost Settlement Reserves with Third Parties	14,419
	Deferred Compensation Plan	5,098,762
	Pension Liability	141,476,112
	Workers Compensation	617,702
	Professional Insurance Liability Reserves	32,138,163
	Asset Retirement Obligation	3,812,670
	Unrealized Loss on Interest Rate Swap	11,524,313
	Capital Leases	109,755,583
	Other	809,834

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	Harris Connect 1511 Route 22 - Suite C-25 Brewster, NY 10509	Phone/Mail Solicitation		No	132,914	88,458	44,456
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					132,914	88,458	44,456

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

PA, NJ, NY, MD, FL

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

		(a) Event #1 Nite Lites (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,106,951			1,106,951
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	1,106,951			1,106,951
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	110,743			110,743
	7 Food and beverages	182,027			182,027
	8 Entertainment	110,500			110,500
	9 Other direct expenses	102,697			102,697
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(505,967)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				600,984

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ .....

Address ▶ .....

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137115016

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,891,000		12,891,000	1 030 %
b Medicaid (from Worksheet 3, column a)			156,885,718	99,866,677	57,019,041	4 550 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			169,776,718	99,866,677	69,910,041	5 580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,380,111		7,380,111	0 590 %
f Health professions education (from Worksheet 5)			14,537,614	6,484,594	8,053,020	0 640 %
g Subsidized health services (from Worksheet 6)			18,329,949	2,730,778	15,599,171	1 250 %
h Research (from Worksheet 7)			6,031,284	2,204,456	3,826,828	0 310 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			273,125		273,125	0 020 %
j **Total.** Other Benefits			46,552,083	11,419,828	35,132,255	2 810 %
k **Total.** Add lines 7d and 7j			216,328,801	111,286,505	105,042,296	8 390 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			213,102		213,102	0 020 %
8	Workforce development						
9	Other						
10	**Total**			213,102		213,102	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	25,308,108		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	14,322,303		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	242,647,314		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	270,186,883		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-27,539,569		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 LVHN Reciprocal Risk Retention Group	Malpractice Insurance	16 670 %	0 %	0 %
2	2 Health Network Laboratories LLC	Laboratory Services	83 240 %	0 %	0 %
3	3 Health Network Laboratories LP	Laboratory Services	81 680 %	0 %	0 %
4	4 Lehigh Valley Physician Hospital Organization Inc	Health Care Services	45 000 %	0 %	0 %
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Lehigh Valley Hospital

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.lvhn.org			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Lehigh Valley Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www.lvhn.org			
b	☑ The FAP application form was widely available on a website (list url) www.lvhn.org			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www.lvhn.org			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☑ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Lehigh Valley Hospital

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	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

Form and Line Reference	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

Form and Line Reference	Explanation
Part I, Line 7g	The clinics subsidy of $14,395,169 is the difference between clinic payments and clinic costs The clinics subsidy includes the operations of the Medical and Surgical Clinics, Children's Clinic, the Dental Clinic, the Center for Women's Medicine, the Family Health Center, Geriatrics, Maternal Fetal Medicine, and the Mental Health Clinic The clinics subsidy is not included in the Medical Assistance Shortfall or Uncompensated Charity Care value reported above

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $ 41,571,055

Form and Line Reference	Explanation
Part II, Community Building Activities	School HealthLehigh Valley Hospital's outpatient pediatric department provides free on-site clinical services and health exams for Central Elementary School's student population The net cost of direct services provided at the school in FY'15 was $213,102

Form and Line Reference	Explanation
Part III, Line 2	Patient accounts written off as bad debt are identified The cost to provide care to these patients is calculated by multiplying the total charges written off as bad debt by the cost to charge ratio

Form and Line Reference	Explanation
Part III, Line 3	This amount is the cost to provide care to uninsured patients that do not participate in the process to determine if they are eligible for financial assistance The cost is determined using cost to charge ratios The rationale for including the cost to provide care to uninsured patients that do not participate in the financial assistance process is the hospital's experience with uninsured patients that do participate in the financial assistance program When the hospital evaluates uninsured patients for financial assistance, the most common finding is that uninsured patients have income less than 400% of the Federal poverty guideline and qualify for financial assistance The hospital believes that uninsured people who choose not to participate in the financial assistance process and have their accounts written off as bad debt, have income that would qualify for the hospital financial assistance program

