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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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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 $ 2,711,876,374

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.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	11,386
6	Total number of volunteers (estimate if necessary)	**6**	554
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	16,558,168
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	4,754,447

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,775,374	31,649,436
9	Program service revenue (Part VIII, line 2g)	2,085,503,368	2,167,587,529
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,329,542	50,856,745
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,499,827	111,979,522
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,200,108,111	2,362,073,232
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	865,369	488,021
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)	748,897,686	805,513,456
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,034,977		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,332,375,691	1,451,474,198
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,082,138,746	2,257,475,675
19	Revenue less expenses. Subtract line 18 from line 12	117,969,365	104,597,557

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,839,652,051	3,119,568,929
21	Total liabilities (Part X, line 26)	1,756,442,608	1,627,174,757
22	Net assets or fund balances. Subtract line 21 from line 20	1,083,209,443	1,492,394,172

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

****** 2022-05-11
Signature of officer Date

ROBERT THOMAS ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

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

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: See Additional Data	) (Expenses $	2,169,862,907	including grants of $	488,021	) (Revenue $	2,296,894,328)
4b	(Code: See Additional Data	) (Expenses $		including grants of $		) (Revenue $	)
4c	(Code: See Additional Data	) (Expenses $		including grants of $		) (Revenue $	)
4d	Other program services (Describe in Schedule O.) (Expenses $			including grants of $		) (Revenue $	)
4e	**Total program service expenses ▶**		2,169,862,907				

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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	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	
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	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	610		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

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**	11,386		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	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	7		
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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIRSTEN ANTHONY TRUSTEE	1.00	X						0	0	0
(2) ROBERT BEGLIOMINI PRESIDENT, LVH-M/TRUSTEE	60.00	X						473,215	0	50,867
(3) DEBORAH BREN DO TRUSTEE	1.00 60.00	X						339,681	0	47,663
(4) STEVEN R FOLLETT CHAIR/TRUSTEE	1.00	X		X				0	0	0
(5) LINDA GREEN PHD TRUSTEE	1.00	X						0	0	0
(6) JOEL HOFFMAN TRUSTEE	1.00	X						0	0	0
(7) BRYAN G KANE MD TRUSTEE	1.00 60.00	X						368,157	0	27,620
(8) THOMAS MARCHOZZI TREASURER	1.00 60.00			X				996,180	0	37,017
(9) PATRICIA MARTIN MD TRUSTEE	1.00	X						0	0	0
(10) BRIAN A NESTER DO PRESIDENT/CEO, LVHN/TRUSTEE	60.00	X						2,665,436	0	53,756
(11) KATHY O'BRIEN VICE CHAIR/TRUSTEE	1.00	X		X				0	0	0
(12) MICHAEL ROSSI MD PRESIDENT, LVH/TRUSTEE	60.00	X						0	1,183,650	48,766
(13) WILLIAM SPENCE TRUSTEE	1.00	X						0	0	0
(14) ROBERT THOMAS ASSISTANT TREASURER	1.00 60.00			X				360,613	0	32,397
(15) SUSAN C YEE TRUSTEE	1.00	X						0	0	0
(16) ROBERT MURPHY JR MD EVP & CHIEF PHYSICIAN EXECUTIVE	60.00					X		1,120,972	0	53,756
(17) LYNN TURNER CHIEF HUMAN RESOURCES OFFICER	60.00					X		896,352	0	11,400

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			
(18) EDWARD DOUGHERTY SVP & CHIEF BUSINESS DEVELOPMENT OFFICER	60.00					X		827,771	0	43,485
(19) MICHAEL MINEAR MS SVP & CHIEF INFORMATION OFFICER	60.00					X		796,547	0	36,485
(20) MATTHEW M MCCAMBRIDGE CHIEF QUALITY & PATIENT SAFETY OFFICER	60.00					X		677,895	0	34,156
(21) TERRY CAPUANO FORMER PRESIDENT, LVH/TRUSTEE	0.00						X	1,318,560	0	42,085
(22) WILLIAM M KENT MHA FORMER TRUSTEE	0.00						X	752,488	0	34,522
(23) JOSEPH E PATRUNO MD FORMER TRUSTEE	0.00						X	0	381,199	56,539
(24) MATTHEW SORRENTINO ESQ FORMER SECRETARY	0.00						X	0	1,174,573	29,913
(25) THOMAS V WHALEN MD MMM FORMER ASSISTANT SECRETARY	0.00						X	1,323,758	0	44,785
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								12,917,625	2,739,422	685,212

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,290

			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
MORRISON HEALTHCARE 400 NORTHRIDGE ROAD SUITE 600 SANDY SPRINGS, GA 303503354	DIETARY SERVICES	11,985,648
PRICEWATERHOUSECOOPERS ADVISORY SERVICES 300 MADISON AVENUE NEW YORK, NY 100176232	CONSULTING SERVICES	4,648,122
E4 SERVICES LLC 96 COMMERCE DRIVE BOX 200 WYOMISSING, PA 19610	CONSULTING SERVICES	3,547,386
REVINT SOLUTIONS 6 HILLMAN DRIVE SUITE 100 CHADDS FORD, PA 19317	REVENUE CYCLE SERVICES	3,334,940
PATHS LLC 9 EXECUTIVE CAMPUS CHERRY HILL, NJ 080024502	REVENUE CYCLE SERVICES	3,031,488

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 ▶ 87

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	16,052			
	d Related organizations	1d				
	e Government grants (contributions)	1e	17,735,563			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,897,821			
	g Noncash contributions included in lines 1a - 1f:$	1g	438,067			
	h **Total.** Add lines 1a-1f		31,649,436			
Program Service Revenue		Business Code				
	2a OUTPATIENT REVENUE	621400	1,190,676,005	1,181,079,884	9,596,121	
	b INPATIENT REVENUE	621990	970,631,447	970,631,447		
	c HHS COVID REVENUE	621990	6,280,077	6,280,077		
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		2,167,587,529			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,973,666			13,973,666
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 18,708,554				
	b Less: rental expenses	6b 15,902,271				
	c Rental income or (loss)	6c 2,806,283				
	d Net rental income or (loss)			2,806,283		2,806,283
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 370,660,341				
	b Less: cost or other basis and sales expenses	7b 333,551,357	225,905			
	c Gain or (loss)	7c 37,108,984	-225,905			
	d Net gain or (loss)			36,883,079	36,883,079	
	8a Gross income from fundraising events (not including $ 16,052 of contributions reported on line 1c). See Part IV, line 18	8a 314,960				
	b Less: direct expenses	8b 123,609				
	c Net income or (loss) from fundraising events			191,351		191,351
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a RESEARCH & MISC INCOME	900099	78,071,137	77,840,098	231,039	
	b HEALTH NETWORK LABORAT	621500	27,317,083	20,586,075	6,731,008	
	c INVESTMENT - LVPHO	900003	3,593,668	3,593,668		
	d All other revenue					
	e **Total.** Add lines 11a–11d		108,981,888			
	12 **Total revenue.** See instructions		2,362,073,232	2,296,894,328	16,558,168	16,971,300

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	488,021	488,021		
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	5,452,602	5,452,602		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	617,287,438	582,300,846	33,748,612	1,237,980
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	26,243,618	24,244,703	1,926,797	72,118
9 Other employee benefits	110,436,332	106,961,958	3,379,261	95,113
10 Payroll taxes	46,093,466	43,762,707	2,250,608	80,151
11 Fees for services (non-employees):				
a Management				
b Legal	2,774,484	640,689	2,133,795	
c Accounting	751,611	48,063	703,548	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	202,799,591	184,897,330	17,671,228	231,033
12 Advertising and promotion	16,573,723	3,045,063	13,528,660	
13 Office expenses	3,957,978	3,492,106	457,593	8,279
14 Information technology	35,595,177	35,476,713	118,464	
15 Royalties				
16 Occupancy	52,489,565	51,984,488	477,789	27,288
17 Travel	1,127,457	1,099,080	27,842	535
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,002,543	959,948	40,448	2,147
20 Interest	29,191,282	29,191,282		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,621,202	122,168,944	452,258	
23 Insurance	15,768,555	14,998,434	770,121	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses 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	451,879,835	451,856,730	23,105	
b PURCHASED SERVICES	319,938,852	311,471,518	8,401,119	66,215
c BAD DEBTS EXPENSE	81,846,160	81,846,160		
d CONTRACTED LABOR	10,187,305	10,019,529	167,776	
e All other expenses	102,968,878	103,455,993	-701,233	214,118
25 **Total functional expenses.** Add lines 1 through 24e	2,257,475,675	2,169,862,907	85,577,791	2,034,977
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		16,428	1	17,501
	2	Savings and temporary cash investments		244,112,579	2	170,022,919
	3	Pledges and grants receivable, net		6,733,168	3	6,773,096
	4	Accounts receivable, net		220,575,659	4	183,577,817
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		-91,430,718	7	17,551,528
	8	Inventories for sale or use		35,702,868	8	39,248,011
	9	Prepaid expenses and deferred charges		44,967,372	9	59,698,858
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,489,471,708			
	b	Less: accumulated depreciation	10b 1,339,381,027	1,017,872,472	10c	1,150,090,681
	11	Investments—publicly traded securities		1,032,558,552	11	1,129,615,268
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		216,340,882	13	244,887,325
	14	Intangible assets		98,163,921	14	98,976,493
	15	Other assets. See Part IV, line 11		14,038,868	15	19,109,432
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,839,652,051	16	3,119,568,929
Liabilities	17	Accounts payable and accrued expenses		166,188,803	17	190,804,682
	18	Grants payable			18	
	19	Deferred revenue		214,232,508	19	207,015,541
	20	Tax-exempt bond liabilities		882,014,888	20	870,679,600
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		494,006,409	25	358,674,934
	26	**Total liabilities.** Add lines 17 through 25		1,756,442,608	26	1,627,174,757
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		849,838,424	27	1,185,272,164
	28	Net assets with donor restrictions		233,371,019	28	307,122,008
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,083,209,443	32	1,492,394,172
	33	Total liabilities and net assets/fund balances		2,839,652,051	33	3,119,568,929

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	2,362,073,232
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,257,475,675
3	Revenue less expenses. Subtract line 2 from line 1	3	104,597,557
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,083,209,443
5	Net unrealized gains (losses) on investments	5	77,176,219
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	227,410,953
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,492,394,172

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 (2020)

Form 990, Part III, Line 4a:

LEHIGH VALLEY HOSPITAL (LVH) IS COMPOSED OF FOUR HOSPITAL CAMPUSES INCLUDING LVH-CEDAR CREST, LVH-MUHLENBERG, LVH-17TH STREET AND LVH-TILGHMAN. LVH OFFERS A CONTINUUM OF PROGRAMS IN HEALTH CARE PROMOTION, PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION TO THE COMMUNITY. EXTENSIVE INPATIENT, OUTPATIENT AND EDUCATIONAL SERVICES ARE PROVIDED AT LOCATIONS THROUGHOUT THE REGION AND ARE A PART OF THE LEHIGH VALLEY HEALTH NETWORK (LVHN) ESTABLISHED TO MEET THE MEDICAL, SURGICAL AND EDUCATIONAL NEEDS OF THE RESIDENTS OF THE LEHIGH VALLEY AND BEYOND. ON MAY 1, 2018, LEHIGH VALLEY HOSPITAL-MUHLENBERG AND LEHIGH VALLEY HOSPITAL, INC. MERGED, AND THE SURVIVING CORPORATE ENTITY WAS LEHIGH VALLEY HOSPITAL, INC. LVH-MUHLENBERG IS NOW CONSIDERED A CAMPUS OF LEHIGH VALLEY HOSPITAL, A GENERAL, ACUTE PATIENT CARE FACILITY. LVH SERVES AS A REFERRAL CENTER FOR APPROXIMATELY TWO MILLION RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA, WITH A SPECIAL FOCUS IN THE FOLLOWING KEY AREAS:CANCER INSTITUTE OF LVH - THE LVH BASED PORTIONS OF THE NETWORK CANCER INSTITUTE OFFERS A RANGE OF CANCER SERVICES IN SIX CONVENIENT, PATIENT-FOCUSED LOCATIONS, JOHN AND DOROTHY MORGAN CANCER CENTER AT THE CEDAR CREST CAMPUS, THE CANCER CENTER IN BETHLEHEM AT THE MUHLENBERG CAMPUS, AND INFUSION SERVICES AT THE HEALTH CENTER IN BANGOR; LVPG HEMATOLOGY ONCOLOGY ASSOCIATES IN LEHIGHTON. CANCER CARE PROGRAMS INCLUDE PREVENTION, DETECTION, DIAGNOSIS, GENETICS, PATIENT NAVIGATION, NUTRITIONAL SERVICES, SOCIAL AND PSYCHOLOGICAL SUPPORT, REHABILITATION, CLINICAL TRIALS, MULTIDISCIPLINARY AND COORDINATED CARE, AND ALL FORMS OF THERAPY. THE CANCER CENTER BECAME A PARTNER WITH MEMORIAL SLOAN KETTERING CANCER ALLIANCE OF NEW YORK CITY OFFICIALLY IN MARCH 2016 AND MAINTAINS A RESEARCH PARTNERSHIP WITH THE WISTAR SCIENTIFIC AND BIOLOGY INSTITUTE OF PHILADELPHIA, PA. BOTH OF THESE INSTITUTIONS ARE NCI DESIGNATED CANCER CENTERS PROGRAMS. CANCER INSTITUTE PARTNERED WITH STRATA ONCOLOGY, A PRECISION ONCOLOGY COMPANY IN JUNE OF 2019. THE STRATA TRIAL PERFORMS MOLECULAR PROFILING OF SPECIFIC TYPES OF TUMORS TO HELP MATCH PATIENTS WITH THE ADVANCED FORMS OF CANCER TO NEW PRECISION TREATMENT OPTIONS. THIS PARTNERSHIP POSITIONS LEHIGH VALLEY CANCER INSTITUTE ON THE LEADING-EDGE OF PROVIDING PATIENTS ACCESS TO THE LATEST TECHNOLOGY AND CLINICAL RESEARCH TO TARGET THEIR SPECIFIC CANCER MUTATIONCANCER INSTITUTE FACILITIES INCLUDE PHYSICIANS' OFFICES, BREAST HEALTH SERVICES, MULTIDISCIPLINARY CLINICS, CONFERENCE ROOMS, PRIVATE EDUCATION AND COUNSELING AREAS, MULTI-PURPOSE TREATMENT AREA FOR INFUSIONS, PROCEDURE ROOM AND RADIATION ONCOLOGY FACILITIES INCLUDING: (7) LINEAR ACCELERATORS, (3) CT SIMULATORS, (1) HIGH DOSE RATE BRACHYTHERAPY, (1) GAMMA KNIFE RADIOSURGERY, SIR-SPHERES (Y-90), PROSTATE SEED IMPLANT- LOW DOSE BRACHYTHERAPY, STEREOTACTIC BODY RADIOTHERAPY (SBRT), LINAC BASED STEREOTACTIC RADIOSURGERY (SRS) / STEREOTACTIC RADIOTHERAPY (SRT), 3-D TREATMENT PLANNING, INTENSITY MODULATED RADIATION THERAPY (IMRT), IMAGE GUIDED RADIATION THERAPY (IGRT), OPTICAL SURFACE MONITORING SYSTEM (OSMS), CALYPSO SYSTEM FOR REAL-TIME MOTION AND TARGET TRACKING AND A 3-D PRINTER.OUR MOBILE MAMMOGRAPHY PROGRAM BEGAN SERVICE IN OCTOBER 2018 AND SERVES EIGHT COUNTIES IN OUR MARKET AREA AND PROVIDES PREVENTIVE BREAST HEALTH SERVICES TO YOUR EMPLOYEES AND MEMBERS OF THE COMMUNITY. DESIGNED SPECIFICALLY FOR THE LEHIGH VALLEY CANCER INSTITUTE, THE MOBILE MAMMOGRAPHY COACH PROVIDES A CONVENIENT WAY FOR WOMEN TO HAVE 3D SCREENING MAMMOGRAMS RIGHT AT YOUR LOCATION. BY BRINGING THE MAMMOGRAPHY COACH TO YOU, WE CAN GIVE WOMEN WITH MANY DEMANDS ON THEIR TIME, ACCESS TO SCREENING MAMMOGRAMS RIGHT AT WORK, SCHOOL OR COMMUNITY ORGANIZATION. THE FACULTY OF THE CANCER CENTER IS COMPOSED OF PHYSICIANS WHO ARE CANCER CARE SPECIALISTS AND BOARD-CERTIFIED IN ALL FIELDS OF CANCER THERAPY AND EVALUATION. IN CALENDAR YEAR 2020, THE CANCER INSTITUTE SAW 4,389 NEW ANALYTIC CANCER CASES. INPATIENT ONCOLOGY ADMISSIONS WERE 3,055 IN THE FISCAL YEAR ENDED JUNE 30, 2021 AND OUTPATIENT VOLUMES WERE 1,675 NEW TREATMENT PATIENTS FOR RADIATION PROCEDURES, AND 47,547 TREATMENT PATIENTS FOR INFUSION VISITS. HEART AND VASCULAR INSTITUTE OF LVH - THE LEHIGH VALLEY HEART AND VASCULAR INSTITUTE IS ONE OF THE LARGEST AND MOST RESPECTED CARDIOVASCULAR PROGRAMS IN PENNSYLVANIA. WITH 53 CARDIOLOGISTS, 6 CARDIOTHORACIC SURGEONS, 3 VASCULAR SURGEONS, AND A DEDICATED TEAM OF ADVANCED PRACTICE CLINICIANS AND SUPPORT STAFF, LEHIGH VALLEY HOSPITAL-CEDAR CREST AND LEHIGH VALLEY HOSPITAL-MUHLENBERG OFFERS AN IMPRESSIVE AND COMPREHENSIVE ARRAY OF PREVENTATIVE, DIAGNOSTIC, ACUTE, TERTIARY, AND QUATERNARY CARDIOVASCULAR SERVICES. SPECIALIZED PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO: CARDIAC ARREST MANAGEMENT, CORONARY INTERVENTION, STRUCTURAL HEART, ADVANCED HEART FAILURE & MECHANICAL CIRCULATORY SUPPORT, CARDIO-ONCOLOGY, COMPLEX LIPID MANAGEMENT, COMPREHENSIVE RHYTHM MANAGEMENT, A WOMEN'S HEART PROGRAM WITH A DEVELOPED SUBSPECIALTY HEART AND PREGNANCY PROGRAM, NEURO-CARDIOLOGY, AND SPORTS CARDIOLOGY. THE LEHIGH VALLEY HEART AND VASCULAR INSTITUTE OFFERS 15 CARDIOLOGY ACCESS SITES THROUGHOUT THE LVH SERVICE AREA TO ENABLE PATIENTS TO RECEIVE PREMIER CARDIAC CARE CLOSE TO HOME. IN FISCAL YEAR ENDED JUNE 30, 2021, LEHIGH VALLEY HOSPITALCEDAR CREST AND LEHIGH VALLEY HOSPITALMUHLENBERG PERFORMED 4,188 CARDIAC CATHETERIZATION CASES, 1,931 ELECTROPHYSIOLOGY CASES, 543 OPEN HEART SURGERIES, 197 TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) PROCEDURES, AND PROVIDED COMPASSIONATE CARE AT OVER 164,000 PATIENT VISITS. FY2021 WAS AN ACCOMPLISHED YEAR FOR LVH AND THE LEHIGH VALLEY HEART AND VASCULAR INSTITUTE. FROM A CLINICAL STANDPOINT, A REGIONAL PULMONARY EMBOLISM RESPONSE TEAM (PERT) WAS IMPLEMENTED AT THE LVH-CC CAMPUS WORKING IN COLLABORATION WITH PULMONARY, EMERGENCY MEDICINE AND INTERVENTIONAL RADIOLOGY. FURTHERMORE, THE REGION'S FIRST CARDIAC AMYLOID PROGRAM WAS ESTABLISHED TO CARE FOR PATIENTS WITH THIS UNIQUE CONDITION. AN URGENT HEART FAILURE CLINIC AND A FORMAL HEART TRANSPLANT PARTNERSHIP WITH THE UNIVERSITY OF PENNSYLVANIA WAS ALSO ESTABLISHED TO FURTHER ADVANCE OUR ALREADY IMPRESSIVE ADVANCED HEART FAILURE AND MECHANICAL CIRCULATORY SUPPORT PROGRAM. THE HEART AND VASCULAR INSTITUTE AT LVH ALSO MADE GREAT PROGRESS FROM A PATIENT CARE AND INNOVATION PERSPECTIVE. A NEW PATIENT PARTNERSHIP MODEL WAS DEVELOPED TO PROVIDE PERSONALIZED PATIENT CARE AND INCREASE ACCESS. IN ADDITION, A TRULY INNOVATIVE CARDIAC DISEASE IDENTIFICATION AND INTERVENTION PROGRAM WAS ALSO ESTABLISHED. THIS UNIQUE PROGRAM IDENTIFIES PATIENTS THAT ARE AT-RISK FOR SPECIFIC CARDIAC COMPLICATIONS AND EDUCATES THE PATIENTS ON THEIR RISK AND TREATMENT OPTIONS. THIS NEW PROGRAM IS AN EXCITING DEPICTION OF HOW THE LEHIGH VALLEY HEART AND VASCULAR INSTITUTE NOT ONLY TREATS CARDIOVASCULAR DISEASE, BUT ALSO TRIES TO PREVENT ADVERSE CARDIOVASCULAR EVENTS IN THE COMMUNITIES WE SERVE. NEUROSCIENCES SERVICES - THE LVH COMPREHENSIVE NEUROSCIENCE PROGRAM PROVIDES TREATMENT FOR STROKE, BRAIN TUMORS, SEIZURES, ANEURYSMS, SPINE PROBLEMS, TRAUMA, AND OTHER NEUROLOGICAL DISORDERS. LVH PROVIDES STROKE SERVICES THROUGH ITS REGIONAL COMPREHENSIVE STROKE PROGRAM WHICH BEGAN OPERATIONS IN JULY 2002. SINCE THAT TIME, THE STROKE CENTER HAS TREATED MORE THAN 24,000 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. LVH-MUHLENBERG HAS BEEN A CERTIFIED PRIMARY STROKE CENTER SINCE 2006. LVH IS ALSO A REGIONAL TELE-STROKE PROVIDER. IN 2019, LVH LAUNCHED PENNSYLVANIA'S VERY FIRST MOBILE STROKE UNIT THAT BRINGS LIVE-SAVING STROKE CARE TO PATIENTS FASTER THAN TRADITIONAL HOSPITAL CARE. IN ADDITION TO THE STROKE PROGRAM, THE DIVISION OF NEUROLOGY HOUSES ADVANCED PROGRAMS FOR EPILEPSY, MULTIPLE SCLEROSIS, MOVEMENT DISORDERS, HEADACHE, ALS, AND NEUROMUSCULAR DISEASE. A FOUR-BED EPILEPSY MONITORING UNIT (EMU) OPENED IN 2019 AS PART OF LVH'S NAEC RECOGNIZED LEVEL 3 EPILEPSY TREATMENT CENTER. IN FY2021, THE DIVISION OF NEUROSURGERY PERFORMED 1,598 SURGICAL CASES, INCLUDING FUNCTIONAL NEUROSURGERY FOR THE SURGICAL TREATMENT OF MOVEMENT DISORDERS, AND CUTTING-EDGE FLUORESCENCE GUIDED BRAIN TUMOR RESECTION UTILIZING THE OPTICAL IMAGING AGENT AMINOLEVULINIC ACID (GLEOLAN).