Form and Line Reference	Explanation
Part III, Line 4	BAD DEBTS - The Organization records a provision for bad debts related to uninsured accounts net of the AGB discount to record the net self-pay accounts receivable at the estimated amounts the Organization expects to collect Coinsurances and deductibles within the third-party payer agreements are the patient's responsibility so the Organization includes these amounts in the self-pay accounts receivable and considers these amounts in its determination of the provision for bad debts based on historical collection experience In instances where the Organization believes a patient has the ability to pay for services and, after appropriate collection effort, payment is not made, the amount of services not paid is written-off as bad debts Amounts recorded as Provision for bad debts do not include charity care The Provision for bad debts for the years ended June 30, 2015 and 2014, was $41,571,000 and $42,969,000 respectively

Form and Line Reference	Explanation
Part III, Line 8	The source of the Medicare allowable costs relating to revenue received from Medicare is the FY '15 Medicare Cost Report The entire shortfall on Line 7 should be treated as a community benefit The revenue and expenses are both determined using Medicare principles The hospital is providing the community a benefit in excess of Medicare payments

Form and Line Reference	Explanation
Part III, Line 9b	Financial Counseling staff will determine whether patients meet eligibility criteria for financial assistance Accounts that do not meet the eligiblilty requirements will be referred to an external receivables follow up agency, and if not paid referred to a collection agency and subsequently transferred to bad debt status if the accounts remain unpaid

Form and Line Reference	Explanation
Part VI, Line 2	The Health Care Council of the Lehigh Valley (HCCLV) used quantitative and qualitative methods to identify both the major causes of death and illness, and the barriers to improving the health and well-being of community residents The HCCLV's approach has incorporated best practice standards recommended by the American Public Health Association and the Association for Community Health Improvement These procedures included using multiple data sources and input from stakeholders including community organizations and community members Quantitative data were collected from The Centers for Disease Control, US Census Bureau, Dartmouth Atlas of Healthcare, Pennsylvania Department of Health's Vital Statistics and County Profiles, University of Wisconsin's County Health Rankings, National Cancer Institute State Cancer Profiles, Institute for People, community opinion surveys, and a Lehigh Valley disability survey Qualitative data were collected using community focus groups and social reconnaissance, a process that intensely examined community dynamics with regards to health

Form and Line Reference	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 Financial Assistance Policy applies to uninsured and under-insured individuals who participate in the process to evaluate their ability to pay for LVHN services Patients are identified by LVHN registration, Benefits and Verification, Customer Service, and Financial Counselors as being in financial need The Financial Counselors help patients complete the application for Financial Assistance LVHN follows the Federal Poverty Guidelines to evaluate eligibility Patients whose family income falls below 200% of the Federal Poverty guideline will have their entire balance forgiven for their qualifying services at a participating LVHN provider Patients with a family income below 400% of the Federal Poverty guidelines will have a portion of their balance forgiven for qualifying services at a participating LVHN provider Patients are evaluated for no cost or reduced premium insurance plans The LVHN Financial Counselors will offer information to patients who are interested in seeing if they qualify for these programs offered by commercial insurance companies Patients often express financial concern or need by contacting the LVHN Customer Service departments The Customer Service representatives explain the programs available, Financial Assistance and support in applying for Medical Assistance or insurance through the Federal Health Insurance Exchange Patients will be referred to the Financial Counselors who work with patients to apply for Pennsylvania Medical Assistance The Financial Counselors are located onsite The Financial Counselors visit patients in their inpatient rooms, in the Cancer Center, and in the Emergency Department In addition, LVHN advertises Financial Assistance in the local newspaper, on our public website and on the statements sent to our patients

Form and Line Reference	Explanation
Part VI, Line 4	Lehigh Valley Hospital, Inc (LVH) is a Pennsylvania not-for-profit membership corporation exempt from federal income taxes as a corporation described in Section 501(c)(3) of the Internal Revenue Code The primary service area of LVH consists of Lehigh, Northampton and Carbon counties Based on information available from the U S Census Bureau for the 2000 decennial census and the 2010 decennial census, the population of the primary service area was approximately 637,958 people in 2000 and was estimated to be 712,481 in 2010 According to the American Community Survey (U S Census) the estimated population for the three county area in 2014 was 718,636 During fiscal year 2015, 71% 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 2010 population of the secondary service area was approximately 1,526,418 During fiscal year 2015, 21% of the discharges from LVH were residents of the secondary service area Based on U S Census Bureau data, the current population of the combined primary and secondary LVH service areas is projected, to increase approximately 5 3% (CAGR* - 0 86%) by the year 2017, based on the extrapolation of the population CAGR* from Census year 2000 - 2010 During fiscal year 2015, 8% of the discharges from LVH were residents outside the primary and secondary service areas

Form and Line Reference	Explanation
Part VI, Line 5	Lehigh Valley Hospital qualifies as an Institution of Purely Public Charity in Pennsylvania This regulation is referred to as Act 55 To be considered a purely public charity, nonprofits must (1) advance a charitable purpose, (2) donate or render gratuitously a substantial portion of its services, (3) benefit a substantial and indefinite class of persons who are legitimate subjects of charity, (4) relieve the government of some burden, and (5) operate entirely free from private profit motive LVH is required to reapply for this charitable status every five years and currently qualifies through October 31, 2020

Form and Line Reference	Explanation
Part VI, Line 6	Lehigh Valley Health Network's (LVHN) Community Health Improvement Plan is a set of priorities and strategies to be pursued by LVHN-CC and Muhlenberg sites Much of the work that went into developing these priorities is embodied in a Community Health Needs Assessment (CHNA) that was undertaken by the Health Care Council of the Lehigh Valley (HCCLV) The HCCLV is an ongoing, collaborative effort of the region's not-for-profit healthcare provider systems This Plan outlines the steps that LVHN-CC and Muhlenberg sites will work in partnership on to address health needs for the community they serve To the extent possible, all priorities will be addressed at each facility However, there may be priorities that will not be addressed at each facility This Plan includes four priority areas that address each of the top health issues in our region, particularly for the most vulnerable residents of the community These priorities were selected by the HCCLV by considering the root causes contributing to health needs 1) improving access to quality health care, 2) enhancing the dissemination of health information, 3) addressing social determinants of health and health disparities, and 4) promoting healthy lifestyle behaviors Within each priority area, strategies have been identified as critical to addressing these health needs and, thereby improving the health status of our community members

Form and Line Reference	Explanation
Part III, Section B Medicare, Line 8	Medicare program costs included in the annual LVHN Community Benefit Report not included or allowable in the Medicare Cost Report totaled $130,245,898 The costs of Medicare Managed Care, included in this amount is $46,654,595 The remaining $83,591,303 of costs not included in the Medicare Cost Report consists primarily of LVPG practice subsidies, Physician costs in excess of allowable amounts, non reimburseable interest expense, LVAS subsidy, research costs, University of South Florida school costs, and disallowable related organization costs

Additional Data

Software ID:
Software Version:
EIN: 23-1689692
Name: Lehigh Valley Hospital

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

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

Form and Line Reference	Explanation
Lehigh Valley Hospital	
Lehigh Valley Hospital	Part V, Section B, Line 6a The Health Care Council of the Lehigh Valley includes represen tation from Lehigh Valley Health Network, Good Shepherd Rehabilitation Network, Sacred Hea rt HealthCare System, Saint Luke's University Hospital and Health Network, KidsPeace Psych iatric Hospital, and The Dorothy Rider Pool Health Care Trust
Lehigh Valley Hospital	Part V, Section B, Line 7d The Community Health Needs Assessment was mailed to key commun ity leaders and was provided press coverage in the community newspaper and local televisio n station
Lehigh Valley Hospital	Part V, Section B, Line 18d Collection activities are limited to hospital sending four st atements requesting payment The statements include information about the hospital's Finan cial Assistance Policy, soliciting the patients participation in the Financial Assistance Program
Lehigh Valley Hospital	Part V, Section B, Line 22d The hospital facility used the average of its negotiated comm ercial insurance rates and Medicare rates when calculating the maximum amounts that can be charged
Part V, Section B, Line 16	Financial Assistance Policy Website Availability
Lehigh Valley Hospital Part V, Section B, line 16a website	www lvhn org
Lehigh Valley Hospital Part V, Section B, line 16b website	www lvhn org
Lehigh Valley Hospital Part V, Section B, line 16c website	www lvhn org