Form 990, Part III, Line 4b:

ORTHOPEDIC SERVICES - THE ORTHOPEDIC SERVICE LINE IS FOCUSED ON THE TREATMENT OF MUSCULOSKELETAL DISORDERS OF THE UPPER AND LOWER EXTREMITIES AS WELL AS THE SPINE. SUBSPECIALISTS WITH FELLOWSHIP CREDENTIALS PROVIDE SERVICES IN THE FOLLOWING CENTERS OF EXCELLENCE - JOINT REPLACEMENT, SPINE SURGERY, SPORTS MEDICINE, HAND AND WRIST SURGERY, FOOT AND ANKLE SURGERY, ORTHOPEDIC TRAUMA AND PEDIATRIC ORTHOPEDICS. IN FY2021, THERE WERE 9,741 TOTAL ORTHOPEDIC PROCEDURES PERFORMED AT LVH. ACUTE ORTHOPEDIC SERVICES ARE PROVIDED AT LVH-CEDAR CREST, LVH-MUHLENBERG, AND LVHN-TILGHMAN, WHICH IS THE ONLY AREA HOSPITAL DEDICATED TO ORTHOPEDIC MUSCULOSKELETAL SURGERY. THE LVH ORTHOPEDIC PROGRAM HAS BEEN RECOGNIZED BY US NEWS AND WORLD REPORT AS A TOP 50 ORTHOPEDIC PROGRAM IN THE COUNTRY. THE PROGRAM IS ALSO RECOGNIZED BY THE BLUE CROSS AND BLUE SHIELD ASSOCIATION AS A BLUE DISTINCTION+ CENTER AND AETNA AS AN INSTITUTE OF QUALITY FOR JOINT REPLACEMENT.PERIOPERATIVE SERVICES - PERIOPERATIVE SERVICES AT LVH CONSISTS OF THE SURGICAL AND ENDOSCOPIC STAFF AND FACILITIES WHERE OVER 60,000 PROCEDURES ARE PERFORMED ANNUALLY. SURGICAL PROCEDURES ARE PERFORMED IN 56 OPERATING ROOMS THROUGHOUT LVH, INCLUDING 17TH & CHEW, CEDAR CREST, CHILDREN'S SURGERY CENTER, LVH-MUHLENBERG, AND THE LVHN-TILGHMAN CAMPUSES. THE CHILDREN'S SURGERY CENTER LOCATED ON THE CEDAR CREST CAMPUS PROVIDES SPECIALIZED CARE FOR OUR PEDIATRIC POPULATION. PATIENT CARE IN THE OPERATING ROOM IS SUPPORTED BY ANESTHESIA SERVICES, SURGICAL PREP AND STAGING, POST ANESTHESIA RECOVERY, AND STERILE PROCESSING DEPARTMENTS, AMONG OTHERS. LVH PERFORMS ENDOSCOPIC PROCEDURES AT THREE LOCATIONS - THE CEDAR CREST SITE, CHILDREN'S SURGERY CENTER, AND LVH-MUHLENBERG. THE OPERATING ROOM TECHNOLOGIES AND FACILITIES INCLUDE A TWO HYBRID OPERATING ROOMS, A TRAUMA CODE RED OPERATING ROOM, 10 DA VINCI SURGICAL ROBOTS, INTEGRATED LAPAROSCOPIC OPERATING ROOMS, AND CARDIAC SURGERY OPERATING ROOMS. OPERATING ROOM NURSING STAFF ARE TRAINED TO SUPPORT MULTIPLE SURGICAL DISCIPLINES INCLUDING CARDIAC SURGERY, ORTHOPEDICS, VASCULAR SURGERY, UROLOGY, GENERAL SURGERY, TRANSPLANT SURGERY, GYNECOLOGIC SURGERY, PEDIATRIC SURGERY, AND MANY OTHERS. CUTTING EDGE ENDOSCOPIC TECHNOLOGIES INCLUDE ENDOSCOPIC ULTRASOUND, ENDO-BRONCHIAL ULTRASOUND AND VIDEO CAPSULE ENDOSCOPY.BEHAVIORAL HEALTH SERVICES - LVH OPERATES INPATIENT BEHAVIORAL HEALTH PROGRAMS FOR ADOLESCENTS AND ADULTS. THE COMBINED PROGRAMS TOTAL 65 BEDS AND SERVES LEHIGH, NORTHAMPTON, CARBON, MONROE, SCHUYLKILL, AND BERKS COUNTIES. CLINICAL PROGRAMS INCLUDE PSYCHIATRIC, PSYCHOLOGICAL, NURSING, DUAL DIAGNOSIS, PSYCHIATRIC REHABILITATION, SOCIAL WORK AND DISCHARGE PLANNING SERVICES. LVH ALSO PROVIDES AMBULATORY BEHAVIORAL HEALTHCARE, INCLUDING: PSYCHIATRIC EVALUATION SERVICE PROGRAM IN FOUR HOSPITAL EMERGENCY DEPARTMENTS; THREE PARTIAL HOSPITAL PROGRAMS FOR ADULTS AND ADOLESCENTS; SEVERAL LARGE OUTPATIENT GROUP PRACTICES PROVIDING MULTIDISCIPLINARY SHORT-TERM TREATMENT TO CHILDREN, ADOLESCENTS, ADULTS AND OLDER ADULTS; TWO OUTPATIENT MENTAL HEALTH CLINICS FOR SERIOUSLY AND PERSISTENTLY MENTALLY ILL ADULTS; ONE OUTPATIENT MENTAL HEALTH CLINIC PROVIDING SCHOOL BASED BEHAVIORAL HEALTH TO 10 SCHOOL DISTRICTS; PSYCHIATRIC HOME CARE;TWO RESIDENTIAL TREATMENT SITES, SUPPORTING AND EDUCATING ADULTS IN INDEPENDENT LIVING SKILLS. BOTH THESE SITES AND THE CLINICS ARE FUNDED IN PART, UNDER A CONTRACT WITH LEHIGH COUNTY DEPARTMENT OF HUMAN SERVICES THROUGH FUNDS PROVIDED BY COUNTY OF LEHIGH AND THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE; PSYCHIATRIC HOME CARE SERVICES; BH INTEGRATION IN MEDICAL/ PROGRAMS ON MEDICAL/SURGICAL INPATIENT UNITS AND AMBULATORY, PRIMARY CARE AND SPECIALTY PRACTICES. CONSULTATION /LIAISON PSYCHIATRY, EDUCATION AND RESEARCH AND SERVICE OFFERINGS TO SCHOOLS, STREET MEDICINE (HOMELESS), AND OTHER COMMUNITY AGENCIES ROUND OUT LVH'S CONTRIBUTION TO THE HEALTH AND WELL-BEING OF THE REGION. A PSYCHIATRIC RESIDENCY WAS ESTABLISHED IN 2019 AND EXPANDING IN 2022. A CHILD AND ADOLESCENT FELLOWSHIP PROGRAM WAS ESTABLISHED IN 2021.TRAUMA AND BURN SERVICES - IN 1981, LEHIGH VALLEY HOSPITAL-CEDAR CREST BECAME THE FIRST HOSPITAL IN PENNSYLVANIA TO BE DESIGNATED AS A LEVEL I TRAUMA CENTER AND IS CURRENTLY THE SECOND LARGEST TRAUMA PROGRAM IN PENNSYLVANIA, EVALUATING 4,544 TRAUMA PATIENTS IN FY2021. THIS PROGRAM PROVIDES COMPREHENSIVE TRAUMA AND BURN CARE AND SERVES AS A MAJOR REGIONAL RESOURCE COVERING A TEN-COUNTY AREA AND A PATIENT BASE OF MORE THAN TWO MILLION. LVH-CEDAR CREST IS ACCREDITED AS BOTH A LEVEL I ADULT AND A LEVEL II PEDIATRIC TRAUMA CENTER, ONE OF ONLY TWO ADULT CENTERS IN PENNSYLVANIA WITH THIS DUAL ACCREDITATION. LVH-MUHLENBERG EVALUATED 1,630 TRAUMA PATIENTS IN FY2021, AND THE HOSPITAL WAS FORMALLY ACCREDITED BY THE STATE AS A LEVEL II TRAUMA CENTER IN SEPTEMBER 2021. THE LVH TRAUMA PROGRAM PROVIDES A CONTINUUM OF CARE WITH 12 TRAUMA SURGEONS IN-HOUSE AT THE CEDAR CREST LOCATION AND TWO FULL-TIME TRAUMA SURGEONS 24/7 THAT COVER THE MUHLENBERG LOCATION. BOTH LOCATIONS HAVE NURSES WITH SPECIALIZED TRAINING THAT CARE FOR SERIOUSLY INJURED PATIENTS IN BOTH THE INTENSIVE CARE UNITS AS WELL AS MEDICAL / SURGICAL UNITS. A TRAUMA REHABILITATION TEAM COMPLETES THIS CONTINUUM OF TRAUMA CARE. OVER 15,278 MEMBERS OF THE COMMUNITY WERE EDUCATED THROUGH ONE OR MORE OF OUR TRAUMA PROGRAM'S PREVENTATIVE CARE OFFERINGS. LEHIGH VALLEY HOSPITAL-CEDAR CREST'S TRAUMA PREVENTION PROGRAM CONDUCTED MANY IN-KIND INJURY PREVENTION PROGRAMS FOR ALL AGE CATEGORIES IN THE HOSPITAL AND COMMUNITY DURING FY2021. DUE TO THE COVID-19 PANDEMIC, MOST COMMUNITY OUTREACH PROGRAMS WERE PROHIBITED OR RESTRICTED DURING THIS PAST FISCAL YEAR. HOWEVER, APPROXIMATELY 1,881 MEMBERS OF THE COMMUNITY WERE REACHED THROUGH ONE OR MORE OF THESE PROGRAMS, NOT INCLUDING THE THOUSANDS OF CONTACTS THAT ATTENDED COVID-19 VACCINE CLINICS WHERE TRAUMA PREVENTION MATERIAL WAS DISTRIBUTED. LVH-CEDAR CREST HAS ALSO SECURED A STATE GRANT AND HIRED A VIOLENCE PREVENTION COORDINATOR TO WORK WITH THE COMMUNITY IN ORDER TO PREVENT THE CYCLE OF VIOLENCE. LVH ALSO OPERATES A REGIONAL BURN CENTER WITH 18 BEDS SERVING NORTHEASTERN PENNSYLVANIA, WESTERN NEW JERSEY AND PARTS OF NEW YORK. THE REGIONAL BURN CENTER IS THE LARGEST BURN PROGRAM IN PENNSYLVANIA, WITH 3 FULL TIME BURN SURGEONS ADMITTING 664 PATIENTS FY21. THE CENTER IS ACCREDITED BY THE AMERICAN BURN ASSOCIATION FOR QUALITY OUTCOMES OF BOTH PEDIATRIC AND ADULT BURN PATIENTS. THE BURN CENTER PROVIDES A TELEBURN SERVICE, WHICH PROVIDES RAPID ACCESS TO OUR COMPREHENSIVE BURN CARE TO 92 HOSPITALS, EMERGENCY CARE CLINICS, AND PHYSICIAN OFFICES IN PENNSYLVANIA, NEW JERSEY AND NEW YORK. IN ADDITION, LVH COORDINATES PRE-HOSPITAL EMERGENCY MEDICAL SERVICES AND PROVIDES 24 HOUR-A-DAY AIR AND GROUND AMBULANCE SERVICES. LVH MEDEVAC OPERATES FOUR HELICOPTERS AND 1.5 CRITICAL CARE GROUND TRANSPORT UNITS COVERING EASTERN PENNSYLVANIA AND WESTERN NEW JERSEY. LVH MEDEVAC PERFORMED 1,354 FLIGHTS ANNUALLY AND OUR GROUND TRANSPORT TEAMS COMPLETED 2,290 MISSIONS IN FY2021, BOTH ON-SCENE AND INTER-FACILITY TRANSPORTS. THE BURN SERVICE ALSO PARTNERS WITH THE BURN PREVENTION NETWORK TO PROVIDE BURN PREVENTION EDUCATION TO MEMBERS OF OUR COMMUNITY.

Form 990, Part III, Line 4c:

WOMEN'S SERVICES - LVH OFFERS WIDE-RANGING WOMEN'S HEALTH PROGRAMS AND SERVICES DESIGNED TO PROVIDE COMPLETE, EVIDENCE-BASED CARE FOR WOMEN IN THE LEHIGH VALLEY. DELIVERIES AT LVH TOTALED 3,297 DURING THE FISCAL YEAR ENDING JUNE 30, 2021. ON JUNE 20, 2017, THE FAMILY BIRTH AND NEWBORN CENTER OPENED AT THE LVH-M (MUHLENBERG) CAMPUS. DELIVERIES AT LVH-M TOTALED 1,527 DURING THE FISCAL YEAR ENDING JUNE 30, 2021. AT LVH, TEAM-BASED OBSTETRICAL CARE IS PROVIDED BY COVERAGE WITH CERTIFIED NURSE MIDWIVES, OBSTETRIC HOSPITALISTS, AND GENERAL OBSTETRICIANS WITH MATERNAL-FETAL MEDICINE SPECIALISTS AVAILABLE FOR HIGH RISK CONSULTATION. PAIRED WITH OUR LEVEL 4 NICU AND OTHER SPECIALTY SERVICES INCLUDING CRITICAL CARE, THIS CAMPUS SERVES AS A TERTIARY CARE REGIONAL REFERRAL HOSPITAL FOR HIGH RISK MATERNITY AND NEWBORN CARE BOTH WITHIN AND OUTSIDE OUR NETWORK. BIRTHS THAT OCCUR AT LVH AND LVH-M ARE PRIMARILY TO PATIENTS WHO RECEIVED PRENATAL CARE AT OUR MANY ENTERPRISE LEHIGH VALLEY PHYSICIAN GROUP (LVPG) OBSTETRICS AND GYNECOLOGY PRACTICES ACROSS 5 COUNTIES. A LESSER NUMBER ARE PATIENTS WHO RECEIVE PRENATAL CARE AT THE CENTER FOR WOMEN'S MEDICINE (CWM), LOCATED IN ALLENTOWN. TO SUPPLEMENT THE PRENATAL CARE, ULTRASOUND SERVICES IN THE OFFICE ARE ACCREDITED BY THE AMERICAN INSTITUTE OF ULTRASOUND IN MEDICINE (AIUM). IN 2018 WITH FUNDS PROVIDED BY LEHIGH COUNTY, AND NOW OTHER GRANT FUNDS, LVH OBSTETRICIANS STARTED THE CONNECTIONS PROGRAM FOR THE CARE OF PREGNANT WOMEN WITH SUBSTANCE USE DISORDER. THIS MULTIDISCIPLINARY CLINIC BRINGS TOGETHER PROFESSIONAL EXPERTISE FROM OBSTETRICS, PSYCHIATRY, PEDIATRICS, NEONATOLOGY AND PARTNERS WITH ESTABLISHED COMMUNITY RESOURCES TO OFFER PATIENTS COUNSELING, SUPPORT SERVICES AND TREATMENT DURING PREGNANCY. LVPG OB/GYN OFFICE PRACTICES ALSO OFFER ON-SITE BEHAVIORAL HEALTH SERVICES PROVIDED BY TWO LICENSED PROFESSIONAL COUNSELORS IN CONJUNCTION WITH THE DEPARTMENT OF PSYCHIATRY.MATERNAL FETAL MEDICINE (MFM) PHYSICIANS WITH HIGHLY SPECIALIZED FELLOWSHIP TRAINING TO CARE FOR THE MOST COMPLEX OBSTETRIC CASES AS WELL AS ALL OF THE HIGHEST RISK OBSTETRIC PATIENTS ARE AVAILABLE FOR CONSULTATION 24/7 FOR PATIENTS HOSPITALIZED AT BOTH LVH AND LVH-M. IN ADDITION, MATERNAL FETAL MEDICINE DOCTORS HAVE OFFICE LOCATIONS IN LEHIGH, NORTHAMPTON, LUZERNE AND LACKAWANNA COUNTIES MFM PHYSICIANS' SERVICES INCLUDE HIGHEST LEVEL ULTRASONOGRAPHY (AND TELEHEALTH SERVICES), FETAL ECHOCARDIOGRAPHY, GENETIC COUNSELING, AMNIOCENTESIS, CHORIONIC VILLUS SAMPLING, COMPLEX DELIVERY SERVICES AND UNIQUE WELL-ESTABLISHED MULTI-DISCIPLINARY PROGRAMS FOR PATIENTS WITH DIABETES, HEART DISEASE, KIDNEY DISEASE, NEUROLOGICAL DISEASE, AND DISORDERS OF THE PLACENTA.AMBULATORY WOMEN'S HEALTH IS PROVIDED IN THE SAME LVPG AND CWM PRACTICES NOTED ABOVE. WELL WOMAN CARE IS OFFERED THROUGH A COMPREHENSIVE PATHWAY INCLUDING ALL OF THE ELEMENTS RECOMMENDED BY THE NATIONAL WOMEN'S PREVENTIVE SERVICES INITIATIVE. IT INCORPORATES ELEMENTS OF SCREENING AND PREVENTION BEYOND TRADITIONAL GYNECOLOGIC SCREENING SUCH AS CHRONIC PELVIC PAIN, SEXUAL HEALTH, PEDIATRIC AND ADOLESCENT CARE, WITH MANY OTHERS IN DEVELOPMENT. COMPREHENSIVE AND STATE OF THE ART SURGICAL SERVICES INCLUDE MIS (MINIMALLY INVASIVE SURGERY) INTERVENTIONS WITH ROBOTICALLY-ASSISTED, LAPAROSCOPIC, AND VAGINAL SURGERY APPROACHES. BEYOND BENIGN GYNECOLOGIC SERVICES, PREOPERATIVE CONSULTATION AND EVALUATION OF PRE-INVASIVE AND INVASIVE GYNECOLOGIC MALIGNANCIES (CANCER CARE), PELVIC FLOOR DISORDERS (UROGYNECOLOGY), AND REPRODUCTIVE AND INFERTILITY ARE ALSO OFFERED.AMBULATORY SERVICES - LVH'S AMBULATORY SERVICES INCLUDE HEALTH CENTERS, EXPRESS CARE, WOUND CARE, HYPERBARIC OXYGEN, LEHIGH VALLEY PHARMACY SERVICES, SLEEP DISORDER CENTERS, ENDOCRINE TESTING, LABORATORY SERVICES, PULMONARY FUNCTION TESTING, IMAGING, CARDIAC AND PULMONARY REHABILITATION AS WELL AS ADULT AND PEDIATRIC OUTPATIENT REHABILITATION. LVHN CONTINUES TO EXPAND ITS PORTFOLIO OF "HEALTH CENTERS AND AS OF JUNE 2021, THERE ARE 18 SITUATED THROUGHOUT THE LEHIGH VALLEY. CORE SERVICES IN MOST OF THE HEALTH CENTERS INCLUDE PRIMARY CARE, BASIC IMAGING, REHABILITATION SERVICES AND/OR LAB SERVICES AND TWO OF THE HEALTH & WELLNESS CENTERS LOCATED IN ALLENTOWN AND BETHLEHEM INCLUDE FITNESS CENTERS. MANY OF THEM ALSO PROVIDE SPECIALTY CARE AND BREAST HEALTH SERVICES.SLEEP DISORDER CENTERS ARE LOCATED IN ALLENTOWN AND BETHLEHEM WITH ADDITIONAL HOME SLEEP TESTING UNIT PICK UP SITES AT THE FOLLOWING LOCATIONS: ALLENTOWN (CEDAR CREST AND 17TH STREET), FOGELSVILLE, HAMBURG, MOSELEM SPRINGS, BETHLEHEM TOWNSHIP, AND PALMER TOWNSHIP. PATIENTS IN NEED OF HOME SLEEP TESTING WHO HAVE ACCESS TO A SMART DEVICE MAY ELECT A MAIL DELIVERY OPTION IN WHICH THE SLEEP TESTING EQUIPMENT WOULD BE MAILED TO HIS/HER HOME WITH A LINK TO AN INSTRUCTIONAL VIDEO. AFTER TESTING, THE EQUIPMENT IS RETURNED (HAND-DELIVERED) TO THE SLEEP DISORDERS CENTER AT THE LVH-17TH ST. LOCATION.REHABILITATION SERVICES - THE DIVISION OF REHABILITATION PROVIDES COMPREHENSIVE PROGRAMS THROUGH THE CONTINUUM DESIGNED TO MEET THE NEEDS OF PATIENTS OF ALL AGES WHO ARE RECOVERING FROM ILLNESS OR INJURY, THE DIVISION PROVIDES INTENSIVE REHABILITATIVE MEDICINE AND NURSING CARE COMBINED WITH PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES AT ITS STATE OF THE ART INPATIENT REHABILITATION CENTERS WITH 34 BEDS AT LVH-CEDAR CREST AND 28 BEDS AT LVH-MUHLENBERG. FOR PATIENTS UNABLE TO TOLERATE AGGRESSIVE THERAPY SERVICES, LVH PROVIDES SHORT-TERM MEDICAL, NURSING AND REHABILITATIVE CARE AT ITS 52 BED TRANSITION SKILLED UNIT LOCATED ON THE 17TH STREET CAMPUS. THE DIVISION ALSO OFFERS CONVENIENT AND ACCESSIBLE OUTPATIENT THERAPY SERVICES SERVING THE COMMUNITY WITH OVER 51 LOCATIONS. AT LVH AND LVH-MUHLENBERG, THE REHABILITATION DIVISION OFFERS ADVANCED CARE IN OVER 30 CLINICAL SPECIALTY AREAS INCLUDING NEUROLOGIC REHAB, ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S HEALTH, ONCOLOGY REHAB, AUDIOLOGY AND PEDIATRIC THERAPY SERVICES. IN FY2021, THE INPATIENT REHABILITATION CENTERS REALIZED A 13.5% GROWTH IN ADMISSIONS AT LVH AND LVH-M WITH 1,304 PATIENTS RECEIVING CARE. LIKEWISE, OUTPATIENT REHABILITATION PROVIDED 232,296 PATIENT VISITS AT LVH AND LVH-M LOCATIONS WHICH WAS A 7.3% INCREASE OVER FY2021 VOLUME. AT A NETWORK LEVEL, LVHN'S REHABILITATION SERVICES DIVISION CURRENTLY STANDS AS THE LARGEST PROVIDER OF REHABILITATIVE CARE IN THE REGION.