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Nursing Loans and Scholarships	152	677,646	0	Book	
(2) Jirolano Tuition Aide Scholarship	1	600	0	Book	

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

Return Reference	Explanation
Part I, Line 2	Loan Agreements were awarded to senior nursing students in a Bachelor of Science nursing program Criteria for loan agreements to students in a BSN Graduate Nurse program are a completed application, 2 letters of recommendation from clinical instructors, an official copy of their current transcript, demonstrating an overall GPA of 3 0 or higher, a one page essay describing why they feel they deserve the loan agreement 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 loan agreement is offered in writing If candidate accepts and signs a contract, their commitment back to the hospital is for two years from date of hire in the new graduate/RN position (Some candidates are current employees in other positions, so we consider only the hire date of Registered nurse position toward work commitment) If candidate does not fulfill their commitment, the loan agreement dollars are pro-rated and repayment amount is due back, plus interest We also offered a one-time DNP loan agreement to 6 executives The criteria for DNP loan agreements were a completed application, a letter of recommendation from Administrator or Executive There is a work commitment required upon graduation of 3 years (6,240 hours) If candidate does not fulfill their commitment, the loan agreement dollars are pro-rated and repayment amount is due back, plus interest For current Registered nurse employees, an application is completed along with a letter of recommendation from their direct supervisor, a copy of their most recent performance evaluation, demonstrating a performance evaluation score of 3 0 or higher for BSN, 3 2 or higher for MSN If RN is currently in a program, an unofficial copy of their current transcript would also be required Employee must be currently enrolled in a nursing program prior to applying for the scholarship If employee accepts and signs a Receipt of nursing education tuition payments program note, there is no payback or work commitment required upon graduation or separation There were a total of 69 Loan agreements, 46 RN-BSN scholarships, 31 MSN scholarships and 6 DNP loan agreements The total funds used for loan agreements and scholarships were $677,645 53

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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, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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	☐ Payments for business use of personal residence		
	☐ 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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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), 501(c)(4), and 501(c)(29) organizations 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			
a	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			
a	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Lines 4a-b	Ronald W Swinfard, MD 46,899 Terry Capuano 94,348 Harry Lukens 17,804 Brian Nester, DO 108,687 James A Rotherham 13,528 Thomas V Whalen 101,462 Edward F O'Dea 80,464 Gregory Brusko, DO 25,082 Robert Motley, MD 16,699 Joseph E Patruno, MD 18,022 Jarret R Patton, MD 17,876 James F Geiger 23,841 Donald Levick 20,464 Deborah Patrick 18,371 These amounts are accruals to a nonqualified supplemental executive retirement plan