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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.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a 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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
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 line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
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? *If "Yes" or "No" 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 *(explain in* ***Part VI****)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	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)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132013012

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of the organization	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) 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?	Yes		0
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		159,941
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			159,941
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	PART II-B, LINE 1D: MAILINGS WERE ELECTRONIC, NO POSTAGE OR OTHER COSTS. PART II-B, LINE 1E: REFERS TO NO-COST PUBLISHED LETTERS TO THE EDITOR AND LOBBYING MESSAGES POSTED ON SOCIAL MEDIA AT NO COST. PART II-B, LINE 1G: REPRESENTS COSTS TO PREPARE FOR, AND TRAVEL TO IN-PERSON VISITS WITH LAWMAKERS, OR CONTACT VIA PHONE OR EMAIL ON A VARIETY OF HEALTHCARE, HOSPITAL, AND BUDGETARY ISSUES. ALSO INCLUDES ENCOURAGING OTHERS OUTSIDE THE ORGANIZATION TO CONTACT LAWMAKERS IN THE FORM OF GRASSROOTS LOBBYING, AS WELL AS THE LOBBYING PORTION OF DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION, THE HOSPITAL & HEALTHCARE ASSOCIATION OF PENNSYLVANIA, AND THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	172,453,138	164,819,500	160,796,676	154,145,565	139,988,904
b Contributions	9,782,866	10,366,994	598,124	-286,153	2,556,444
c Net investment earnings, gains, and losses	43,413,305	2,832,340	8,930,195	10,443,683	15,657,618
d Grants or scholarships	602,067	810,934	844,070	777,782	681,627
e Other expenditures for facilities and programs	4,314,182	4,754,762	4,661,425	2,728,637	3,375,774
f Administrative expenses					
g End of year balance	220,733,060	172,453,138	164,819,500	160,796,676	154,145,565

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 32.810 %

c Term endowment ▶ 67.190 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		146,926,418		146,926,418
b Buildings		1,135,136,354	729,030,773	406,105,581
c Leasehold improvements		108,977,122	67,568,843	41,408,279
d Equipment		640,870,957	398,417,015	242,453,942
e Other		457,560,857	144,364,396	313,196,461
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,150,090,681

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)INVESTMENT-LEHIGH VALLEY PHYSICIAN HOSPITAL ORG. (50.00%)	20,926,829	C
(2)INVESTMENT-HEALTH NETWORK LABORATORIES (95.96%)	192,100,460	C
(3)INVESTMENT-FAIRGROUNDS MEDICAL CENTER (7.48%)	360,280	C
(4)INVESTMENT-GRAND VIEW-LEHIGH VALLEY HEALTH SERVICES	447,227	C
(5)INVESTMENT-LEHIGH VALLEY IMAGING	31,047,528	C
(6)INVESTMENT-WELLER HEALTH EDUCATION CENTER	1	C
(7)INVESTMENT-LEHIGH VALLEY HEALTH NETWORK RISK RETENTION GROUP	5,000	C
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	244,887,325	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	358,674,934

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

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

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

1. (a) Description of Liability	(b) Book Value
ASSET RETIREMENT OBLIGATION	3,477,781
CAPITAL LEASES	124,912,827
COST SETTLEMENT RESERVES WITH THIRD PARTIES	9,062,467
CURRENT PORTION DEBT - LEASE ACCOUNTING	12,715,107
DEFERRED COMPENSATION PLAN	19,083,300
LONG-TERM DEBT - LEASE ACCOUNTING	65,261,666
OTHER	14,532
PENSION LIABILITY	52,358,344
PROFESSIONAL INSURANCE LIABILITY RESERVES	55,144,889
WORKERS COMPENSATION	3,276,513

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

1.	**(a)** Description of Liability	**(b)** Book Value
	LONG-TERM PAYROLL TAXES	13,367,508

Supplemental Information

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

Supplemental Information

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

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

1. **(a)** Description of Liability	**(b)** Book Value
ASSET RETIREMENT OBLIGATION	3,477,781
CAPITAL LEASES	124,912,827
COST SETTLEMENT RESERVES WITH THIRD PARTIES	9,062,467
CURRENT PORTION DEBT - LEASE ACCOUNTING	12,715,107
DEFERRED COMPENSATION PLAN	19,083,300
LONG-TERM DEBT - LEASE ACCOUNTING	65,261,666
OTHER	14,532
PENSION LIABILITY	52,358,344
PROFESSIONAL INSURANCE LIABILITY RESERVES	55,144,889
WORKERS COMPENSATION	3,276,513
LONG-TERM PAYROLL TAXES	13,367,508

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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" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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

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

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

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

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

		(a) Event #1 GOLF & TENNIS (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	331,012			331,012
	2 Less: Contributions	16,052			16,052
	3 Gross income (line 1 minus line 2)	314,960			314,960
Direct Expenses	4 Cash prizes	4,725			4,725
	5 Noncash prizes				
	6 Rent/facility costs	5,000			5,000
	7 Food and beverages	42,539			42,539
	8 Entertainment				
	9 Other direct expenses	71,345			71,345
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				123,609
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				191,351

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

		(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 Noncash 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 activity 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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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)			8,221,466		8,221,466	0.380 %
b Medicaid (from Worksheet 3, column a)			324,807,351	183,369,006	141,438,345	6.500 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			333,028,817	183,369,006	149,659,811	6.880 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			17,473,318		17,473,318	0.800 %
f Health professions education (from Worksheet 5)			39,415,874	11,115,340	28,300,534	1.300 %
g Subsidized health services (from Worksheet 6)			16,369,720	3,705,818	12,663,902	0.580 %
h Research (from Worksheet 7)			5,591,817	2,969,558	2,622,259	0.120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			340,961		340,961	0.020 %
j **Total.** Other Benefits			79,191,690	17,790,716	61,400,974	2.820 %
k **Total.** Add lines 7d and 7j			412,220,507	201,159,722	211,060,785	9.700 %

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			411,239		411,239	0.020 %
8 Workforce development						
9 Other						
10 Total			411,239		411,239	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 Healthcare 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	16,207,747		
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	4,358,579		
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	446,687,224		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	428,587,603		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	18,099,621		
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	20.000 %	0 %	0 %
2	2 HEALTH NETWORK LABORATORIES LLC	LABORATORY SERVICES	97.930 %	0 %	0 %
3	3 HEALTH NETWORK LABORATORIES LP	LABORATORY SERVICES	95.920 %	0 %	0 %
4	4 LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC	HEALTH CARE SERVICES	50.000 %	0 %	0 %
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**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/COMMUNITY-HEALTH/			
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 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): WWW.LVHN.ORG/COMMUNITY-HEALTH/			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	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	Was widely publicized 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/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url): WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.LVHN.ORG/FINANCIAL-SERVICES/GET-FINANCIAL-ASSISTANCE			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	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)			

Part V Facility Information *(continued)*

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

LEHIGH VALLEY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	THE CLINICS SUBSIDY OF $11,284,533 THAT IS INCLUDED IN SUBSIDIZED HEALTH SERVICES IS THE DIFFERENCE BETWEEN CLINIC PAYMENTS AND CLINIC COSTS. THE CLINICS SUBSIDY INCLUDES THE OPERATIONS OF THE MEDICAL AND SURGICAL CLINICS, CHILDREN'S CLINIC, THE DENTAL CLINIC, THE CENTER FOR WOMEN'S MEDICINE, THE FAMILY HEALTH CENTER, GERIATRICS, THE MENTAL HEALTH CLINIC, AND THE VALLEY HEALTH PARTNERS FEDERALLY-QUALIFIED HEALTH CENTER. THE CLINICS SUBSIDY IS NOT INCLUDED IN THE MEDICAL ASSISTANCE SHORTFALL OR UNCOMPENSATED CHARITY CARE VALUE REPORTED ABOVE.
PART I, LN 7 COL(F):	THE AMOUNT OF BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 25 IS $81,846,160.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	LEHIGH VALLEY HOSPITAL'S SCHOOL HEALTH PROGRAM PROVIDES FREE ON-SITE CLINICAL SERVICES, IMMUNIZATIONS, AND HEALTH EXAMS FOR STUDENTS AT LOCAL ELEMENTARY, MIDDLE AND HIGH SCHOOLS. THE NET COST OF DIRECT SERVICES PROVIDED TO THESE STUDENTS IN FY2021 WAS $381,239. IN ADDITION, LEHIGH VALLEY HOSPITAL CONTRIBUTED $30,000 FOR THE DEVELOPMENT OF LOWER NAZARETH PARK IN LOWER NAZARETH TOWNSHIP.
PART III, LINE 2:	PATIENT ACCOUNTS WRITTEN OFF AS BAD DEBT ARE IDENTIFIED. THE COST TO PROVIDE CARE TO THESE PATIENTS IS CALCULATED BY MULTIPLYING THE TOTAL CHARGES WRITTEN OFF AS BAD DEBT BY THE COST TO CHARGE RATIO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	THIS AMOUNT IS THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE PROCESS TO DETERMINE IF THEY ARE ELIGIBLE FOR FINANCIAL ASSISTANCE. THE COST IS DETERMINED USING COST TO CHARGE RATIOS. THE RATIONALE FOR INCLUDING THE COST TO PROVIDE CARE TO UNINSURED PATIENTS THAT DO NOT PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS IS THE HOSPITAL'S EXPERIENCE WITH UNINSURED PATIENTS THAT DO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROGRAM. WHEN THE HOSPITAL EVALUATES UNINSURED PATIENTS FOR FINANCIAL ASSISTANCE, THE MOST COMMON FINDING IS THAT UNINSURED PATIENTS HAVE INCOME LESS THAN 400% OF THE FEDERAL POVERTY GUIDELINE AND QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL BELIEVES THAT UNINSURED PEOPLE WHO CHOOSE NOT TO PARTICIPATE IN THE FINANCIAL ASSISTANCE PROCESS AND HAVE THEIR ACCOUNTS WRITTEN OFF AS BAD DEBT, HAVE INCOME THAT WOULD QUALIFY FOR THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM.
PART III, LINE 4:	THE ORGANIZATION ESTIMATES AN IMPLICIT PRICE CONCESSION RELATED TO UNINSURED ACCOUNTS, NET OF THE AGB (AMOUNTS GENERALLY BILLED) 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 UNCOLLECTIBLE DEBTS BASED ON HISTORICAL COLLECTION EXPERIENCE. FOR THE YEARS ENDED JUNE 30, 2021, AND 2020, RESPECTIVELY, LVH RECORDED A PROVISION FOR IMPLICIT PRICE CONCESSIONS OF $75,347,000 AND $83,395,000 AS A DIRECT REDUCTION TO PATIENT SERVICES REVENUES.IN INSTANCES WHERE THE ORGANIZATION BELIEVES A PATIENT HAS THE ABILITY TO PAY FOR SERVICES AND, AFTER APPROPRIATE COLLECTION EFFORTS, PAYMENT IS NOT MADE, THE UNPAID PORTION OF THE ACCOUNT BALANCE IS WRITTEN-OFF TO THE PROVISION FOR BAD DEBTS. AMOUNTS RECORDED AS PROVISION FOR BAD DEBTS DO NOT INCLUDE CHARITY CARE.

990 Schedule H, Supplemental Information

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.
PART VI, LINE 2:	AS PART OF THE AFFORDABLE CARE ACT, STARTING IN 2013, ALL NON-PROFIT HOSPITALS AND HEALTH CARE SYSTEMS ARE REQUIRED TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS. THE CHNA REPORT EXAMINES THE FACTORS THAT IMPACT THE HEALTH AND WELLNESS OF ALL THE PEOPLE IN A PARTICULAR GEOGRAPHIC AREA. BEYOND ITS REGULATORY FUNCTION, THE CHNA IS AN IMPORTANT OVERVIEW OF THE CURRENT STATE OF HEALTH IN OUR REGION AND IDENTIFIES POTENTIAL AREAS OF CONCERN WHICH INFORMS LEHIGH VALLEY HEALTH NETWORK'S (LVHN) POPULATION HEALTH MANAGEMENT EFFORTS.FOR THE PURPOSES OF THE CHNA, LEHIGH VALLEY HEALTH NETWORK (LVHN) DEFINES "COMMUNITY" AS ALL RESIDENTS LIVING WITHIN THE PRIMARY COUNTIES EACH LICENSED FACILITY SERVES, NAMELY LEHIGH, NORTHAMPTON, SCHUYLKILL, LUZERNE, AND MONROE COUNTIES IN PENNSYLVANIA. THE CHNA HEALTH PROFILE INCLUDES SECONDARY DATA PULLED TOGETHER FROM PUBLICALLY AVAILABLE, STATE AND LOCAL SOURCES SUCH AS THE CENTER FOR DISEASE CONTROL AND THE CENSUS BUREAU. THIS DATA WAS USED TO IDENTIFY THE TOP HEALTH AND SOCIAL NEEDS IN EACH IDENTIFIED COMMUNITY. LVHN THEN PARTNERED WITH COMMUNITY AND EDUCATIONAL INSTITUTIONS TO OBTAIN INPUT (PRIMARY DATA) FROM COMMUNITY MEMBERS IN EACH COUNTY IN ORDER TO VALIDATE THE FINDINGS OF THE SECONDARY DATA COLLECTION. THESE COMMUNITY PARTNERS CONDUCTED FOCUS GROUPS AND KEY INFORMANT INTERVIEWS TO REVIEW THE FINDINGS OF THE SECONDARY DATA COLLECTION AND ALLOW THE COMMUNITY TO IDENTIFY ANY OTHER NEEDS NOT MENTIONED. THE SECONDARY AND PRIMARY DATA WERE THEN COMBINED INTO ONE HEALTH PROFILE FOR EACH COUNTY, WHICH PROVIDES AN OVERVIEW OF THE CURRENT STATE OF HEALTH IN EACH OF THE COUNTIES LVHN SERVES. THESE REPORTS WERE REVIEWED BY LVHN EXECUTIVE LEADERSHIP AT EACH CAMPUS, AND INITIAL HEALTH NEEDS WERE PRIORITIZED BASED ON THE COMMUNITIES INPUT AND LVHN'S ABILITY TO MAKE A DIFFERENCE ON THAT HEALTH NEED. NEXT STEPS INCLUDE DEVELOPING STRATEGIES TO ADDRESS PRIORITIZED HEALTH NEEDS WHICH WILL BE PRESENTED IN LVHN'S CHNA IMPLEMENTATION PLAN.LVHN'S CHNA INCLUDES A HEALTH PROFILE, A REPORT THAT LOOKS AT ALL OF THE FACTORS THAT GO INTO MAKING PEOPLE IN A PARTICULAR AREA HEALTHY. THIS INCLUDES SOCIAL AND ENVIRONMENTAL FACTORS LIKE EMPLOYMENT, EDUCATION AND AIR QUALITY, INDIVIDUAL BEHAVIORS LIKE SMOKING OR HEALTHY EATING, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THEIR AREA. THIS INTRODUCTION PROVIDES AN OVERVIEW OF THE 2019 CHNA HEALTH PROFILE AND LVHN'S CHNA PROCESS. THE 2019 HEALTH PROFILE COMBINES DATA AND INFORMATION FROM LOCAL, STATE AND NATIONAL SOURCES ABOUT DISEASE, THE ENVIRONMENT, SOCIAL FACTORS AND INDIVIDUAL BEHAVIORS, WITH IDEAS, STORIES, AND EXPERIENCES FROM COMMUNITY MEMBERS AND LEADERS FROM THROUGHOUT THE COUNTIES SERVED BY LVHN. THE SECOND COMPONENT OF THE LVHN'S CHNA INCLUDES AN IMPLEMENTATION PLAN, WHICH OUTLINES OUR PLAN TO ADDRESS THE NEEDS IDENTIFIED IN THE HEALTH PROFILE OVER THE COURSE OF THE NEXT THREE YEARS. THE 2019 IMPLEMENTATION PLAN WILL BE SHARED AS A SEPARATE REPORT SOON AFTER THE HEALTH PROFILES ARE RELEASED.THE 2019 LVHN CHNA HEALTH PROFILE IS BROKEN OUT INTO THREE PRIMARY SECTIONS: DEMOGRAPHICS, HEALTH FACTORS, AND HEALTH OUTCOMES. THE DEMOGRAPHICS SECTION INCLUDES INFORMATION THAT PROVIDES A DESCRIPTION OF THE INDIVIDUALS LIVING IN THE COMMUNITY. THE HEALTH FACTORS SECTION INCLUDES INFORMATION ABOUT SOCIAL FACTORS, ENVIRONMENTAL FACTORS, HEALTH BEHAVIORS, AND THE QUALITY AND AVAILABILITY OF HEALTH CARE IN THE AREA. THE FINAL SECTION, HEALTH OUTCOMES, LOOKS AT THE OCCURRENCE OF CHRONIC CONDITIONS, SUCH AS ASTHMA AND HEART DISEASE, AS WELL AS RATES OF CANCER AND THE LEADING CAUSES OF DEATH. TO INCREASE THE READABILITY OF THE REPORT, THE COMMUNITY WILL FIND THREE TYPES OF CALL-OUT BOXES THROUGHOUT THE CHNA HEALTH PROFILES. THE FIRST TYPE SUMMARIZES SOME OF THE DATA PRESENTED ON THAT PAGE IN ORDER TO PROVIDE EASY-TO-READ, SUMMARY STATEMENTS OF IMPORTANT DATA ABOUT THE COMMUNITY. THESE SUMMARY STATEMENTS ARE ALSO COMPILED INTO ONE LIST AT THE END OF THE HEALTH PROFILE. THE SECOND TYPE PROVIDES INFORMATION FROM THE INTERVIEWS AND FOCUS GROUPS. THE THIRD TYPE OF CALL-OUT BOX HIGHLIGHTS DATA SPECIFIC TO LVHN PATIENTS, WHERE IT WAS RELEVANT. THESE REPORTS HAVE BEEN REVIEWED AND APPROVED BY LVHN'S BOARD OF TRUSTEES AS WELL AS THE COMMUNITY RELATIONS COMMITTEE OF THE BOARD.VISIT WWW.LVHN.ORG/ABOUT_US TO VIEW THE SIGNIFICANT NEEDS IDENTIFIED IN OUR MOST RECENTLY CONDUCTED CHNA AND HOW WE ARE ADDRESSING THOSE NEEDS.

990 Schedule H, Supplemental Information

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.
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 LVH PRIMARY SERVICE AREA CONSISTS OF LEHIGH, NORTHAMPTON, AND CARBON COUNTIES. BASED ON THE U.S. CENSUS BUREAU'S INFORMATION, FOR THE 2010 DECENNIAL CENSUS, THE PRIMARY SERVICE AREA POPULATION WAS ESTIMATED TO BE 712,481. ACCORDING TO THE 2020 DECENNIAL CENSUS, THE 2020 ESTIMATED POPULATION FOR THE THREE-COUNTY AREA IS 752,257. DURING THE CALENDAR YEAR 2020, 78.1% OF THE DISCHARGES FROM LVH-ALLENTOWN/MUHLENBERG WERE RESIDENTS OF THE PRIMARY SERVICE AREA. THE SECONDARY SERVICE AREA CONSISTS OF PORTIONS OF BERKS, LUZERNE, MONROE, SCHUYLKILL, BUCKS AND MONTGOMERY COUNTIES. THE 2010 DECENNIAL CENSUS POPULATION FOR THIS AREA WAS 737,590. THE 2020 DECENNIAL CENSUS POPULATION OF THE SECONDARY SERVICE AREA IS ESTIMATED AT 760,266. DURING THE CALENDAR YEAR 2020, 20.7% OF THE DISCHARGES FROM LVH-ALLENTOWN/MUHLENBERG WERE RESIDENTS OF THE SECONDARY SERVICE AREA. DURING THE CALENDAR YEAR 2020, 1.3% OF THE DISCHARGES FROM LVH-ALLENTOWN/MUHLENBERG WERE RESIDENTS OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS. BASED ON PROPRIETARY DATA ESTIMATES (SCANUS), THE CURRENT POPULATION ESTIMATE OF THE COMBINED PRIMARY AND SECONDARY LVH SERVICE AREAS IS EXPECTED TO GROW BY APPROXIMATELY 1.48% IN 2026.

990 Schedule H, Supplemental Information

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, 2025.
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 IN FY2021 TOTALED $198,410,800. THIS INCLUDES COSTS OF MEDICARE MANAGED CARE, LVPG PRACTICE SUBSIDIES, NON-REIMBURSEABLE INTEREST EXPENSE, LVAS SUBSIDY, UNIVERSITY OF SOUTH FLORIDA SCHOOL COSTS, AND DISALLOWABLE RELATED ORGANIZATION COSTS.

Additional Data

Software ID:

Software Version:

EIN: 23-1689692

Name: LEHIGH VALLEY HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (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		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**
1	LEHIGH VALLEY HOSPITAL 1200 S CEDAR CREST BLVD ALLENTOWN, PA 18103 WWW.LVHN.ORG 530201	X	X	X	X		X	X	X	ER - OTHER - PEDIATRIC ER	

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 5: FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), LVHN DEFINES THE COMMUNITY IT SERVES AS ALL INDIVIDUALS LIVING WITHIN THE COUNTIES THAT CONTAIN OUR HOSPITAL CAMPUSES. LVHN IS REQUIRED TO PRODUCE A CHNA HEALTH PROFILE FOR EACH OF OUR LICENSED FACILITIES IN ORDER TO ADDRESS THE LOCAL CONTEXT OF THE DIFFERENT COMMUNI TIES WE SERVE. THEREFORE, LVHN HAS PRODUCED FOUR CHNA HEALTH PROFILES FOR OUR FOUR DIFFERE NT LEHIGH VALLEY HOSPITAL CAMPUSES: LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND L EHIGH VALLEY HOSPITAL - POCONO. FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON COUNTIES (ALSO KNOWN AS TH E LEHIGH VALLEY). WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO RE FLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS. FOR LEHIGH VALLEY HOSPITAL - SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY MEMBERS IN SCHUYLKI LL COUNTY. FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE CHNA HEALTH PROFILE PROVIDES INFORMA TION ABOUT THE HEALTH NEEDS FOR LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE IT WAS AVAILABLE. FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUN ITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY.WITHIN THE ENTIRE GEOGRAPHIC POPULATION T HAT MAKES UP THE COMMUNITIES WE SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUAL S IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES AS A RESULT OF THE SOCIAL AND ENVIRONMENTAL FACTORS I NFLUENCING THEIR HEALTH.IT IS WELL DOCUMENTED THAT THE CLINICAL CARE PROVIDED TO COMMUNITY MEMBERS ONLY ACCOUNTS FOR A SMALL PORTION OF AN INDIVIDUAL'S OVERALL HEALTH. THERE ARE MA NY OTHER FACTORS THAT OCCUR OUTSIDE THE DOCTOR'S OFFICE AND HOSPITAL WALLS THAT INFLUENCE HEALTH BEYOND MEDICAL CARE. THEY INCLUDE:- SOCIAL AND ECONOMIC FACTORS, SUCH AS EDUCATION, EMPLOYMENT, AND SOCIAL SUPPORT- PHYSICAL ENVIRONMENT FACTORS, SUCH AS HOUSING, TRANSPORTA TION, AND AIR QUALITY- HEALTH BEHAVIORS, SUCH AS SMOKING, DRINKING, DIET, AND EXERCISETHER EFORE, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT HEALTH CARE AS WELL AS OTHER HEA LTH FACTORS FOLLOWED BY HEALTH OUTCOMES. THERE ARE TWO TYPES OF DATA INCLUDED IN THE CHNA HEALTH PROFILES. THE FIRST TYPE IS QUANTITATIVE DATA, OR NUMBERS AND STATISTICS ABOUT THE OVERALL POPULATION IN THE COMMUNITY. THESE STATISTICS COME FROM A VARIETY OF LOCAL, STATE AND NATIONAL SOURCES INCLUDING THE CENSUS, THE CENTER FOR DISEASE CONTROL, THE DEPARTMENT OF EDUCATION, AND THE CENTERS FOR MEDICAID AND MEDICARE SERVICES. A MAJORITY OF THESE DATA POINTS ARE COMPILED TOGETHER THROUGH A PLATFORM CALLED THE CARES ENGAGEMENT NETWORK HEALT H PLAN TOOL, WHICH LVHN USES AS THE STARTING POINT FOR ITS CHNA HEALTH PROFILES, ADDING OT HER KEY STATE AND LOCAL DATA S

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	OURCES TO THE DATA PROVIDED THROUGH THIS HEALTH REPORT.IN ADDITION, NON-PROFIT HOSPITAL SY STEMS ARE REQUIRED TO OBTAIN INPUT FROM INDIVIDUALS WHO REPRESENT THE BROAD INTERESTS OF T HE COMMUNITY, INCLUDING THOSE WITH PUBLIC HEALTH EXPERTISE AND THE VULNERABLE POPULATIONS. LVHN CHOSE TO OBTAIN THIS INPUT THROUGH FOCUS GROUPS AND INTERVIEWS WITH COMMUNITY MEMBER S AND LEADERS. THIS TYPE OF DATA IS REFERRED TO AS QUALITATIVE DATA. WE PARTNERED WITH AN EXTERNAL COMMUNITY COLLABORATOR FOR EACH CAMPUS WHO HAS EXPERIENCE IN QUALITATIVE DATA COL LECTION TO CONDUCT THESE FOCUS GROUPS AND INTERVIEWS ON LVHN'S BEHALF. THIS PROCESS PROVID ED COMMUNITY MEMBERS WITH AN INDEPENDENT AND OBJECTIVE OPPORTUNITY TO IDENTIFY AND SHARE T HEIR PERSONAL EXPERIENCES AND PERSPECTIVE ON THE MOST PRESSING HEALTH NEEDS FACING THEIR C OMMUNITY AS WELL AS WHERE THEY WOULD LIKE LVHN TO FOCUS ITS ATTENTION. IN LEHIGH AND NORTH AMPTON COUNTY, WHERE LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG ARE LOCATED, LVHN PARTNERED WITH TWO FACULTY MEMBERS FROM CEDAR CREST COLLEGE. SIX FOCUS GROU PS AND FOUR INTERVIEWS WERE CONDUCTED BETWEEN JUNE AND AUGUST 2018 WITH A TOTAL OF 58 PART ICIPANTS IN LEHIGH COUNTY, WHILE FOUR FOCUS GROUPS AND FIVE INTERVIEWS WERE CONDUCTED WITH 35 TOTAL PARTICIPANTS DURING THE SAME TIME PERIOD IN NORTHAMPTON COUNTY.BELOW IS A SUMMAR Y OF THE ORGANIZATIONS REPRESENTED IN LEHIGH AND NORTHAMPTON COUNTIES' FOCUS GROUPS AND IN TERVIEWS AS WELL AS A SUMMARY OF THE DEMOGRAPHICS OF THOSE WHO PARTICIPATED. RESIDENTS, IN CLUDING THOSE FROM LOW-INCOME POPULATIONS, WERE ALSO INCLUDED IN THE FOCUS GROUPS AND INTE RVIEW IN EACH COUNTY.ORGANIZATIONS REPRESENTED IN LEHIGH COUNTY:ALLENTOWN HEALTH BUREAUALL ENTOWN SCHOOL DISTRICTCOMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEYCOUNTRY MEADOWS RETIR EMENT COMMUNITIESEAST PENN SCHOOL BOARDLANTA BUS COMPANYRIPPLE COMMUNITY, INC.WHITEHALL CO MMUNITIES THAT CAREWILD CHERRY KNOLL HOUSING DEVELOPMENTDEMOGRAPHICS OF LEHIGH COUNTY:GEND ER: 64% FEMALE, 36% MALEAVERAGE AGE: 64.7; AGE RANGE: 16-96RACE: 88.7% WHITE, 5.7% BLACK, 3.8% MULTI-RACIALETHNICITY: 72% NON-HISPANIC, 28% HISPANIC (OF ANY RACE)EDUCATION: 83% HAD AT LEAST SOME COLLEGE OR HIGHER, 15% HAD A HIGH SCHOOL DIPLOMA OR G.E.D.EMPLOYMENT: 50% R ETIRED OR NOT EMPLOYED, 45% EMPLOYEDORGANIZATIONS REPRESENTED IN NORTHAMPTON COUNTY:BETHLE HEM AREA SCHOOL DISTRICTBETHLEHEM HEALTH BUREAUEASTON COMMUNITY CENTERLEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF PSYCHIATRYMORAVIAN VILLAGENAZARETH FOOD BANKNORTHAMPTON COUNTY DEPA RTMENT OF CORRECTIONSNORTHAMPTON COUNTY MENTAL HEALTHSLATE BELT CHAMBER OF COMMERCEDEMOGRA PHICS OF NORTHAMPTON COUNTY:GENDER: 73.3% FEMALE, 27.7% MALEAVERAGE AGE: 70.4; AGE RANGE: 33-88RACE: 93.3% WHITE, 3.3% BLACK, 3.3% OTHERETHNICITY: 76.7% NON-HISPANIC, 23.3% HISPANI C (OF ANY RACE)EDUCATION: 76.6% HAD AT LEAST SOME COLLEGE OR HIGHER, 23.3% HAD A HIGH SCHO OL DIPLOMA OR G.E.D.EMPLOYMENT: 67% RETIRED OR NOT EMPLOYED, 30% EMPLOYED

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

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 6A: LVHN HAS PRODUCED FOUR CHNA HEALTH PROFILES FOR OUR FOUR DIFFERENT LEHIGH VALLEY HOSPITAL CAMPUSES: LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, LEHIGH VALLEY HOSPITAL - SCHUYLKILL, LEHIGH VALLEY HOSPITAL - HAZLETON, AND LEHIGH VALLEY HOSPITAL - POCONO. FOR LEHIGH VALLEY HOSPITAL - CEDAR CREST, 17TH STREET, AND MUHLENBERG, THE COMMUNITY IS DEFINED AS LEHIGH AND NORTHAMPTON COUNTIES (ALSO KNOWN AS THE LEHIGH VALLEY). WE ADDITIONALLY ASSESSED HEALTH NEEDS WITHIN THE CITY OF ALLENTOWN TO REFLECT THE URBAN COMMUNITY SURROUNDING OUR 17TH STREET CAMPUS. FOR LEHIGH VALLEY HOSPITAL - SCHUYLKILL, THE HEALTH PROFILE PRESENTS THE HEALTH NEEDS OF COMMUNITY MEMBERS IN SCHUYLKILL COUNTY. FOR LEHIGH VALLEY HOSPITAL - HAZLETON, THE CHNA HEALTH PROFILE PROVIDES INFORMATION ABOUT THE HEALTH NEEDS FOR LUZERNE COUNTY WITH SPECIFIC INFORMATION ABOUT THE CITY OF HAZLETON WHERE IT WAS AVAILABLE. FINALLY, FOR LEHIGH VALLEY HOSPITAL - POCONO, THE COMMUNITY IS DEFINED AS RESIDENTS WITHIN MONROE COUNTY.WITHIN THE ENTIRE GEOGRAPHIC POPULATION THAT MAKES UP THE COMMUNITIES WE SERVE, WE PLACE A GREATER EMPHASIS ON INCLUDING INDIVIDUALS IN THE COMMUNITY WHO ARE EXPERIENCING HEALTH DISPARITIES TO A GREATER EXTENT OR WHO ARE AT-RISK FOR NEGATIVE HEALTH OUTCOMES AS A RESULT OF THE SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING THEIR HEALTH.

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

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 6B: REPRESENTATIVES OF THE COMMUNITY IN LEHIGH COUNTY INCLUDED:ALLENTOWN HEALTH BUREAUALLENTOWN SCHOOL DISTRICTCOMMUNITY ACTION COMMITTEE OF THE LEHIGH VALLEYCOUNTRY MEADOWS RETIREMENT COMMUNITIESEAST PENN SCHOOL BOARDLANTA BUS COMPANYRIPPLE COMMUNITY, INC.WHITEHALL COMMUNITIES THAT CAREWILD CHERRY KNOLL HOUSING DEVELOPMENTREPRESENTATIVES OF THE COMMUNITY IN NORTHAMPTON COUNTY INCLUDED:BETHLEHEM AREA SCHOOL DISTRICTBETHLEHEM HEALTH BUREAUEASTON COMMUNITY CENTERLEHIGH VALLEY HEALTH NETWORK DEPARTMENT OF PSYCHIATRYMORAVIAN VILLAGENAZARETH FOOD BANKNORTHAMPTON COUNTY DEPARTMENT OF CORRECTIONSNORTHAMPTON COUNTY MENTAL HEALTHSLATE BELT CHAMBER OF COMMERCE

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

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 7D: OUR COMMUNITY HEALTH NEEDS ASSESSMENT IS ALSO AVAILABLE UPON REQUEST.

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

Form and Line Reference	Explanation
LEHIGH VALLEY HOSPITAL	PART V, SECTION B, LINE 11: PRIORITY AREA: ACCESS TO CARE FOR VULNERABLE POPULATIONSLVHN'S 2019 CHNA HIGHLIGHTED VULNERABLE POPULATIONS THAT CONTINUE TO EXPERIENCE BARRIERS TO ACCE SS TO CARE INCLUDING: -OUR VETERAN POPULATION, WHO MAKE UP APPROXIMATELY 8% OF THE POPULAT IONS LVHN SERVES-MEMBERS OF OUR COMMUNITY WITHOUT HEALTH INSURANCE, WHO REPRESENT A SIGNIF ICANT PORTION OF OUR ADULT POPULATION IN OUR FIVE-COUNTY SERVICE AREA, RANGING BETWEEN 7% AND 9% OF THE TOTAL POPULATION. THROUGH THE FOCUS GROUPS DISCUSSIONS, COMMUNITY MEMBERS IN ALL COUNTIES EXPRESSED STRESS AROUND THE INCREASING COST OF HEALTHCARE, CRITICAL MEDICATI ONS AND THE STRUGGLE OF BALANCING COST WITH COMPETING BASIC NEEDS. THEY ACKNOWLEDGED THAT THE LACK OF HEALTH INSURANCE OR ABILITY TO PAY FOR MEDICATIONS OFTEN RESULTED IN LIMITING THE USE OF THE HEALTHCARE SYSTEM OR ADDRESSING CHRONIC CONDITIONS. TRANSPORTATION WAS ALSO ACKNOWLEDGED AS ANOTHER BARRIER TO CARE. THESE INPUTS FROM THE COMMUNITY ALIGN WITH LVHN' S MISSION OF ADDRESSING THE HEALTH NEEDS FOR ALL MEMBERS OF OUR COMMUNITY AND, THEREFORE, WAS PRIORITIZED WITHIN THE IMPLEMENTATION PLAN AS DISCUSSED BELOW.REDUCING BARRIERS TO CAR E FOR VULNERABLE POPULATIONSTHE VETERANS HEALTH PROGRAM (VHP) WAS ESTABLISHED TO ADDRESS C OMPLEX CARE COORDINATION NEEDS WITH VETERANS AND THEIR FAMILIES, WHO OFTEN STRUGGLE TO NAV IGATE THREE DISTINCT HEALTHCARE SYSTEMS: THE VETERANS HEALTH ADMINISTRATION, DEFENSE HEALT H SYSTEM, AND COMMERCIAL HEALTHCARE CARE. THE VHP OFFERS A ONE STOP, WRAP-AROUND EXPERIENC E. IN FY20, VHP, PRIMARILY SERVING THE LVH-LEHIGH VALLEY, FORMALIZED A RELATIONSHIP WITH D ISABLED AMERICAN VETERANS (DAV) TO HAVE A VETERAN SUPPORT OFFICER CO-LOCATED WITH THE VHP TEAM SINCE VHP ACCOUNTED FOR NEARLY 50% OF THEIR WORK IN THE REGIONAL AREA. THE PROGRAM SE RVED A TOTAL OF 261 NEW VETERANS AND FAMILY MEMBERS IN FY20. OVER THE YEAR, THE PROGRAM MA NAGED AN INCREASING PATIENT LOAD, WHICH PEAKED AT 100 PATIENTS IN FEBRUARY 2020, AND THANK S TO THE RAPID PIVOT TO REMOTE CARE EARLY ON IN THE PANDEMIC, THE PROGRAM WAS ABLE TO SUST AIN AN AVERAGE OF 76 PATIENTS MONTHLY THROUGH THE CLOSE OF THE FISCAL YEAR IN JUNE. IN MAR CH OF 2021 THE DECISION WAS MADE TO TRANSITION THE VETERAN HEALTH PROGRAM FROM LEHIGH VALL EY HEALTH NETWORK TO VALLEY HEALTH PARTNERS. THE EXCEPTIONAL SUCCESS OF THIS PROGRAM AND T HE RECENTLY CREATED VALLEY HEALTH PARTNERS WHOSE MISSION IS ALIGNED WITH VETERANS HEALTH I S A NATURAL FIT OPERATIONALLY. VALLEY HEALTH PARTNERS IS A FEDERALLY QUALIFIED HEALTH CENT ER LOOK-ALIKE. FOR PATIENTS, THIS MEANS THEY CAN BE ASSURED THAT THEY CAN ACHIEVE THEIR HE ALTH AND WELLNESS GOALS DESPITE ANY SOCIAL ECONOMIC BARRIERS. VHP IS A SERVICE THAT SUPPOR TS A UNIQUE RISK GROUP THAT EFFECTIVELY ADDRESS AND OFFER SOLUTIONS TO EACH VETERAN'S SOCI AL DETERMINANTS OF HEALTH AND MEDICAL NEEDS. AS OF THE END OF FY21, THE PROGRAM MOVED TO V ALLEY HEALTH PARTNERS SUCCESSFULLY.MEDICATION ASSISTANCETO ADDRESS THE RISING CONCERN ABOU T THE COST OF MEDICATIONS, LVH