Additional Data

Software ID:
Software Version:
EIN: 23-1689692
Name: Lehigh Valley Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Robert J Motley MD, Trustee	(I)	0	0	0	0	0	0	0
	(II)	304,579	10,000	1,654	0	36,954	353,187	0
Brian Nester DO, Trustee/CEO	(I)	763,245	131,250	108,399	0	31,340	1,034,234	0
	(II)	0	0	0	0	0	0	0
Joseph E Patruno MD, Trustee	(I)	0	0	0	0	0	0	0
	(II)	278,625	6,000	8,277	0	22,196	315,098	0
Jarret R Patton MD, Trustee	(I)	0	0	0	0	0	0	0
	(II)	272,566	20,000	10,531	0	42,442	345,539	0
Gregory Brusko DO, Trustee	(I)	0	0	0	0	0	0	0
	(II)	397,786	37,092	24,477	0	41,506	500,861	0
Edward F O'Dea, Treasurer	(I)	465,134	113,322	82,088	0	42,762	703,306	0
	(II)	0	0	0	0	0	0	0
James A Rotherham, Assistant Treasurer	(I)	228,561	42,000	-2,188	13,528	38,092	319,993	0
	(II)	0	0	0	0	0	0	0
Thomas V Whalen MD, Assistant Secretary	(I)	595,783	177,710	113,755	0	21,172	908,420	0
	(II)	0	0	0	0	0	0	0
Terry Capuano, Chief Operating Officer	(I)	534,571	159,451	102,980	0	38,761	835,763	0
	(II)	0	0	0	0	0	0	0
Harry Lukens, Sr Vice-President & CIO	(I)	344,992	84,038	23,139	0	36,538	488,707	0
	(II)	0	0	0	0	0	0	0
James Geiger, President LVH-M	(I)	295,088	189,657	23,659	0	36,538	544,942	0
	(II)	0	0	0	0	0	0	0
Donald Levick, Chief Medical Information Officer	(I)	312,591	73,402	17,779	0	41,506	445,278	0
	(II)	0	0	0	0	0	0	0
Deborah Patrick, SVP - Human Resources	(I)	297,858	113,062	19,642	0	36,538	467,100	0
	(II)	0	0	0	0	0	0	0
Ronald W Swinfard MD, Former Trustee/CEO	(I)	614,891	145,893	1,604,143	0	33,636	2,398,563	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Lehigh County General Purpose Authority	91-1886539	5248053F3	09-15-2005	81,000,000	construct, renovate & equip facilities		X		X		X
B	Lehigh County General Purpose Authority	91-1886539	52480GAY0	06-04-2008	53,725,184	construct, renovate & equip facilities		X		X		X
C	Lehigh County General Purpose Authority	91-1886539	52480GBG8	04-01-2011	115,096,730	refund 9/12/96 & 4/21/99A issues, reissuance of 7/7/05 and 6/5/08 issues		X		X		X
D	Lehigh County General Purpose Authority	91-1886539	999999999	02-15-2012	18,665,000	refund 4/15/01 & 10/17/01 issues		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		5,546,300	18,281,480	7,610,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	82,955,467	53,885,593	115,096,730	18,665,000
4	Gross proceeds in reserve funds	5,000,000			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows			114,976,250	18,330,782
7	Issuance costs from proceeds	908,575	704,637	120,480	334,218
8	Credit enhancement from proceeds	2,341,645	1,323,209		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	71,505,488	51,857,747		
11	Other spent proceeds	3,199,759			
12	Other unspent proceeds				
13	Year of substantial completion	2007	2010	2011	2012

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b	Name of provider					Merrill Lynch & Goldman Sachs			
c	Term of hedge					20 000000000000		10 400000000000	
d	Was the hedge superintegrated?						X		X
e	Was the hedge terminated?						X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	MBIA							
c	Term of GIC	3 300000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Lehigh County General Purpose Authority	91-1886539	999999999	06-01-2012	59,745,000	reissuance of 6/6/08 issue		X		X		X
B	Lehigh County General Purpose Authority	91-1886539	52480GCB8	12-12-2012	79,857,000	construct, renovate & equip facilities, refund 10/17/01 and 5/21/03 issues		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,710,000	90,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	59,745,000	79,857,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	59,745,000	16,088,745		
7	Issuance costs from proceeds		963,792		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		62,800,000		
11	Other spent proceeds		5,222		
12	Other unspent proceeds				
13	Year of substantial completion	2012	2012		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X				

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $ 0

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $ 0

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Susan C Yee-Trustee	Partner in 94 Brodhead Associates - Trustee of LVHN/LVH/LVHM/LVHH/HWC	123,964	94 Brodhead Associates leases office space to LVPG at fair market value		No
(2) Kathryn P Taylor-Trustee	Board Member of Capital Blue Cross - Trustee of LVHN/LVH/LVHM	212,647,253	Capital BlueCross is a third party insurer doing business with LVHN		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2014