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	N'S INTEGRATED CARE COORDINATION TEAM WORKS TO GET PATIENTS DIRECTLY CONNECTED TO PRESCRIP TION DISCOUNT PROGRAMS, THEREBY, REDUCING THE COST BURDEN ON THE PATIENT. IN FY20, PATIENT S FROM 40 LVPG PRACTICES ACROSS ALL 5 COUNTIES RECEIVED THIS SERVICE. THE INTEGRATED CARE COORDINATION TEAM ADDRESSED A TOTAL OF 3,386 CASES TOTALING $5,788,040 IN PRESCRIPTION ASS ISTANCE. IN FY21, THE TEAM ADDRESSED 3,023 CASES IN FY21 TOTALING $6,161,747.62.CONNECTION TO HEALTH INSURANCE & FINANCIAL ASSISTANCELEHIGH VALLEY HEALTH NETWORK PROVIDES DIRECT LI NKAGES TO RESOURCES AIMED AT ASSISTING UNINSURED PATIENTS IN GETTING INSURANCE COVERAGE, A S WELL AS A ROBUST FINANCIAL ASSISTANCE PROGRAM, CREATING ADDITIONAL ACCESS TO HEALTHCARE FOR VULNERABLE POPULATIONS.THE PATHS PROGRAM AT LVHN HELPS DETERMINE THE ELIGIBILITY FOR I NSURANCE FOR UNDERINSURED AND UNINSURED PATIENTS, AS QUICKLY AS POSSIBLE. PATHS REPRESENTA TIVES ARE EMBEDDED IN MULTIPLE AREAS IN OUR HOSPITALS, WORKING ALONGSIDE LVHN STAFF. THIS HELPS EXPEDITE THE REFERRAL PROCESS QUICKLY AND EFFICIENTLY AS PATHS COLLEAGUES CAN CONNEC T DIRECTLY WITH PATIENTS AND COUNTY OFFICES TO EXPEDITE PAPERWORK THAT IS REQUIRED AND IF NEEDED FACILITATE IN-PERSON INTERACTIONS. ON AVERAGE, BETWEEN 75 AND 90% OF APPLICATIONS T HAT ARE ELIGIBLE ARE APPROVED. IN FY20, THIS RESULTED IN OVER $17 MILLION IN PAYMENTS FROM THE STATE OF PENNSYLVANIA AND SURROUNDING STATES. IN FY21, THE PATHS PROGRAM OBTAINED $30 MILLION IN PAYMENTS ON BEHALF OF PATIENTS, NEARLY DOUBLING TOTALS FROM THE PREVIOUS FISCA L YEAR. IN ADDITION TO THE PATHS PROGRAM, LVHN PROVIDES FINANCIAL ASSISTANCE TO PATIENTS W HO ARE NOT ABLE TO COVER THE COST OF THEIR HEALTH CARE. IN FY20, LVH-LEHIGH VALLEY RECEIVE D 37,767 APPLICATIONS, WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. AN AVE RAGE OF 64% OF APPLICATIONS AT EACH SITE WERE APPROVED. IN FY21, LVH-LEHIGH VALLEY RECEIVE D 34,630 APPLICATIONS, WITH A 7-DAY AVERAGE TO TURN AROUND AN APPLICATION APPROVAL. AN AVE RAGE OF 69% OF APPLICATIONS AT EACH SITE WERE APPROVED.PRIORITY AREA: HEALTH PROMOTION AND PREVENTIONIN THE 2019 LVHN CHNA FOCUS GROUPS, PARTICIPANTS ASKED FOR A GREATER PRESENCE I N THE COMMUNITY FROM HEALTH CARE SYSTEMS IN THE PLACES WHERE PEOPLE MOST FREQUENTLY LIVE, WORK, AND PLAY. COMMUNITY MEMBERS IN ALL 5 COUNTIES CALLED FOR ADDITIONAL CARE IN THEIR NE IGHBORHOODS, INCLUDING FOLLOW-UPS AT HOME, SERVICES AT SCHOOLS AND SENIOR CENTERS WHERE PE OPLE ARE LOCATED, AND OUTREACH AND EDUCATION ABOUT AVAILABLE RESOURCES. FOCUS GROUP PARTIC IPANTS ALSO SAID THEY ARE GENERALLY UNAWARE OF WHEN OR WHERE VARIOUS LVHN SCREENING EVENTS OR SERVICES ARE AVAILABLE. THIS RANKED IN THE TOP THREE HEALTH CARE PRIORITIES THAT COMMU NITY MEMBERS WANTED TO SEE ADDRESSED. AS SUCH, LVHN LEADERSHIP PRIORITIZED THIS AS AN ISSU E THAT HAD SIGNIFICANT MAGNITUDE, CAPACITY, AND ALIGNMENT. THEREFORE, LVHN COMMITTED TO PR OMOTE FREE AND LOW-COST SCREENINGS FOR CHRONIC CONDITIONS AND CANCER SCREENINGS IN NEIGHBO RHOODS WHERE VULNERABLE POPULA

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	TIONS ARE LOCATED IN ORDER TO INCREASE UTILIZATION OF THESE SERVICES AND EARLY DETECTION.T HE ZIP CODE WHERE AN INDIVIDUAL RESIDES CAN BE A SIGNIFICANT INFLUENCER OF HEALTH OUTCOMES . IN ORDER TO FOCUS HEALTH PROMOTION AND PREVENTION EFFORTS, LVHN DETERMINED WHICH ZIP COD ES REPRESENT THE VULNERABLE POPULATIONS WITHIN EACH OF THE 5 COUNTIES OUR PATIENTS RESIDE. THIS WAS DEFINED BY A METRIC OF 15% OR MORE OF THE POPULATION LIVING BELOW THE POVERTY LI NE AND HAS LESS THAN A HIGH SCHOOL EDUCATION. IN ADDITION, LVHN SERVES A SUBSTANTIAL MEDIC AID POPULATION IN THESE ZIP CODES. THE FOLLOWING ZIP CODES HAVE BEEN IDENTIFIED: LEHIGH (L VH-CC, 17) - 18102, 18109, 18101NORTHAMPTON (LVH-M) - 18042, 18015IN FY20 AND FY21, ACROSS THE REGION, LVHN WAS ABLE TO PROMOTE HEALTH OR PROVIDE HEALTHCARE SCREENINGS IN THE FOLLO WING WAYS:PREVENTATIVE HEALTH SCREENINGS & SERVICESA CONSTANT IN LVH-LEHIGH VALLEY'S PREVE NTATIVE EFFORTS, THE ANNUAL DRIVE-THRU FLU DRIVE OCCURRED IN THE FALL OF 2020. LVH-LV STAF F PROVIDED FREE FLU SHOTS TO OVER 6,000 PEOPLE AND COLLECTED 8 TONS OF FOOD FOR AREA FOOD BANKS DURING THIS YEAR'S ANNUAL DRIVE. THE TOTAL WAS DOWN FROM 9,000 IN FY20, MAINLY DUE T O THE PANDEMIC AND INTENSE FOCUS ON PROVIDING COVID-19 VACCINATIONS FOR THE COMMUNITY. THE SE FREE FLU-SHOT CLINICS WILL CONTINUE TO EXPAND WITHIN THE LVHN SERVICE AREA.LVHN ALSO HA D A VARIETY OF SCREENING OPPORTUNITIES FOR BREAST CANCER. IN FY20, A TOTAL OF 1,865 MAMMOG RAMS WERE COMPLETED THROUGH LVHN'S MAMMOGRAM COACH. THE BREAKDOWN BY COUNTY IS PROVIDED BE LOW, WITH 5% AND 8% OF THE MAMMOGRAMS PROVIDED IN LEHIGH COUNTY AND NORTHAMPTON COUNTY, RE SPECTIVELY, ON THE MAMMOGRAM COACH FOR PATIENTS FROM THE TARGET ZIP CODES.IN LEHIGH COUNTY , 484 SCREENINGS WERE HELD, WITH 71 PATIENTS SCHEDULED FOR FOLLOW-UP IMAGING, AND 1 CANCER S FOUND. IN NORTHAMPTON COUNTY, 193 SCREENINGS WERE HELD, WITH 35 PATIENTS SCHEDULED FOR F OLLOW-UP IMAGING, AND 1 CANCERS FOUND.

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

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

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION A)	PRIORITY AREA: INCLUSION AND DIVERSITYCOMMUNITY MEMBERS EXPRESSED FEEDBACK REGARDING ISSUE S OF INCLUSION AND DIVERSITY AMONG LVHN'S STAFF AND SERVICES. PATIENTS AND COMMUNITY MEMBE RS STRESSED THE NEED FOR LIVE INTERPRETATION SERVICES, TO ALLOW THEM TO INTERACT WITH THEI R PROVIDERS IN THEIR NATIVE LANGUAGE AND A WARM RECEPTION IN A CULTURALLY APPROPRIATE MANN ER. BELOW ARE THE RACIAL DEMOGRAPHICS OF LEHIGH AND NORTHAMPTON COUNTIES. THE TABLE SHOWS THAT THE HISPANIC POPULATION IS GREATER THAN 10% OF THE TOTAL POPULATION IN BOTH COUNTIES, HIGHLIGHTING THE NEED FOR COMPREHENSIVE LANGUAGE SUPPORT AND CULTURAL AWARENESS ACROSS TH E NETWORK. THE COMMUNITY MENTIONED THESE ISSUES MULTIPLE TIMES IN FOCUS GROUPS, PARTICULAR LY IN LEHIGH, LUZERNE, AND NORTHAMPTON COUNTIES. LVHN LEADERSHIP AGREED, RANKING INCLUSION AND DIVERSITY RELATED ISSUES AS ONE THAT WOULD HAVE A MODERATE IMPACT ON OVERALL HEALTH, BUT IT ALIGNED WITH OVERALL ORGANIZATIONAL GOALS AND WAS AN INITIATIVE WE HAVE THE CAPACIT Y TO ADDRESS. LEHIGH COUNTY HAS A TOTAL POPULATION OF APPROXIMATELY 359,000. OF THOSE, 21. 8% ARE HISPANIC. IN NORTHAMPTON COUNTY, THE POPULATION IS APPROXIMATELY 301,000. OF THOSE, 12.1% ARE HISPANIC.LVHN WILL FOCUS ON TWO IMPORTANT STRATEGIES. FIRST, LVHN WILL INCREASE ACCESS TO LANGUAGE INTERPRETATION AT ALL HEALTH CARE SERVICE SITES, BUILDING ON THE ALREA DY STRONG SET OF SERVICES AVAILABLE. SECOND, LVHN WILL CUSTOMIZE ROBUST COLLEAGUE EDUCATIO N AROUND CULTURAL AWARENESS AND INCLUSION AND DIVERSITY TO ENSURE ALL PATIENTS RECEIVE A W ARM WELCOME, PARTICULARLY POPULATIONS WITH SPECIAL NEEDS AT EACH OF OUR CAMPUSES.INTERPRET ER SERVICESAT EVERY LVHN CAMPUS, INTERPRETER SERVICES ARE PROVIDED TO ENSURE THAT PATIENTS ARE ABLE TO COMMUNICATE WITH CLINICIANS AND STAFF IN THEIR PREFERRED LANGUAGE. LVHN PROVI DES A COMBINATION OF LIVE INTERPRETATION WITH THE PATIENT, PHONE INTERPRETATION, AND VIDEO INTERPRETATION VIA IPAD. THIS MIXED MEDIA APPROACH OFFERS THE FASTEST RESPONSE BASED ON P ATIENT NEEDS. IN FY20, 15 TRAINED MEDICAL INTERPRETER STAFF PROVIDED 602,682 MINUTES OF IN TERPRETATION ACROSS ALL LVHN SITES. AT LVH-CEDAR CREST & 17TH STREET, A TOTAL OF 583,006 M INUTES WERE SPENT ON VIDEO ACROSS 49,034 VIDEO ENCOUNTERS. AT LVH-MUHLENBERG, 52,647 MINUT ES WERE SPENT ON VIDEO ACROSS 5,106 VIDEO ENCOUNTERS.IN FY21, 22 TRAINED MEDICAL INTERPRET ER STAFF PROVIDED 701,340 MINUTES OF INTERPRETATION DURING NEARLY 41,000 UNIQUE ENCOUNTERS ACROSS ALL LVHN SITES. AS THE COVID-19 PANDEMIC CONTINUES, VIRTUAL INTERPRETATION IS A VI TAL SERVICE FOR PATIENTS. AT LVH-CEDAR CREST & 17TH STREET, A TOTAL OF 844,970 MINUTES WER E SPENT ON VIDEO ACROSS 81,272 VIDEO ENCOUNTERS. AT LVH-MUHLENBERG, 64,223 MINUTES WERE SP ENT ON VIDEO ACROSS 7,520 VIDEO ENCOUNTERS.CULTURAL AWARENESS AND STAFF EDUCATIONTHE CHIEF DIVERSITY, EQUITY AND INCLUSION LIAISON OFFERS A WIDE RANGE OF EDUCATION AND TRAINING FOR LVHN STAFF, RANGING FROM GENERAL CULTURAL AWARENESS COVERED AT "CONNECTIONS" (THE ORIENTA TION PROGRAM FOR ALL NEW LVHN

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION A)	EMPLOYEES) TO INCLUSIVE LEADERSHIP, PRECEPTOR EDUCATION, NURSE RESIDENCY, CULTURAL SENSITI VITY (GEARED TOWARD MULTIPLE SPECIALTIES), AND DIVERSITY. IN FY20, OVER 60 TRAININGS WERE HELD WITH JUST OVER 4,000 EMPLOYEES ATTENDING. IN FY21, NEARLY 50 TRAININGS WERE HELD WITH JUST OVER 4,000 EMPLOYEES ATTENDING IN TOTAL. WITH LVHN LEADERSHIP'S INCREASED STRATEGIC FOCUS ON DIVERSITY AND INCLUSION IN THE NETWORK, IT WAS IMPORTANT TO INCREASE RESOURCES IN SUPPORT OF THIS IMPORTANT WORK. ON MARCH 8, 2021, A DIVERSITY EQUITY AND INCLUSION (DEI) PROJECT MANAGER COLLEAGUE WAS BROUGHT ON STAFF. THIS IMPORTANT ROLE SUPPORTS NETWORK INITI ATIVES INCLUDING THE ACTIONS AGAINST RACISM AND ADVANCING EQUITY COUNCIL, CULTURAL AWARENE SS LEADERSHIP COUNCIL AND THE LGBTQ PATIENT AND FAMILY CARE EXPERIENCE PROJECT TEAM.PRIORI TY AREA: SOCIAL DETERMINANTS OF HEALTHSOCIAL DETERMINANTS OF HEALTH ARE AT THE HEART OF CO MMUNITY HEALTH WORK AT LVHN. DURING THE PRIMARY DATA COLLECTION PROCESS, LVHN RECEIVED COM MUNITY FEEDBACK THAT CONFIRMED THE IMPORTANCE OF ADDRESSING SOCIAL DETERMINANTS BOTH DIREC TLY AND THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS. EXAMPLES OF SOCIAL DETERMINANTS THAT REQUIRE MULTIPLE AGENCIES AND ORGANIZATIONS WORKING TOGETHER IN A COORDINATED MANNER ARE HOUSING AND FOOD INSECURITY. BOTH WERE HIGHLIGHTED DURING COMMUNITY FOCUS GROUPS. IN ALL COUNTIES LVHN SERVES:-AN AVERAGE OF 20% OF THE POPULATIONS ARE AT RISK FOR FOOD INSECU RITY.-AT LEAST A QUARTER OF THE POPULATION SPENDS MORE THAN 30% OF THEIR INCOME ON HOUSING .LVHN CHNA EXECUTIVE TEAMS RECOGNIZED THE MAGNITUDE OF HOUSING AND FOOD INSECURITY ISSUES, BUT ALSO WERE LESS CERTAIN ABOUT HEALTHCARE'S ABILITY TO HAVE AN IMPACT IN THIS AREA, PAR TICULARLY BECAUSE THESE ARE NOT ISSUES THAT HEALTHCARE CAN ADDRESS ALONE. THE IMPORTANCE O F PARTNERSHIPS IN THIS AREA IS HIGHLIGHTED IN LVHN'S CHNA IMPLEMENTATION PLAN. BELOW ARE B OTH INTERNAL AND CROSS-SECTOR PARTNERSHIP EFFORTS ADDRESSING THESE ISSUES IN OUR COMMUNITI ES.FOOD ACCESS THE FIRST STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF HEALTH OUTLINED IN THE IMPLEMENTATION PLAN IS IMPROVE ACCESS TO HEALTHY FOOD AND REDUCE OBESITY RATES IN OUR COM MUNITIES, THROUGH IN-SCHOOL EDUCATION, PROMOTION OF HEALTHY LIFESTYLES AND COMMUNITIES, AN D SUPPORT OF MOBILE MARKET FOOD DISTRIBUTION. AT LVH-LEHIGH VALLEY CAMPUSES, TWO PILOT PAR TNERSHIPS WITH MOBILE FOOD MARKET VENDORS WERE CONTINUED IN FY21. PARTNERSHIP WITH THE KEL LYN FOUNDATION: LVHN DEVELOPED PARTNERSHIPS WITH KEY NON-PROFIT ORGANIZATIONS, WHO ARE WOR KING TO IMPROVE HEALTHY FOOD ACCESS IN THE COMMUNITY. THE KELLYN FOUNDATION ENSURES AVAILA BILITY OF LOW-COST/NO-COST, HEALTHY FOOD OPTIONS AT KEY LOCATIONS THAT OPTIMIZE ACCESSIBIL ITY TO FAMILIES IN NEED. THE EAT REAL FOOD MOBILE MARKET PILOT WITH KELLYN FOUNDATION PILO T AIMED TO PROVIDE FRESH FRUITS AND VEGETABLES, GRAINS, AND PREPARED MEALS FOR LVHN FAMILI ES LIVING IN SOCIALLY DISADVANTAGED ALLENTOWN NEIGHBORHOODS WHO ARE FOOD INSECURE OR DO NO T HAVE EASY ACCESS TO AFFORDAB

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION A)	LE HEALTHY FOOD OPTIONS DUE TO UNEMPLOYMENT OR INABILITY TO PAY. KELLYN USED THEIR EXISTIN G MOBILE MARKET AND COMMUNITY RELATIONSHIPS TO DISTRIBUTE HEALTHY FRUITS AND VEGETABLES AN D PREPARED MEALS IN AND AROUND ALLENTOWN SCHOOLS. LVHN 17TH STREET COMMUNITY PRACTICE FAMI LIES WERE PROVIDED A WEEKLY $20 CREDIT THAT COULD BE REDEEMED AT THE MOBILE MARKET AND LEV ERAGED WITH OTHER PUBLIC BENEFITS (EBT, WIC, FMNP VOUCHERS). BETWEEN THE END OF JUNE AND S EPTEMBER 2020 THE KELLYN FOUNDATION PROVIDED SERVICES TO 545 INDIVIDUALS IN THE COMMUNITY WITH THE SUPPORT OF $39,640 IN VOUCHERS FROM LVHN. ONCE AWARE OF THE PROGRAM, 26% PARTICIP ATED EVERY WEEK AND A TOTAL OF 57.61% PARTICIPATED MORE THAT 50% OF THE TIME.CARDIAC HEART FAILURE (CHF) FOOD PRESCRIPTION PILOT WITH MEALS ON WHEELS OF THE LEHIGH VALLEY (MOWGLV): MOWGLV IS DELIVERING DIET-APPROPRIATE MEALS FOR 90-DAYS POST-DISCHARGE TO 19-25 INDIVIDUA LS WHO HAVE A DIAGNOSIS OF CHF AND WERE RECENTLY DISCHARGED FROM LVHN'S INPATIENT SETTING. PATIENTS SERVED THROUGH THIS PILOT RECEIVED WEEKDAY HOT MEALS AND WEEKEND COLD MEALS FOR 90 DAYS AT NO COST TO ENSURE HEALTHY MEALS ARE AVAILABLE TO PATIENTS AS QUICKLY AS POSSIBL E AFTER TRANSITION FROM THE HOSPITAL TO HOME. THE PILOT WAS INTENDED TO PROVIDE A BRIDGING PERIOD DURING WHICH THE PATIENT CAN BE ASSESSED FOR ELIGIBILITY OF MEALS BEYOND THAT 90-D AY PERIOD AND MAINTAIN COMPLIANCE WITH THE HEART HEALTHY NUTRITION PLAN. 19 HEART FAILURE PATIENTS HAVE BEEN REFERRED TO THE MOW PILOT. LVHN DEDICATED $30,000 TO SUPPORT THE FUNDIN G OF MEALS FOR HEART FAILURE PATIENTS IN FY21.

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Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	PRIORITY AREA: BEHAVIORAL HEALTHONE CONSISTENT AREA OF NEED VOICED BY THE COMMUNITY, IN BO TH THE 2016 AND 2019 LVHN CHNAS, WAS THE NEED TO BETTER ADDRESS BEHAVIORAL HEALTH AND MENT AL WELL-BEING IN THE COMMUNITY. ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION COUNTY HEA LTH RANKINGS, MEMBERS OF THE COMMUNITY EXPERIENCE MORE THAN 4 "UNHEALTHY" MENTAL HEALTH DA YS PER MONTH, ECHOING THE DIRECT FEEDBACK FROM FOCUS GROUPS. THIS NEED WAS DISCUSSED IN AL L FIVE COUNTIES AND, THEREFORE, WAS MADE A CROSS-CUTTING PRIORITY AREA FOR THE IMPLEMENTAT ION PLAN. WITHIN THE BEHAVIORAL HEALTH PRIORITY AREA, THERE ARE 3 AREAS OF FOCUS: MENTAL H EALTH, SUBSTANCE ABUSE, AND SUICIDE PREVENTION. WHILE PUBLIC DATA AROUND SUBSTANCE USE DIS ORDER IS LACKING, IT WAS A CLEAR CONCERN EXPRESSED COMMUNITY MEMBERS WHO PARTICIPATED IN F OCUS GROUPS AND INTERVIEWS. LVHN LEADERSHIP BELIEVES THIS IS A HIGH IMPACT AREA OF WORK, B UT WE NEED TO INCREASE CAPACITY IN ORDER TO ADDRESS THESE NEEDS ADEQUATELY. THE SECTIONS B ELOW OUTLINE THE APPROACHES BEING IMPLEMENTED IN EACH OF THESE FOCUS AREAS TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF THE COMMUNITIES LVHN SERVES.MENTAL HEALTHPREVENTION AND EDUCATI ONTHE FIRST STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS DECREASE THE S TIGMA AND INCREASE SKILLS OF PROFESSIONALS AND COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALT H CONCERNS AND PROMOTE MENTAL WELLNESS. IN ADDITION, LVHN WILL PARTICIPATE IN AND PARTNER AROUND COMMUNITY-BASED TRAUMA-INFORMED CARE COLLABORATIVE TO CREATE MORE TRAUMA-INFORMED C OMMUNITIES. IN THE LEHIGH VALLEY (LVH-LEHIGH VALLEY), LVHN IS ENGAGING WITH LAKESIDE GLOBA L INSTITUTE TO PROVIDE TRAUMA 101 AND 102 TRAININGS FOR PROVIDERS AND PROFESSIONALS IN THE LEHIGH VALLEY. THE TRAININGS HAVE REACHED 500 PEOPLE IN FY20. WITH THE COVID-19 PANDEMIC, THESE TRAININGS WERE PUT ON HOLD IN THE SECOND HALF OF FY20.IN ADDITION, LVH-LEHIGH VALLE Y IS A PARTNER IN A COLLABORATIVE CALLED RESILIENT LEHIGH VALLEY, WHICH IS LED BY THE UNIT ED WAY OF THE GREATER LEHIGH VALLEY. IN FY20, THIS COLLABORATIVE CREATED A WEBSITE THAT PR OVIDES MINDFULNESS AND SOCIAL EMOTIONAL LEARNING (SEL) LESSONS AND RESOURCES FOR EDUCATORS , PARENTS AND CAREGIVERS, AND K-12 STUDENTS. IN FY21, THE GROUP DEVELOPED A SERIES OF FACE BOOK LIVE SESSIONS. IN ADDITION, THEY HAVE DEVELOPED A PROPRIETARY SERIES OF ONOGOING TRAI NINGS ON A VARIETY OF TOPICS INCLUDING:-SECONDARY, VICARIOUS TRAUMA, AND SELF CARE-PRACTIC AL TRAUMA-INFORMED STRATEGIES-TRAUMA-INFORMED DE-ESCALATION TECHNIQUES-UNDERSTANDING HISTO RICAL AND RACIAL TRAUMAOVER THE PAST SEVERAL YEARS, LVHN HAS ALSO MADE A TARGETED EFFORT T O DEVELOP SUPPORTS FOR THE PREGNANT AND PARENTING POPULATION IN OUR REGION. IN THE LEHIGH VALLEY, THE CONNECTIONS CLINIC IS A PROGRAM FOR PREGNANT AND/OR POSTPARTUM SUBSTANCE USE D ISORDER INCLUDING OPIOIDS AND IS A COLLABORATION BETWEEN OBSTETRICS AND PEDIATRICS. THIS P ROGRAM PROVIDES AN ADDED LAYER OF PATIENT SUPPORT FROM OBGYN STAFF AND PHYSICIANS ALONG WI TH PARTNERSHIPS WITH TREATMENT

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	PROVIDERS AND FACILITIES. REFERRAL COORDINATIONTHE SECOND STRATEGY TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS A CENTRALIZED REFERRAL PROCESS TO OUTPATIENT BEHAVIORAL H EALTH SERVICES. IN FY19, LVHN RECEIVED OVER 9,000 REFERRALS FOR BEHAVIORAL HEALTH SERVICES AND WERE ABLE TO SERVE 1 IN 8. IN ORDER TO IMPROVE TREATMENT AND REFERRAL WORKFLOWS FOR P ATIENTS, LVHN CREATED A BEHAVIORAL HEALTH REFERRAL SPECIALIST ROLE. THIS ROLE PROVIDES SUP PORT TO PROVIDERS, PRACTICES AND PATIENTS SEEKING ACCESS TO MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES. SUPPORT BY THIS ROLE IS PROVIDED ON THREE LEVELS: 1. INFORMATION DISSEMIN ATION AND EDUCATION: PRACTICES RECEIVE RESOURCE INFORMATION TO ENABLE THEM TO MAKE BEHAVIO RAL HEALTH AND SUBSTANCE ABUSE REFERRALS FROM THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT D ATABASE WITH INFORMATION THAT IS ALWAYS CURRENT AND ACCURATE. IN ADDITION, THE BEHAVIORAL HEALTH REFERRAL SPECIALIST HAS BEEN PROVIDING EDUCATION ON HOW TO EFFECTIVELY REFER A PATI ENT FOR MENTAL HEALTH AND/OR SUBSTANCE ABUSE SERVICES TO THE FOLLOWING: PEDIATRIC PRIMARY CARE, ADULT SPECIALTY PROGRAMS, INPATIENT CASE MANAGEMENT, LVHN LEADERSHIP AND ADDITIONAL OUTSIDE PROGRAMS AND SERVICES.2. CONSULTATION TO PROVIDERS SEEKING SERVICES FOR THEIR PATI ENTS WHEN THEY ARE UNABLE TO DO SO UTILIZING THE BEHAVIORAL HEALTH RESOURCES SHAREPOINT AN D PAST REFERRAL EDUCATION. 3. DIRECT PATIENT CONTACT TO PROVIDE SUPPORT AND RESOURCES IF T HE FIRST TWO LEVELS OF SERVICE FAIL TO SUPPORT THE PATIENT. IN FY19, THERE WERE 620 REQUES TS FOR ASSISTANCE FROM THE BEHAVIORAL HEALTH REFERRAL SPECIALIST. IN FY20, DUE TO THE HIGH DEMAND, A NEW PROCESS WAS IMPLEMENTED TO HAVE THE BEHAVIORAL HEALTH REFERRAL SPECIALIST M ANAGE ALL OUTPATIENT PSYCHIATRY REFERRALS FOR LVHN AFFILIATED PRACTICES. THIS NEW PROCESS WAS MADE TO IMPROVE THE REFERRAL EXPERIENCE FOR THE AFFILIATED PRACTICE PROVIDERS WHILE BE TTER ASSISTING PATIENTS WITH CONNECTING TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SERVICES. THE BEHAVIORAL HEALTH SPECIALIST HAS BECOME A TEAM OF 5.5 FTE DEDICATED TO MANAGING ALL R EFERRALS TO AMBULATORY PSYCHIATRY PRACTICES, WHICH IS NOW CALLED CENTRALIZED INTAKE. THIS SERVICE OFFICIALLY WENT LIVE ON MAY 4, 2020, AND THEY RECEIVE REFERRALS FROM OUTPATIENT PR ACTICES FROM ALL LVHN CAMPUSES. IN FY21, CENTRALIZED INTAKE RECEIVED 10,179 REFERRALS. OF THE 10,179 REFERRALS, 6,240 (61%) WERE SCHEDULED WITH LVHN PSYCHIATRY PRACTICES OR PROVIDE D WITH A LIST OF EXTERNAL PROVIDERS WITH THE OPTION TO CALL BACK FOR ADDITIONAL ASSISTANCE IF UNABLE TO CONNECT WITH A PROVIDER.INNOVATIONTHE THIRD STRATEGY LVHN HAS COMMITTED TO I N ORDER TO ADDRESS THE MENTAL HEALTH NEEDS OF THE COMMUNITY IS INNOVATION THROUGH THE USE OF TECHNOLOGY TO PROVIDE TELE-PSYCHIATRY, TELE-THERAPY, AN APP DEPLOYMENT, AND ECONSULTS. THE DEVELOPMENT AND IMPLEMENTATION OF TELE-PSYCHIATRY AND THERAPY SERVICES WAS UNDERWAY AT THE START OF FY20. WITH THE ONSET OF THE COVID-19 PANDEMIC, THE SCALE AND REACH OF THESE SERVICES INCREASED RAPIDLY AND

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Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION B)	DRAMATICALLY. OUTPATIENT BEHAVIORAL HEALTH VIRTUAL VISITS INCREASED FROM 2% BEFORE COVID- 19 TO 98% SOON AFTER THE START OF THE PANDEMICIN FY21, THE DEPARTMENT OF PSYCHIATRY PROVID ED A TOTAL OF 66,457 OUTPATIENT BEHAVIORAL HEALTH ENCOUNTERS, OF WHICH 44,942 ENCOUNTERS (68%) WERE VIRTUAL. IN ADDITION, THERE WERE 102 VIRTUAL OUTPATIENT ENCOUNTERS IN FY21 PROVI DED BY A BEHAVIORAL HEALTH SPECIALIST AS PART OF THE STREET MEDICINE, SUPPORTING OUR HOMEL ESS PATIENTS WITH APPROPRIATE BEHAVIORAL HEALTH CARE.IN ADDITION, TELE-CONSULTS WERE PROVI DED FOR PRIMARY CARE PROVIDERS. A PSYCHIATRIC OUTPATIENT CONSULTATION REFERRAL ORDER WAS E STABLISHED IN FY20 TO FACILITATE A BRIEF PSYCHIATRIC INTERVENTION BY A PSYCHIATRIST OR APC WITH THE GOAL OF EVALUATING AND PROVIDING TREATMENT RECOMMENDATIONS, WHICH MAY INCLUDE TH E PRESCRIBING OF PSYCHOTROPIC MEDICATIONS, AND THEN RETURNING THE PATIENT BACK TO THEM FOR ON-GOING CARE. IN FY21, 618 TELE-PRIMARY CARE CONSULTS AND 268 ECONSULTS WERE COMPLETED A T LVH-LEHIGH VALLEY PRIMARILY, UP FROM 80 AND 208, RESPECTIVELY IN FY20.LVH - LEHIGH VALLE Y HAS ALSO ROLLED OUT A NEW APPLICATION CALLED GUIDEBOOK WHICH PROVIDES PATIENTS AND COMMU NITY MEMBERS MENTAL HEALTH RELATED RESOURCES. COMMUNICATION ABOUT THE AVAILABILITY OF THE APP BEGAN IN JANUARY OF 2020. THERE WERE 400 DOWNLOADS AS OF MARCH 2020 WITH AVG. TIME SPE NT IN THE APP OF ABOUT 1 MINUTE. BETWEEN MARCH AND MAY 2020 (DURING THE HEIGHT OF THE COVI D-19 RESPONSE), THE DOWNLOADS JUMPED TO 600 WITH THE AVERAGE TIME SPENT INCREASING TO OVER A MINUTE. IN FY21, THE DEPARTMENT OF PSYCHIATRY CONTINUED TO EXPAND THE RESOURCES AVAILAB LE TO PATIENTS ON THE GUIDEBOOK APP, AND THERE WAS AN ADDITIONAL 275 DOWNLOADS WHICH PUT T HE TOTAL NUMBER OF DOWNLOADS AT 947. THE AVERAGE NUMBER OF SESSIONS PER USER IN FY21 WAS 2 .1 AND THE AVERAGE AMOUNT OF TIME ON THE APP DURING EACH SESSION IS ABOUT 1 MINUTE.SCHOOL- BASED BEHAVIORAL HEALTHTHE LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL SCHOOL-BASED BEHAVIORA L HEALTH (SBBH) PROGRAM PARTNERS WITH SCHOOL DISTRICTS ACROSS THE HEALTH NETWORK'S SERVICE AREA TO REMOVE BARRIERS TO MENTAL HEALTH TREATMENT BY PROVIDING OUTPATIENT THERAPY FOR ST UDENTS DURING THE SCHOOL DAY. EACH YEAR, HUNDREDS OF CHILDREN WHO OTHERWISE WOULD NOT HAVE ACCESS TO MENTAL HEALTH TREATMENT ARE ABLE TO PARTICIPATE IN SCHOOL-BASED THERAPY TO HELP THEM ADDRESS THEIR TRAUMA, IMPROVE THEIR SCHOOL PERFORMANCE AND STRENGTHEN THEIR OVERALL WELL-BEING. THE PROGRAM IS LICENSED THROUGH THE DEPARTMENT OF HUMAN SERVICES TO ENABLE BIL LING THROUGH MEDICAL ASSISTANCE AND EACH THERAPIST CARRIES A CASELOAD OF 25 TO 35 STUDENTS .

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION C)	IN FY20, THE SBBH PROGRAM (LVH-LEHIGH VALLEY) TRANSFORMED FROM VISION TO REALITY WITH AN O FFERING OF BEHAVIORAL HEALTH SERVICES TO STUDENTS IN 15 SCHOOLS. IT ESTABLISHED PRIVATE SP ACES TO OFFER THERAPEUTIC SERVICES, INTRODUCED SCHOOL-BASED THERAPISTS TO FACULTY AND STAF F, IMPLEMENTED A STREAMLINED AND CONFIDENTIAL REFERRAL PROCESS, AND ESTABLISHED CLOSE COMM UNICATION WITH SCHOOL COUNSELORS AND SUPPORT STAFF. IN FY20, THE SBBH PROGRAM SERVED ALMOS T 150 STUDENTS, 20% OF WHOM WERE UNINSURED. IN ADDITION, THROUGH ADDITIONAL IN-KIND HOURS, THE PROGRAM STAFF PRESENTED MULTIPLE PROFESSIONAL DEVELOPMENT PROGRAMS, CAREGIVER PRESENT ATIONS, AND OFFERED SUPPORT GROUPS, RESOURCES AND CRISIS SUPPORT TO SCHOOL COMMUNITIES AND FAMILIES THROUGHOUT THE PANDEMIC. A MAJORITY OF THE STUDENTS (93%) SERVED IN THE SBBH PRO GRAM WERE BETWEEN THE AGES OF 6 AND 17, AND 37% WERE CAUCASIAN AND 39% WERE HISPANIC. THE TOP 4 REASONS FOR REFERRAL WERE: DEPRESSION AND ANXIETY; ANGER, AGGRESSION, AND OPPOSITION AL BEHAVIOR; ATTENTION, FOCUS, AND IMPULSIVITY; AND TRAUMATIC EXPERIENCES. BOTH THE CHILDR EN AND PARENTS REPORTED THE COUNSELING PROVIDED BY THE SBBH PROGRAM MADE A POSITIVE IMPACT ON THEIR BEHAVIOR AT HOME AND IN SCHOOL. SINCE SCHOOL CLOSURES DUE TO COVID-19 IN MARCH 2 020, THE SCHOOL-BASED PROGRAM HAS ASSISTED STUDENTS AND FAMILIES TO CONNECT TO VIDEO VISIT TECHNOLOGY. THE SBBH PROGRAM OFFERED VIDEO THERAPY SERVICES TO ALMOST 75% OF STUDENTS IN THE PROGRAM. SCHOOL-BASED THERAPISTS MAINTAIN THE ABILITY TO HAVE TELEPHONE SESSIONS WITH CLIENTS WHO ARE UNABLE TO PARTICIPATE BY VIDEO.IN FY21, 250 STUDENTS ACROSS 31 SCHOOL SITE S RECEIVED SERVICES. OVER 600 HOURS OF IN-KIND (NON-BILLABLE) SERVICES WERE ALSO PROVIDED FOR STUDENTS WHO WERE UNINSURED. IN ADDITION TO REGULARLY ASSESSING PROGRESS TOWARD ACHIEV ING EACH STUDENT'S TREATMENT GOALS, THE THERAPISTS ADMINISTER THE STRENGTHS AND DIFFICULTI ES QUESTIONNAIRE (A WIDELY USED CHILD AND ADOLESCENT MENTAL HEALTH ASSESSMENT) UPON INTAKE AND DISCHARGE TO HELP MEASURE PROGRAM OUTCOMES. IN FY21, 80% OF STUDENTS ASSESSED AT DISC HARGE DEMONSTRATED A DECREASE IN EMOTIONAL DISTRESS AND 88% OF STUDENTS AND CAREGIVERS ASS ESSED AFTER 6 MONTHS OF TREATMENT REPORTED THAT THEIR (THEIR CHILD'S) PROBLEM HAD IMPROVED .WELLER HEALTH EDUCATION AT LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL PARTNERS WITH OVER 25 SCHOOL DISTRICTS ACROSS THE HEALTH NETWORK'S EIGHT-COUNTY SERVICE AREA TO PROVIDE INTERAC TIVE RESEARCH-BASED PROGRAMS THAT HELP PREVENT CHRONIC DISEASE AND IMPROVE CHILDREN'S OVER ALL HEALTH, SAFETY, AND WELL-BEING. ALL PROGRAMS ARE PRESENTED BY SPECIALLY TRAINED HEALTH EDUCATORS WHO ARE EXPERTS AT CONNECTING WITH YOUNG PEOPLE AND TRANSLATING COMPLEX INFORMA TION INTO EASY-TO-UNDERSTAND CONCEPTS. IN FY21, WELLER REACHED 30,000 STUDENTS THROUGH A V ARIETY OF IN-PERSON, VIRTUAL AND ASYNCHRONOUS LEARNING OPPORTUNITIES DESIGNED TO MEET THE VARYING NEEDS OF STUDENTS AND SCHOOL DISTRICTS ACROSS OUR REGION. IN ADDITION TO DELIVERIN G CLASSROOM PROGRAMS EITHER IN

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION C)	-PERSON OR VIA REMOTE LEARNING PLATFORMS, WELLER'S TEAM HAS CREATED A VIDEO LIBRARY WITH N EARLY 40 ASYNCHRONOUS LESSONS THAT RANGE FROM DEALING WITH PANDEMIC-INDUCED STRESS, ANXIET Y AND FATIGUE, TO SCHOOL DISTRICT CURRICULUM-BASED CONTENT ON MENTAL HEALTH, SUBSTANCE USE DISORDER PREVENTION, HEALTHY RELATIONSHIPS, AND NUTRITION AND FITNESS. THE PROGRAMS ARE P ROVIDED AT NO COST TO THE SCHOOLS AND LVHN IS THE ONLY HEALTH SYSTEM IN THE REGION OFFERIN G THIS TYPE OF PREVENTIVE HEALTH EDUCATION FOR CHILDREN AND FAMILIES.SUBSTANCE ABUSELVHN H AS ADOPTED A 4-PRONGED APPROACH TO ADDRESSING THE SUBSTANCE ABUSE EPIDEMIC IN THE COMMUNIT IES WE SERVE:1. STIGMA REDUCTION BY PROVIDING EDUCATION AND PROMOTIONAL MATERIALS TO THE C OMMUNITY TO REDUCE THE STIGMA ASSOCIATED WITH SUBSTANCE USE DISORDER AND ADDICTION.2. OPIO ID STEWARDSHIP BY PROVIDING EDUCATION TO FRONT-LINE STAFF (E.G., PROVIDERS, NURSES) TO MIN IMIZE OPIOID PRESCRIBING, PROMOTE SAFETY MEASURES TO MINIMIZE ADDICTION TO OPIOIDS, AND IN CREASE AWARENESS OF TOOLS AVAILABLE.3. LINKAGE TO TREATMENT BY REDUCING THE BARRIERS BETWE EN A PATIENT WHO IS STRUGGLING WITH SUBSTANCE ABUSE OR ADDICTION AND THEIR ACCESS TO TREAT MENT OPTIONS.4. HARM REDUCTION BY REDUCING THE LIKELIHOOD THAT HARM WILL COME TO THOSE WHO ARE STRUGGLING WITH ADDICTION.STIGMA REDUCTIONIN FY20, LVHN LEADERS PRESENTED "SCIENCE, S TIGMA & SOLUTIONS: WHAT WE CAN DO TO ADDRESS THE SUD CRISIS" AT THE PA DEPARTMENT OF HEALT H OPIOID COMMAND CENTER SUMMIT AND HELD "CARE TALKS: CELEBRATING OUR HEALTHCARE PARTNERSHI PS", HIGHLIGHTING RELATIONSHIPS WITH LVHN AND COMMUNITY PARTNERS AROUND LINKAGE TO TREATME NT FOR SUBSTANCE USE DISORDERS AND REDUCING STIGMA. THIS WORK CONTINUED THROUGHOUT FY21 AS LVHN LEADERS AND COLLEAGUES CONTINUED TO WORK TO REDUCE THE STIGMA AROUND SUBSTANCE USE D ISORDERS AND PROMOTE THE RESOURCES AVAILABLE TO ADDRESS THIS COMMUNITY CONCERN.-LVHN SPONS ORED THE UNIDOS FAMILY SUMMER EVENT ON JUNE 6, 2021. DRS. ABBY LETCHER AND GILLIAN BEAUCHA MP STAFFED THE LVHN TABLE AND PROVIDED FAMILY TOTE BAGS TO OVER 200 ALLENTOWN FAMILIES CON TAINING INFORMATION ABOUT SUD AND STIGMA, WOMEN'S HEALTH, PEDIATRIC CARE, AND FAMILY CARE. -3 LECTURES CALLED "SCIENCE, STIGMA & SOLUTIONS: WHAT WE CAN DO TO ADDRESS THE SUD CRISIS" WERE HELD FOR LVHN STAFF AND PROVIDERSOPIOID STEWARDSHIPIN ADDITION TO PRESENTING AND HOS TING DISCUSSION IN THE COMMUNITY, LVHN COLLEAGUES ENGAGED IN SIGNIFICANT EDUCATION TO OVER 450 PROVIDERS IN FY20. THIS EDUCATION CONTINUED IN FY21, WITH 340 PROVIDERS AND HEALTHCAR E WORKERS PARTICIPATING IN ORDER TO EMPOWER PROVIDERS AS KNOWLEDGEABLE STEWARDS OF THE SIG NS AND IMPACTS OF SUBSTANCE USE DISORDER. IN ADDITION, IN FY21, THE FOLLOWING TACTICS WERE DEPLOYED:-A 2-HOUR TLC (EDUCATIONAL LEARNING MANAGEMENT SYSTEM) BUNDLE WAS DEVELOPED AND DISSEMINATED TO ALL LVHN PROVIDERS DURING FY21 TO ENSURE ADEQUATE EDUCATION AROUND OPIOID STEWARDSHIP AND LINKAGE TO TREATMENT, AND TO FULFILL LICENSING REQUIREMENTS FOR THE PA STA TE MEDICAL BOARD.-THE MULTIDIS