Open to Public 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 noncash contribution amounts
1 Art—Works of art	X	4	6,205	fair market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		21,764	fair market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	67	10,780	fair market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Family Activity Items)	X	77	161,297	fair market value
26 Other ► (Jewelry)	X	2	10,130	fair market value
27 Other ► (Gift Cards)	X	15	4,705	cost
28 Other ► (Electronics)	X	4	1,430	cost

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

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

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

Return Reference	Explanation

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Lehigh Valley Hospital	23-1689692

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The Organization's sole corporate member is Lehigh Valley Health Network, Inc

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The Organization's sole corporate member, Lehigh Valley Health Network, Inc , has the power to elect, appoint, approve, or reject member's of the Organization's governing body

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The Organization's sole corporate member, Lehigh Valley Health Network, Inc , has the power to approve or reject certain major operating decisions made by the Orgazination's governing body

Return Reference	Explanation
Form 990, Part VI, Section B, line 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 Vice-President,Finance-Controller and the LVHN Corporate Legal Counsel Draft 2 of the returns is reviewed by the Executive Vice President & Chief Financial Officer All Compensation disclosures are reviewed by the Director - Compensation - Human Resources Draft 3 of the returns is reviewed together with the President & CEO, the Executive Vice President & Chief Financial Officer, the Vice-President,Finance-Controller and the Director-Tax Final returns are reviewed with the LVHN Board Leadership Group (the Board Chair and three Vice Chairs) Copies of all 990's are provided to the full Board prior to filing

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	In January 2016, LVHN implemented an electronic tool designed to send notifications and track disclosures reported on Conflict of Interest Questionnaires The Network also expanded the scope of the Conflict of Interest or Commitment Policy, such that additional colleagues are now required to complete a questionnaire each year Prior to January, the VP, Internal Audit and Compliance Services issued a notice to Board Members and members of the Senior Management Council when it was time for them to submit their conflict of interest questionnaires The VP also instructed members of the Senior Management Council to identify and request completed conflict of interest questionnaires from individuals who had potential conflicts of interest and to provide her with the identity of those individuals Compliance Services tracked completion of the questionnaires All physicians on LVHN's medical staff are also required to complete a conflict of interest questionnaire annually Medical Staff Services monitors this process to ensure that all physicians comply Potential conflicts are managed by the LVHN Conflict of Interest Committee and/or by the Board of Trustees, depending on whose interest(s) pose the conflict and the nature of the conflict