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION C)	CIPLINARY OPIOID REVIEW COMMITTEE WAS IMPLEMENTED TO REVIEW OPIOID STEWARDSHIP CASES OF CO NCERN AND TO PROVIDE OUTREACH AND EDUCATION TO PROVIDERS.-UTILIZATION OF STANDARDIZED DISC HARGE OPIOID WEANING PROTOCOLS FOR THE EMERGENCY DEPARTMENT (ED) AND INPATIENT SETTINGS HA S BEEN TRACKED SINCE 2018. BASED ON UTILIZATION DATA AND MULTIDISCIPLINARY INPUT FROM ALL SURGICAL AND HOSPITAL MEDICINE STAKEHOLDER SPECIALTIES, THE OPIOID WEANING PROTOCOLS ARE C URRENTLY UNDERGOING REVISION TO INCREASE MEDICATION OPTIONS AND DURATION OF WEANING PROTOC OLS. PRESCRIBER FEEDBACK IS EMAILED MONTHLY TO GENERAL SURGERY, CT SURGERY, AND ORTHOPEDIC SURGERY. -LIDOCAINE PROTOCOL FOR NEPHROLITHIASIS WAS IMPLEMENTED ACROSS ALL ED AND INPATI ENT SETTINGS IN OCTOBER 2020.-NON-OPIOID PAIN MODALITY INITIATIVES IMPLEMENTED IN FY21 HAV E INCLUDED:--ED BACK PAIN PROTOCOL IN COLLABORATION WITH PT--DEVELOPMENT OF A NON-OPIOID P AIN MANAGEMENT ORDER SET WITH PT/OT INTERVENTIONS--IMPLEMENTATION OF AN OT-LED AROMATHERAP Y FOR PAIN PROTOCOL WITHIN THE ED OBSERVATION UNIT -CLINICIANS ACROSS MULTIPLE DISCIPLINES WERE TRAINED IN NON-OPIOID PAIN MANAGEMENT MODALITIES INCLUDING EMPOWERED RELIEF AND EXPL AIN PAIN.LINKAGE TO TREATMENTAT THE LVH-LEHIGH VALLEY CAMPUSES, THE HOSPITAL PARTNERS WITH LEHIGH AND NORTHAMPTON COUNTIES ON A WARM-HAND OFF PROGRAM CALLED THE HOSPITAL OPIOID SUP PORT TEAM (HOST). THROUGH THIS PROGRAM, WHEN PATIENTS COME IN TO THE EMERGENCY DEPARTMENT (ED) WITH SUBSTANCE ABUSE CONCERNS LVHN STAFF ARE ABLE TO CALL A HOST ASSESSOR WHO COMES D IRECTLY TO THE ED TO PROVIDE AN ASSESSMENT AND CONNECT THE PATIENT TO TREATMENT, DECREASIN G THE TIME BETWEEN IDENTIFICATION AND REFERRAL TO TREATMENT. IN FY21, THERE WERE 1,746 HOS T ENCOUNTERS FOR LEHIGH AND NORTHAMPTON COUNTIES (SLIGHTLY DOWN FROM 1,981 IN FY20). IN AD DITION, LVH-LEHIGH VALLEY HAS AN ADDICTION RECOVERY SPECIALIST (ARS) AND HIRED ANOTHER CER TIFIED RECOVERY SPECIALIST (CRS) TO HELP CONNECT PATIENTS ADMITTED TO THE HOSPITAL TO DRUG AND ALCOHOL TREATMENT (AS WELL AS ENGAGE IN STIGMA REDUCTION AND EDUCATION ACTIVITIES). A N ADDITIONAL 238 ENCOUNTERS WITH PATIENTS WERE CONDUCTED BY THE ARS AND CRS IN FY21 (DOWN FROM 257 IN FY20). HARM REDUCTION-TAKE-HOME NALOXONE WAS PROVIDED AT NO COST TO PATIENTS F ROM ALL NETWORK EMERGENCY DEPARTMENTS (ED) AS WELL AS LEHIGH VALLEY PHARMACY SERVICES LOCA TIONS WHERE A PATIENT WITH A NALOXONE PRESCRIPTION IS UNINSURED OR UNDER-INSURED.-LVHN MAR KETING AND PUBLIC AFFAIRS, IN COLLABORATION WITH LEHIGH COUNTY, HAS FUNDED THE PURCHASE OF 4000 MEDICATION DISPOSAL KITS WHICH WILL BE DISTRIBUTED TO PATIENTS AT RISK AT BOTH HOSPI TAL PHARMACIES, AND AT LOCAL COMMUNITY EVENTS ACROSS THE NETWORK.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION D)	SUICIDE PREVENTIONLVHN IS COMMITTED TO ADDRESSING IS SUICIDE PREVENTION IN THE COMMUNITIES WE SERVE. THE GOAL IS TO PROVIDE EDUCATION, INCREASE AWARENESS, AND DECREASE STIGMA BY CO LLABORATING WITH THE COMMUNITY TO PREVENT SUICIDE. IN LEHIGH, NORTHAMPTON, AND SCHUYLKILL COUNTIES, SUICIDE PREVENTION TASK FORCES HAVE BEEN ESTABLISHED WITH ACTIVE PARTICIPATION F ROM LVHN THROUGHOUT FY20 AND FY21. IN LEHIGH COUNTY, THE LEHIGH COUNTY TASK FORCE IS A COL LABORATION BETWEEN LVHN, THE LEHIGH COUNTY CORONER, THE ALLENTOWN HEALTH BUREAU, LEHIGH CO UNTY MENTAL HEALTH SERVICES, AND PINEBROOK FAMILY ANSWERS. IN FY20, THEY FOCUSED ON THE CO RONER'S DATA REGARDING SUICIDES IN LEHIGH COUNTY OVER A 10-YEAR PERIOD, IN ORDER TO BETTER UNDERSTAND TRENDS AND THE GEOGRAPHIC CONCENTRATION OF SUICIDES IN THE COUNTY. IN FEBRUARY 2021, THIS DATA AND REPORT WERE HIGHLIGHTED AS AN EXEMPLAR THAT OTHER COUNTIES SHOULD REP LICATE BY THE NEWLY FORMED STATEWIDE SUICIDE PREVETION ALLIANCE. BASED ON THAT DATA, THE G ROUP IS:-FACILITATING CONVERSATIONS WITHIN LEHIGH COUNTY THAT HAVE HIGHER RATES OF SUICIDE TO BETTER UNDERSTAND THE ISSUE AND CO-DESIGN POTENTIAL SOLUTIONS-DEVELOPING A PUBLIC SERV ICE ANNOUNCEMENT-DETERMINING WAYS, THEY CAN PROMOTE HEALTH AND WELL-BEING AMONG YOUTH BEFO RE SUICIDE BECOMES A REALITY-LVHN CREATED BROCHURES FOR THE PRIMARY AND SPECIALTY CARE PRA CTICES ABOUT LETHAL MEANS AND SUICIDE TO CREATE AWARENESS AMONG THE COMMUNITY-A VIDEO ENTI TLED DO NO HARM WAS PREVIEWED IN OCTOBER 2019 AND AIRED ON PBS IN MAY 2020. THE VIDEO LOOK S AT SUICIDE AMONG PHYSICIANS AND RESIDENTS. IN NORTHAMPTON COUNTY, THE NORTHAMPTON SUICID E PREVENTION TASKFORCE AIMS TO DEVELOP AND IMPLEMENT STRATEGIES TO REDUCE THE RISK OF SUIC IDE AND STIGMA OF MENTAL ILLNESS IN NORTHAMPTON COUNTY THROUGH THE COLLABORATIVE EFFORTS O F COMMUNITY AGENCIES AND SERVICE PROVIDERS. THE GOAL IS TO REDUCE DEATH-BY-SUICIDE IN NORT HAMPTON COUNTY BY 20%. FROM 2018 TO 2019, NORTHAMPTON COUNTY SAW A DECREASE IN SUICIDES FR OM 53 IN 2018 TO 40 IN 2019. IN FY20, THE GROUP APPLIED FOR AND RECEIVED GRANT FUNDING TO TRAIN PROFESSIONAL IN THE QPR MODEL AND HELD TRAININGS PARTICULARLY FOR THE ELDERLY IN NOR THAMPTON COUNTY AND HOSTED A SERIES QPR GATEKEEPER TRAININGS IN 2020 AND 2021. ALSO IN 202 0, THE TASK FORCE PARTNERED WITH NAMI TO CREATE THE PUBLIC SERVICE ANNOUNCEMENTS BELOW. TH EY WERE FILMED IN NORTHAMPTON COUNTY WITH NORTHAMPTON COUNTY RESIDENTS. IN EARLY 2021, NOR THAMPTON COUNTY FORMED ITS FIRST LOSS TEAM. LOSS STANDS FOR LOCAL OUTREACH TO SUICIDE SURV IVORS. NORTHAMPTON COUNTY IS ONE OF THE FIRST IN THE STATE TO HAVE A TEAM LIKE THIS. A LOS S TEAM IS MADE UP OF TRAINED SURVIVORS AND/OR THOSE WHO HAVE BEEN IMPACTED BY A SUICIDE. T HE TEAM WOULD BE CALLED TO ASSIST INDIVIDUALS WHO HAVE JUST LOST SOMEONE TO SUICIDE TO DIS SEMINATE INFORMATION ABOUT RESOURCES AND BE A SOURCE OF HOPE FOR THE NEWLY BEREAVED. THE P RIMARY GOAL IS TO PROVIDE SURVIVORS OF SUICIDE WITH RESOURCES AND TO LET THEM KNOW THAT RE SOURCES EXIST TO HELP THEM FOL

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION D)	LOWING THE SUICIDE.

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

Part I General Information on Grants and Assistance

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

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

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

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

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING LOANS AND SCHOLARSHIPS	58	487,421		BOOK	
(2) JIROLANO TUITION AIDE SCHOLARSHIP	1	600		BOOK	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	LOAN AGREEMENTS - LOAN AGREEMENTS WERE AWARDED TO SENIOR NURSING STUDENTS IN A BACHELOR OF SCIENCE NURSING PROGRAM. CRITERIA FOR LOAN AGREEMENTS TO STUDENTS IN A BSN GRADUATE NURSE PROGRAM ARE: A COMPLETED APPLICATION, 2 LETTERS OF RECOMMENDATION FROM THEIR MOST RECENT CLINICAL INSTRUCTORS, AN OFFICIAL TRANSCRIPT DEMONSTRATING AN OVERALL GPA OF 3.0 OR HIGHER AND A ONE PAGE ESSAY DESCRIBING THEIR MOTIVATION, LEADERSHIP AND ACADEMIC ACCOMPLISHMENTS IN NURSING. IF ABOVE INFORMATION IS SUBMITTED AND CONSIDERED FAVORABLE, INTERVIEWS ARE SCHEDULED WITH SELECTION COMMITTEE MEMBERS. IF CONSIDERED FAVORABLE AFTER ALL INTERVIEWS HAVE BEEN CONDUCTED, A LOAN AGREEMENT IS OFFERED IN WRITING FOR THEM TO REVIEW. IF CANDIDATE VERBALLY ACCEPTS, THEY ARE INVITED TO MAKE AN APPOINTMENT TO SIGN THE CONTRACT. THE CONTRACT IS THEN NOTARIZED AFTER ALL PARTIES HAVE REVIEWED AND SIGNED. THEIR COMMITMENT BACK TO THE HOSPITAL IS FOR TWO YEARS FROM THE DATE OF HIRE IN THE NEW GRADUATE/RN POSITION. (SOME CANDIDATES ARE CURRENT EMPLOYEES IN OTHER POSITIONS, SO WE CONSIDER ONLY THE HIRE DATE OF THE REGISTERED NURSE POSITION TOWARD THE WORK COMMITMENT.) IF CANDIDATE DOES NOT FULFILL THEIR COMMITMENT, THE LOAN AGREEMENT DOLLARS ARE PRO-RATED AND REPAYMENT IS DUE IMMEDIATELY, PLUS INTEREST. WE HAD 4 NEW DNP LOAN AGREEMENTS OFFERED IN FY2021. SCHOLARSHIPS - SCHOLARSHIPS ARE OFFERED TO CURRENT REGISTERED NURSE EMPLOYEES. AN APPLICATION IS COMPLETED ALONG WITH A LETTER OF RECOMMENDATION FROM THEIR DIRECT SUPERVISOR/DIRECTOR, AND A COPY OF THEIR MOST RECENT PERFORMANCE EVALUATION. IF RN IS CURRENTLY ACTIVE IN A PROGRAM, AN OFFICIAL COPY OF THEIR CURRENT TRANSCRIPT WOULD ALSO BE REQUIRED. EMPLOYEES MUST BE CURRENTLY ENROLLED IN A NURSING PROGRAM PRIOR TO APPLYING FOR THE SCHOLARSHIP. IF EMPLOYEE ACCEPTS AND SIGNS A "RECEIPT OF NURSING EDUCATION TUITION PAYMENTS PROGRAM NOTE, THERE IS NO PAYBACK OR WORK COMMITMENT REQUIRED UPON GRADUATION OR SEPARATION. THERE WERE A TOTAL OF 58 LOAN AGREEMENTS, 21 NEW RN-BSN SCHOLARSHIPS AND 24 NEW MSN SCHOLARSHIP AWARDED IN FY2021. THE TOTAL FUNDS USED FOR ALL LOAN AGREEMENTS AND SCHOLARSHIPS WAS $487,420.89.

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY HOSPITAL IN CALENDAR YEAR 2020: DEBORAH BREN, DO, TRUSTEE - $11,046 TERRY CAPUANO, FORMER PRESIDENT, LVH/TRUSTEE - $240,683 EDWARD DOUGHERTY, SVP & CHIEF BUSINESS DEVELOPMENT OFFICER - $129,666 BRYAN G. KANE, MD, TRUSTEE - $11,397 WILLIAM M. KENT, MHA, FORMER TRUSTEE - $92,168 MATTHEW M. MCCAMBRIDGE, CHIEF QUALITY & PATIENT SAFETY OFFICER - $82,816 MICHAEL MINEAR, SVP & CHIEF INFORMATION OFFICER - $124,942 ROBERT MURPHY, JR., MD, EVP & CHIEF PHYSICIAN EXECUTIVE - $179,214 BRIAN NESTER, DO, PRESIDENT/CEO, LVHN/TRUSTEE - $548,192 LYNN TURNER, CHIEF HUMAN RESOURCES OFFICER - $214,245 THOMAS V. WHALEN, MD, MMM, FORMER ASSISTANT SECRETARY - $235,792 THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OF LEHIGH VALLEY PHYSICIAN GROUP, A RELATED ORGANIZATION, IN CALENDAR YEAR 2020: JOSEPH E. PATRUNO, MD, FORMER TRUSTEE - $10,635 MICHAEL ROSSI, MD, PRESIDENT, LVH/TRUSTEE - $225,159

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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBERT BEGLIOMINI PRESIDENT, LVH-M/TRUSTEE	(i)	413,322	65,142	-5,249	0	50,867	524,082	0
	(ii)	0	0	0	0	0	0	0
1DEBORAH BREN DO TRUSTEE	(i)	304,065	27,811	7,805	0	47,663	387,344	0
	(ii)	0	0	0	0	0	0	0
2BRYAN G KANE MD TRUSTEE	(i)	345,288	14,918	7,951	0	27,620	395,777	0
	(ii)	0	0	0	0	0	0	0
3THOMAS MARCHOZZI TREASURER	(i)	700,813	299,964	-4,597	0	37,017	1,033,197	0
	(ii)	0	0	0	0	0	0	0
4BRIAN A NESTER DO PRESIDENT/CEO, LVHN/TRUSTEE	(i)	1,311,923	797,300	556,213	0	53,756	2,719,192	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL ROSSI MD PRESIDENT, LVH/TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	652,766	294,284	236,600	0	48,766	1,232,416	0
6ROBERT THOMAS ASSISTANT TREASURER	(i)	310,209	51,430	-1,026	0	32,397	393,010	0
	(ii)	0	0	0	0	0	0	0
7ROBERT MURPHY JR MD EVP & CHIEF PHYSICIAN EXECUTIVE	(i)	676,861	265,235	178,876	0	53,756	1,174,728	0
	(ii)	0	0	0	0	0	0	0
8LYNN TURNER CHIEF HUMAN RESOURCES OFFICER	(i)	444,966	230,515	220,871	0	11,400	907,752	0
	(ii)	0	0	0	0	0	0	0
9EDWARD DOUGHERTY SVP & CHIEF BUSINESS DEVELOPMENT OFF	(i)	495,901	191,893	139,977	0	43,485	871,256	0
	(ii)	0	0	0	0	0	0	0
10MICHAEL MINEAR MS SVP & CHIEF INFORMATION OFFICER	(i)	476,021	187,015	133,511	0	36,485	833,032	0
	(ii)	0	0	0	0	0	0	0
11 MATTHEW M MCCAMBRIDGE CHIEF QUALITY & PATIENT SAFETY OFFIC	(i)	492,500	104,348	81,047	0	34,156	712,051	0
	(ii)	0	0	0	0	0	0	0
12TERRY CAPUANO FORMER PRESIDENT, LVH/TRUSTEE	(i)	773,654	291,950	252,956	0	42,085	1,360,645	0
	(ii)	0	0	0	0	0	0	0
13WILLIAM M KENT MHA FORMER TRUSTEE	(i)	588,119	70,127	94,242	0	34,522	787,010	0
	(ii)	0	0	0	0	0	0	0
14JOSEPH E PATRUNO MD FORMER TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	368,070	11,518	1,611	0	56,539	437,738	0
15 MATTHEW SORRENTINO ESQ FORMER SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	649,184	495,723	29,666	0	29,913	1,204,486	0
16 THOMAS V WHALEN MD MMM FORMER ASSISTANT SECRETARY	(i)	753,598	322,405	247,755	0	44,785	1,368,543	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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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	52480GCB8	12-12-2012	154,924,763	CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND 10/17/01, 5/21/03 ISSUES		X		X		X
B	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCF9	07-30-2015	72,969,788	CONSTRUCT, RENOVATE, EQUIP FACILITIES		X		X		X
C	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GCX0	09-15-2016	152,250,999	REFUND 9/15/05, 6/4/08 ISSUES		X		X		X
D	LEHIGH COUNTY GENERAL PURPOSE AUTHORITY	91-1886539	52480GDW1	11-13-2019	385,174,237	CONSTRUCT, RENOVATE, EQUIP FACILITIES; REFUND 4/1/11, 2/15/12, 6/1/12 ISSUES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	395,000		7,330,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	154,924,763	72,994,964	152,250,999	386,296,880
4	Gross proceeds in reserve funds				5,756,918
5	Capitalized interest from proceeds				16,821,216
6	Proceeds in refunding escrows	74,558,690		150,509,413	100,005,000
7	Issuance costs from proceeds	1,860,390	1,125,000	1,741,586	1,864,063
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	78,500,000	71,869,964		223,274,835
11	Other spent proceeds	5,683			155,438
12	Other unspent proceeds				38,419,410
13	Year of substantial completion	2012	2017	2017	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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								
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		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

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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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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	52480GDY7	11-13-2019	129,198,956	REFUND 4/1/11, 7/30/15 ISSUES		X		X		X
B	NORTHAMPTON COUNTY GENERAL PURPOSE AUTHORITY	23-3007498		11-13-2020	18,243,597	CONSTRUCT & EQUIP FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,286,850			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	129,198,956	18,243,597		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		395		
6	Proceeds in refunding escrows	128,700,000			
7	Issuance costs from proceeds	444,437	64,000		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		57,495		
11	Other spent proceeds	54,519	36,000		
12	Other unspent proceeds		18,085,707		
13	Year of substantial completion	2019			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(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/LVHH/HHWC	121,487	94 BRODHEAD ASSOCIATES LEASES OFFICE SPACE TO LVPG AT FAIR MARKET VALUE.		No