Return Reference	Explanation	
	Form 990, Part VI, Section B, line 15	2015 Executive Compensation Review In compliance with the rebuttable presumption of reasonableness process outlined in the Intermediate Sanctions regulations (issued under Section 4958 of the Internal Revenue Code), Sullivan Cotter and Associates, Inc (Sullivan Cotter) qualifies as an independent executive compensation expert, specializing in the health care industry Sullivan Cotter provides advice to the Lehigh Valley Health Network Executive Compensation Committee of the Board of Trustees to support its attainment of the rebuttable presumption of reasonableness under the Intermediate Sanctions regulations They also support the committee in ensuring that the LVHN executive compensation program is competitive and aligned with the organization's executive compensation philosophy Chief Executive Officer Total Compensation Review Program Analysis Analyze the market position of total compensation (base salary, incentive, benefits, and perquisites) for LVHN's President and Chief Executive Officer (CEO) in relation to CEO market data obtained for a defined peer group of comparable health systems This includes the preparation of tally sheets for the President and CEO as well as an analysis of Form 990 compensation data They assess the alignment of the President and CEO's compensation with LVHN's compensation philosophy and note the implications of the review Sullivan Cotter's analyses and findings are summarized in a report to the Committee that provides a reasonableness opinion for the Intermediate Sanctions compliance The report was provided by Sullivan Cotter at the August 17, 2015 Executive Compensation Committee Meeting Senior Management Council (SMC) Total Compensation Review Program Analysis Analyze the market position of total compensation (salaries, incentives, benefits, and perquisites) for LVHN's SMC executives and Clinical Chairs (approximately 30 total positions) in relation to comparable positions in peer organizations This includes the preparation of tally sheets for each individual Sullivan Cotter's analyses and findings are summarized in a report to the Committee that also provides an opinion of reasonableness for Intermediate Sanctions compliance The report was provided by Sullivan Cotter at the August 17, 2015 Executive Compensation Committee Meeting Summary of Methodology To conduct this analysis, Sullivan Cotter Collected background information regarding LVHN's operations, structure, size and scope, as well as each position's duties Compiled market data for SMC executives consistent with the Executive Compensation Philosophy approved by the Committee during its September 16, 2014 meeting The market data used for LVHN system executives in this assessment are an equally weighted blend of (1) a peer group of 33 not-for-profit health systems located in the Northeast region (excluding New York City) with net operating revenues between $10 billion and $43 billion (average of $18 billion), and (2) national data reflecting organizations of similar scope and size to LVHN National data are used where peer group data are not available Peer group and national market data were abstracted from Sullivan Cotter's 2014 Survey of Manager and Executive Compensation in Hospitals and Health Systems, as well as other published compensation surveys reflecting pay at comparably sized organizations, which included national hospitals and national medical groups Sullivan Cotter notes that no market data are provided for the SVP, Medical Services as the responsibilities of that position are unique, so no benchmark data are available They recommend that the Committee assess the compensation for that position based on internal equity considerations Compiled market data for the LVHN clinical chairs prepared by the Association of American Medical Colleges (AAMC) for the chairs of clinical departments in medical schools, LVHN's traditional comparator group for these jobs Adjusted the market data to an effective date of January 1, 2016 at an annualized rate of 3 0% based on salary increase trends Compared each component of LVHN's benefit program against typical market benefit practices in health systems and hospitals based on multiple published surveys, supplemented by Sullivan Cotter's proprietary data and experience Developed market total compensation data by combining market TCC with typical market benefit costs Compared LVHN's TC to market rates and assessed overall positioning For physician executives having both clinical and administrative roles, relevant market data were collected based on FTE allocation Sullivan Cotter has not completed an assessment of the physicians productivity or the Fair Market Value (FMV) of their clinical compensation, as LVHN has advised that such amounts are appropriate and within FMV Sullivan Cotter used the following methodology to assess the competitiveness and reasonableness of LVHN's executive total compensation levels Collected background information r

Return Reference	Explanation	
	Form 990, Part VI, Section B, line 15	egarding LVHN's operations, structure, size and scope Collected information on each Senio r Management Council (SMC) member's current compensation Data collected include base sala ries, annual incentive opportunity levels (target and Maximum), actual annual incentive pa yout amounts, annual costs of all standard and supplemental benefits and annual cost and d escription of executive perquisites Reviewed job descriptions and organizational charts t o identify each position's functional responsibilities and reporting relationships Select ed the appropriate benchmark position match for each position and applied premiums/discoun ts to the market data in instances w here LVHN's job duties differ materially from benchmar k position matches Position matches and market adjustments w ere reviewed w ith LVHN's Seni or Vice President, Human Resources and Compensation staff LVHN's projected FY2015 net rev enues and physician FTE's w ere used as the scope size for each entity

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

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Organization makes its financial statements available to the public through its Annual Report to the community The Annual Report is distributed to all attendees at the Organizations annual public meeting In addition, it is distributed via mail to members of the community The Organizations governing documents and conflict of interest policy are not made available to the public

Return Reference	Explanation
Form 990, Part IX, line 11g	Other Program Service fees Program service expenses 84,369,787 Management and general expenses 9,937,896 Fundraising expenses 0 Total expenses 94,307,683 Physician Fees Program service expenses 36,897,181 Management and general expenses 0 Fundraising expenses 0 Total expenses 36,897,181

Return Reference	Explanation
Form 990, Part XI, line 9	Unfunded Pension Liability -30,043,158 Transfer to Affiliates -24,414,947 Temporarily & Permanently Restricted Cash -1,529,639

Return Reference	Explanation
Form 990, Part XII, Line 2c	The Audit Committee of the Board of Trustees assumes responsibility for oversight of the audit and selection of an independent auditor

Return Reference	Explanation
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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Lehigh Valley Hospital

Employer identification number
23-1689692

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

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

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

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

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LVHN Reciprocal Risk Retention Group 151 Meeting Street Ste 301 Charleston, SC 29401 20-0037118	Insurance	PA	Lehigh Valley Health Network	Related		3,766,953		No			No	16 670 %
(2) Health Network Laboratories LLC 794 Roble Rd Allentown, PA 18109 23-2932802	Laboratory Services	PA	Lehigh Valley Hospital	Related		828,750		No			No	83 240 %
(3) Health Network Laboratories LP 794 Roble Rd Allentown, PA 18109 23-2948774	Laboratory Services	PA	Lehigh Valley Hospital	Related	17,676,364	133,093,690		No			No	81 820 %
(4) Lehigh Magnetic Imaging Center 1230 S Cedar Crest Blvd Allentown, PA 18103 23-2429077	Imaging Center	PA	N/A									
(5) Lehigh Valley Imaging LLC 1230 S Cedar Crest Blvd Allentown, PA 18103 46-4551937	Imaging Center	PA	Lehigh Valley Hospital	Related	13,273,773	22,950,143		No		Yes		72 000 %
(6) Hazleton Surgery Center LLC 17480 Dallas Parkway - Suite 210 Dallas, TX 75287 20-1232531	Surgical Services	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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Lehigh Valley Health Services Inc 2100 Mack Blvd Allentown, PA 181035622 23-2263665	Health Care Related Services	PA	N/A	C					No
(2) Lehigh Valley Anesthesia Services PC 2100 Mack Blvd Allentown, PA 181035622 23-3096124	Anesthesia Services	PA	N/A	C					No
(3) Westgate Professional Center Inc 2100 Mack Blvd Allentown, PA 181035622 23-1657333	Real Estate Rentals	PA	N/A	C					No
(4) Lehigh Valley Physician Hospital Organization Inc 2100 Mack Blvd Allentown, PA 181035622 23-2750430	Health Care Related Services	PA	Lehigh Valley Hospital	C	599,598	11,656,777	45 000 %		No
(5) Hazleton Saint Joseph Medical Office Building Inc 700 E Broad St Hazleton, PA 18201 23-2500981	Medical Office Rental	PA	N/A	C					No

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1689692
Name: Lehigh Valley Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Lehigh Valley Health Network 1200 S Cedar Crest Blvd Allentown, PA 18103 22-2458317	Parent Company	PA	501(c)(3)	Line 11c, III-FI	N/A		No
(1) Lehigh Valley Hospital - Muhlenberg 1200 S Cedar Crest Blvd Allentown, PA 18103 23-2367707	Health Care Organization	PA	501(c)(3)	Line 3	Lehigh Valley Health Network		No
(2) Lehigh Valley Physician Group 1200 S Cedar Crest Blvd Allentown, PA 18103 23-2700908	Physician Practice Organization	PA	501(c)(3)	Line 3	Lehigh Valley Health Network		No
(3) Muhlenberg Realty Corporation 1200 S Cedar Crest Blvd Allentown, PA 18103 23-2245513	Real Estate Rentals	PA	501(c)(3)	Line 11c, III-FI	Lehigh Valley Health Network		No
(4) Lehigh Valley Health Network Realty Holding Co 1200 S Cedar Crest Blvd Allentown, PA 18103 23-2586770	Real Estate Holding Co	PA	501(c)(2)		Lehigh Valley Health Network		No
(5) Northeastern Pennsylvania Health Corporation 700 E Broad St Hazleton, PA 18201 23-2421970	Health Care Organization	PA	501(c)(3)	Line 3	Lehigh Valley Health Network		No
(6) Hazleton Health & Wellness Center 700 E Broad St Hazleton, PA 18201 23-2580968	Staffing Services	PA	501(c)(3)	Line 11a, I	Northeastern Pennsylvania Health Corporation		No
(7) Hazleton Professional Services 700 E Broad St Hazleton, PA 18201 20-5880364	Physician Services	PA	501(c)(3)	Line 3	Lehigh Valley Physician Group		No
(8) Hazleton Surgical Alliance 700 E Broad St Hazleton, PA 18201 20-2038456	Surgical Services	PA	501(c)(3)	Line 3	Northeastern Pennsylvania Health Corporation		No