Part V Supplemental Information

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

Return Reference	Explanation

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

OMB No. 1545-0047

2020

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	1	750	FAIR MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		212,733	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	71	77,464	FAIR MARKET VALUE
20	Drugs and medical supplies	X	69	63,314	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (TOYS/ACTIVITIES)	X	43	66,845	FAIR MARKET VALUE
26	Other ▶ (SERVICES)	X	6	57,245	FAIR MARKET VALUE
27	Other ▶ (GIFT CARDS)	X	67	18,823	COST
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 116

			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 isn't 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 nonstandard 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 didn't 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.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL (LVRCH OF LVHN AT LVH AND LVH-M) - INTRODUCED IN MAY 2012, OFFERS THE MOST WIDE-RANGING, SPECIALIZED HEALTH CARE SERVICES FOR CHILDREN OF A NY FACILITY IN THE REGION. LEHIGH VALLEY REILLY CHILDREN'S HOSPITAL HAS THE REGION'S ONLY CHILDREN'S EMERGENCY DEPARTMENT, LEVEL IV NICU, CHILDREN'S AMBULATORY SURGERY CENTER, AND CHILDREN'S CANCER AND INFUSION CENTER AT LVH-CEDAR CREST. WE ALSO HAVE THE REGION'S ONLY C HILD ADVOCACY CENTER AT LVH-17TH STREET. LVRCH OF LVHN IS THE REGION'S ONLY INSTITUTIONAL MEMBER OF THE CHILDREN'S HOSPITAL ASSOCIATION AND HAS THE ONLY PEDIATRIC RESIDENCY TRAININ G PROGRAM. LVRCH ALSO HAS A LEVEL II NICU AND AN ADOLESCENT INPATIENT PSYCHIATRIC UNIT AT LVH-MUHLENBERG. WE HAVE A PEDIATRIC SLEEP CENTER, AND A PEDIATRIC CYSTIC FIBROSIS CENTER. WE HAVE MULTIPLE SURGICAL AND MEDICAL SPECIALISTS WHO PROVIDE CARE WITHIN LVRCH (SEE BELOW). WE ALSO PROVIDE SERVICES TO CHILDREN WITH BLEEDING DISORDERS THROUGH THE LVH HEMOPHILIA TREATMENT CENTER. WE HAVE TWO SCHOOL-BASED CLINICS IN PARTNERSHIP WITH THE ALLENTOWN SCHO OL DISTRICT AT THE SHERIDAN AND HAYS SCHOOLS. THROUGH OUR SCHOOL-BASED BEHAVIORAL HEALTH S ERVICES WE PROVIDE MENTAL HEALTH CARE TO STUDENTS IN OVER 12 SCHOOL DISTRICTS ACROSS THE R EGION. OUR CLINIC FOR CHILDREN WITH MEDICAL COMPLEXITY IS AT OUR CHILDREN'S CLINIC AT 17TH & CHEW. WE HAVE THE REGION'S ONLY CHILDREN'S EXPRESS CARE AT 2 SITES. IN JULY OF 2021 WE OPENED AN EXPANDED PEDIATRIC INTENSIVE CARE UNIT, INCREASING THE BEDS FROM 8 TO 12. WE ALS O OPENED A NEW AND MUCH EXPANDED CHILDREN'S EMERGENCY ROOM AND PEDIATRIC OBSERVATION UNIT. WE ADMITTED 4,157 CHILDREN TO OUR CHILDREN'S HOSPITAL AND SAW AROUND 14,000 IN OUR CHILDR EN'S ER (REDUCED VOLUMES DUE TO THE COVID PANDEMIC). THE REILLY CHILDREN'S HOSPITAL AFFILI ATED PROFESSIONALS AND STAFF ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF CHILD REN IN THE REGION. WE ARE ACTIVE MEMBERS OF CHILDREN'S HOSPITALS' SOLUTIONS FOR PATIENT SA FETY, A NATIONAL ORGANIZATION OF OVER 130 CHILDREN'S HOSPITALS, WHICH PROMOTES PATIENT SAF ETY THROUGH SHARING OF OUTCOMES AND PROCESS METRICS, AND COLLABORATIVE INNOVATION. WE HAVE DEVELOPED OVER 25 CLINICAL PATHWAYS, WHICH DRIVE HIGH-QUALITY, EFFICIENT CARE. THE LVRCH FAMILY ADVISORY COUNCIL CONTINUES TO ASSIST US IN SHAPING FAMILY-CENTERED PROGRAMS, PROCES SES AND PLACES. LVRCH OF LVHN PROVIDES SPECIALIZED PEDIATRIC TRAUMA AND BURN CARE, PEDIATR IC CANCER CARE AND EXPERT INPATIENT CARE IN THE PEDIATRIC AND NEONATAL INTENSIVE CARE UNIT S AND ON THE PEDIATRIC UNIT. LVHN'S BOARD-CERTIFIED PHYSICIANS PROVIDE CHILDREN'S CARE IN GREATER THAN 30 PEDIATRIC SPECIALTIES INCLUDING PEDIATRIC SURGERY, PEDIATRIC UROLOGY, PEDI ATRIC ENT, PEDIATRIC PLASTIC SURGERY, PEDIATRIC ANESTHESIA, PEDIATRIC RADIOLOGY, PEDIATRIC HEMATOLOGY-ONCOLOGY, PEDIATRIC PULMONOLOGY, PEDIATRIC NEUROLOGY, PEDIATRIC ENDOCRINOLOGY, PEDIATRIC INFECTIOUS DISEASE, PEDIATRIC RHEUMATOLOGY, PEDIATRIC GASTROENTEROLOGY, PEDIATR IC HOSPITAL MEDICINE, DEVELOPM

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	ENTAL PEDIATRICS, CHILD PROTECTION MEDICINE, AND CHILD AND ADOLESCENT PSYCHIATRY. LVRCH CH ILD PROTECTION TEAM EVALUATES CHILDREN WHO MAY HAVE BEEN ABUSED OR NEGLECTED. THIS TEAM IN CLUDES A BOARD-CERTIFIED CHILD ABUSE SPECIALIST. THE LEHIGH VALLEY REILLY CHILDREN'S HOSPI TAL IN PARTNERSHIP WITH VALLEY HEALTH PARTNERS IS CONTINUING THE ALLENTOWN CHILDREN'S HEAL TH IMPROVEMENT PROJECT (ACHIP), WHICH IS A COMMUNITY-BASED NEEDS ASSESSMENT, RESOURCE CONN ECTION, AND FAMILY EMPOWERMENT SERVICES FOR FAMILIES WITH WOMEN WHO ARE PREGNANT AND/OR CH ILDREN UNDER 5 YEARS OLD. LVRCH OF LVHN PROVIDES AND SUPPORTS EDUCATIONAL SERVICES. OUR WE LLER EDUCATION SERVICES PROVIDE HIGHLY REGARDED PROGRAMS ADMINISTERED BY PROFESSIONAL EDUC ATOR IN SCHOOLS ACROSS THE REGION. LVHN PROMOTES SAFETY AND HEALTHY LIVING IN VARIOUS FORU MS THROUGHOUT THE YEAR. THE MOST NOTABLE IS OUR COMMUNITY CANVAS PROGRAM, WHICH IN PARTNER SHIP WITH THE KELLYN FOUNDATION PROVIDES PROGRAMS IN OVER 15 ELEMENTARY SCHOOLS THAT PROMO TE GOOD NUTRITION AND HEALTHY LIVING. IMAGING SERVICES - THE RADIOLOGY DEPARTMENT PROVIDES A VARIETY OF DIAGNOSTIC AND THERAPEUTIC PROCEDURES FOR PATIENTS OF ALL AGES, 24 HOURS A D AY, SEVEN DAYS PER WEEK. RADIOLOGY SERVICES INCLUDE THE PROVISION OF EMERGENT, ACUTE, PREV ENTATIVE, CONSULTATIVE, DIAGNOSTIC AND THERAPEUTIC IMAGING TO PATIENTS IN THE EMERGENCY, S URGICAL, INPATIENT AND OUTPATIENT SETTINGS OF LVHN. THE DEPARTMENT PERFORMS AN AVERAGE OF 1,548 PROCEDURES PER DAY. OUTPATIENTS ACCOUNT FOR 78% OF THESE EXAMINATIONS, WHILE INPATIE NTS ACCOUNT FOR THE REMAINING 22%. SERVICES ARE PROVIDED AT MULTIPLE SITES: AT LVH-CEDAR C REST THE FOLLOWING SERVICES ARE OFFERED: VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY , NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY AND NEURORADIOLOGY. IMAGE MANAGEMENT SERVICES, MAGNETIC RESONANCE IMAGING (MRI), DEXA, AND PET-CT SERVICES ARE PROV IDED THROUGH AN AFFILIATED PARTNER. AT LVH-17TH STREET, THE FOLLOWING SERVICES ARE OFFERED : DIAGNOSTIC IMAGING, COMPUTERIZED TOMOGRAPHY, ULTRASOUND, VASCULAR LAB, AND IMAGE MANAGEM ENT SERVICES. SERVICES AT LVH-M INCLUDE: VASCULAR LAB, ULTRASOUND, COMPUTERIZED TOMOGRAPHY , NUCLEAR MEDICINE, DIAGNOSTIC IMAGING, INTERVENTIONAL RADIOLOGY, SPECT-CT, AND MOBILE PET -CT, AS WELL AS IMAGE MANAGEMENT SERVICES. MAGNETIC RESONANCE IMAGING (MRI) SERVICES ARE P ROVIDED AT LVH-MUHLENBERG FOR BOTH INPATIENT AND OUTPATIENT THROUGH AN AFFILIATED PARTNER. THE LVH-TILGHMAN CAMPUS OFFERS DIAGNOSTIC IMAGING SERVICES FOR THE EXPRESS CARE AND ORTHO PEDIC SURGERY DIVISION. LIMITED ULTRASOUND/VASCULAR IMAGING IS ALSO PROVIDED FOR INPATIENT S. AT THE LVHN HEALTH CENTER LOCATIONS, THE DEPARTMENT OFFERS DIAGNOSTIC IMAGING AND ULTRA SOUND AT THE HEALTH CENTER AT BETHLEHEM TOWNSHIP, HEALTH CENTER AT RICHLAND TOWNSHIP, HEAL TH CENTER AT FOGELSVILLE, HEALTH CENTER AT HAMBURG (DIAGNOSTIC ONLY), HEALTH CENTER AT MOS ELEM SPRINGS, AND THE HEALTH CENTER AT TREXLERTOWN. THE HEALTH CENTER AT BATH OFFERS DEXA, DIAGNOSTIC IMAGING, ULTRASOUN

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	D SERVICES AND PHLEBOTOMY. THE HEALTH CENTER AT BANGOR OFFERS DEXA, DIAGNOSTIC IMAGING, AN D ULTRASOUND SERVICES. IMAGING SERVICES AT CETRONIA ROAD OFFERS COMPUTERIZED TOMOGRAPHY, D EXA, DIAGNOSTIC IMAGING, MRI, AND ULTRASOUND SERVICES. WE INCREASED ACCESS WITH THREE NEW OUTPATIENT IMAGING SITES. LVHN IMAGING AND BREAST HEALTH SERVICES AT LEHIGHTON OFFERS DIAG NOSTIC IMAGING AND ULTRASOUND SERVICES. IMAGING SERVICES AT 1101 CEDAR CREST AND IMAGING S ERVICES AT AIRPORT ROAD OFFER DIAGNOSTIC IMAGING. PHARMACY SERVICES - LEHIGH VALLEY PHARMA CY SERVICES OFFERS A RANGE OF PHARMACY SERVICES IN THREE CONVENIENT, PATIENT FOCUS LOCATIO NS: ONE AT THE CEDAR CREST SITE, ONE AT THE 17TH & CHEW SITE, AND ONE AT THE MUHLENBERG SI TE. OUR SPECIALTY PHARMACY AND HOME INFUSION PHARMACY, LOCATED AT 2024 LEHIGH STREET, PROV IDED HOME INFUSION AND SPECIALTY PHARMACY SERVICES TO RESIDENTS OF SURROUNDING COUNTIES IN EASTERN PENNSYLVANIA. PHARMACY SERVICES INCLUDE PRESCRIPTIONS, COMPOUNDING, SPECIALTY MED ICATIONS, VACCINATIONS, OVER-THE-COUNTER, HERBAL/ALTERNATIVE MEDICATIONS, PERSONAL CARE PR ODUCTS, FIRST AID, WOUND CARE, OSTOMY, KNEE BRACES, ORTHOTICS, VASCULAR GARMENTS, POST-MAS TECTOMY, BREAST PROSTHESES, DIABETIC SUPPLIES, AND HOME INFUSION. THE RETAIL PHARMACIES AR E ACCREDITED BY THE BOARD OF CERTIFICATION/ACCREDITATION INTERNATIONAL, THE SPECIALTY PHAR MACY IS ACCREDITED BY URAC AND THE HOME INFUSION PHARMACY IS ACCREDITED BY COMMUNITY HEALT H ACCREDITATION PROGRAM. THE RETAIL PHARMACIES ARE EQUIPPED WITH WORKFLOW, COUNTING CELL, AND BAR CODE SCANNING TECHNOLOGY. PILLS IN A POUCH COMPLIANCE PACKAGING, BEDSIDE DELIVERY, AND CONVENIENCE SHIPPING ARE ALSO OFFERED. IN FISCAL YEAR 2021, 391,235 PRESCRIPTIONS WER E FILLED, AND 4,762 INFUSION PATIENTS WERE SERVICED. THE LEHIGH VALLEY HEALTH NETWORK INPA TIENT PHARMACY SERVICES ARE NATIONALLY RECOGNIZED FOR EFFORTS IN MEDICATIONS SAFETY AND AD VANCES IN TECHNOLOGY. THE DEPARTMENT UTILIZES ADVANCED MEDICATION SAFETY TECHNOLOGIES INCL UDING COMPUTERIZED PROVIDER ORDER ENTRY, BEDSIDE BARCODING MEDICATION VERIFICATION, TWO ME DICATION DISPENSING ROBOTS, AND AUTOMATED DISPENSING CABINETS. THE STAFF HAS BOARD CERTIFI ED CLINICAL PHARMACY SPECIALISTS IN THE AREAS OF INFECTIOUS DISEASE, ADULT AND PEDIATRIC O NCOLOGY, TRAUMA, BURN, CRITICAL CARE, PEDIATRICS, CARDIOLOGY, SOLID ORGAN TRANSPLANT, EMER GENCY MEDICINE, ENDOCRINOLOGY, AND INTERNAL MEDICINE. THE DEPARTMENT USES A UNIT-BASED MOD EL TO PROVIDE PHARMACY SERVICES AT THE POINT OF CARE. GUIDED BY THE QUADRUPLE AIM, PHARMAC Y SERVICES CONTINUES TO INNOVATE, PROVIDING THE HIGHEST LEVEL OF CARE TO OUR PATIENTS THRO UGH OUTSTANDING CLINICAL SERVICES, AND A DISTRIBUTION MODEL THAT PROVIDES SAFETY AND EFFIC IENCIES LIKE NO OTHER.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	COMMUNITY PRACTICES AND PROGRAMS - LOCATED IN THE HEART OF ALLENTOWN, LEHIGH VALLEY HOSPIT AL (LVH)-17TH STREET WAS FOUNDED OVER 120 YEARS AGO AND IS THE ORIGINAL HOSPITAL IN THE EI GHT-CAMPUS LEHIGH VALLEY HEALTH NETWORK HOSPITAL SYSTEM. WALKABLE AND EASILY ACCESSIBLE VI A PUBLIC TRANSPORTATION, LVH-17TH STREET IS A HUB OF COMMUNITY WELLNESS OFFERING A RANGE O F ESSENTIAL PROGRAMS AND SERVICES FOR ALLENTOWN'S MOST VULNERABLE RESIDENTS INCLUDING BUT NOT LIMITED TO: EMERGENCY CARE, AMBULATORY SURGERY, BREAST HEALTH SERVICES, A MENTAL HEALT H CARE CLINIC, INPATIENT HOSPICE CARE, INPATIENT REHABILITATION SERVICES AND A FULL-SERVIC E PHARMACY. IN ADDITION, LVH-17TH STREET IS HOME TO SEVERAL COMMUNITY PRACTICES AND PROGRA MS THAT PROVIDE QUALITY, COMPASSIONATE CARE FOR ALL MEMBERS OF THE COMMUNITY, WITH THE MAJ ORITY OF PATIENTS EITHER QUALIFYING FOR MEDICAID OR HAVING NO INSURANCE, INCLUDING: INTERP RETER SERVICES WHICH IMPROVES OUTCOMES AND REDUCES HEALTH CARE DISPARITIES FOR NON-ENGLISH SPEAKING PATIENTS AND THOSE WHO ARE DEAF AND HARD OF HEARING THROUGH IN-PERSON, VIDEO, AN D PHONE INTERPRETING PROVIDED BY CERTIFIED MEDICAL INTERPRETERS; COMPREHENSIVE HEALTH SERV ICES WHICH IS THE REGION'S LARGEST HEALTH CARE PROVIDER FOR PATIENTS LIVING WITH OR AFFECT ED BY HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND SERVES OVER 1,000 PATIENTS; LVPG GERIATRICS A ND THE FLEMING MEMORY CENTER WHICH PROVIDE SPECIALIZED GERIATRIC PATIENT CARE AS WELL AS S UPPORT AND GUIDANCE TO PATIENTS AND FAMILIES AFFECTED BY MEMORY LOSS; THE JOHN VAN BRAKLE CHILD ADVOCACY CENTER LED BY THE LEHIGH VALLEY HOSPITAL CHILD PROTECTION MEDICINE DEPARTME NT WHICH AIMS TO MINIMIZE THE TRAUMA CHILDREN EXPERIENCE DURING A CHILD ABUSE INVESTIGATIO N BY COORDINATING SERVICES IN A SINGLE CHILD-FRIENDLY LOCATION; THE 17TH STREET DENTAL CLI NIC WHICH PROVIDES COMPREHENSIVE DENTAL CARE TO CHILDREN AND ADULTS IN THE HOSPITAL SETTIN G AND VIA A MOBILE UNIT; THE HEPATITIS CARE CENTER WHICH PROVIDES SPECIALTY CARE FOCUSED O N VIRAL HEPATITIS; AND, THE SCHOOL-BASED BEHAVIORAL HEALTH PROGRAM WHICH PROVIDES LICENSED OUTPATIENT MENTAL HEALTH SERVICES TO HUNDREDS OF UNINSURED AND UNDERINSURED CHILDREN ANNU ALLY. IN ADDITION, LVH-17TH STREET OFFERS FOOD SECURITY PROGRAMS FOR PATIENTS IN NEED AND SERVES AS A CENTRALIZED LOCATION FOR PATIENTS TO ACCESS OTHER RESOURCES INCLUDING FINANCIA L COUNSELING AND LEGAL SUPPORT. COMMUNITY HEALTH - IN FY2021, LVHN SUPPORTED THE ESTABLISH MENT OF A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) LOOK-A-LIKE, VALLEY HEALTH PARTNERS (VH P), IN ALLENTOWN, COMMUNITY HEALTH HAS HISTORICALLY WORKED CLOSELY WITH THE 17TH STREET CL INICS, TARGETING OUR PILOTS AND INTERVENTIONS TO PATIENTS OF THOSE CLINICS. AS A RESULT TH E FLAGSHIP PROGRAMS THAT WERE PREVIOUSLY PART OF COMMUNITY HEALTH WERE INTEGRATED INTO VHP AS PART OF THEIR ENABLING SERVICES, INCLUDING STREET MEDICINE PROGRAM, THE ALLENTOWN CHIL DREN'S HEALTH IMPROVEMENT PROGRAM (ACHIP), VETERANS HEALTH PROGRAM, AND THE MEDICAL-LEGAL PARTNERSHIP. THIS CHANGE WAS E

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	FFECTIVE JULY 1, 2020. POPULATION HEALTH COMMUNITY CARE TEAMS - IN 2014, LVHN ADOPTED A VI SION STATEMENT, 'TO BECOME AN INNOVATIVE LEADER IN POPULATION HEALTH (PH) MANAGEMENT.' SIN CE THEN, WE'VE BEEN BUILDING OUR CAPACITY AND COMPETENCIES SO THAT WE CAN ACCOMPLISH THIS. WE DEFINE POPULATION HEALTH AS 'THE HEALTH AND HEALTH OUTCOMES OF A GROUP OF INDIVIDUALS, INCLUDING HOW THOSE OUTCOMES ARE DISTRIBUTED ACROSS THE GROUP.' PH HAS GAINED SIGNIFICANT TRACTION IN OUR ORGANIZATION OVER THE LAST FEW YEARS, EVEN THOUGH CURRENTLY LESS THAN 10% OF OUR PAYMENT COMES THROUGH VALUE ARRANGEMENTS. NONETHELESS, WE HAVE DONE THE GROUNDWORK FOR THE EVENTUALITY THAT THE NATION'S FINANCING MODEL WILL NEED TO CHANGE TO SUPPORT THE EXECUTION OF A VALUE-DRIVEN, POPULATION HEALTH-BASED DELIVERY SYSTEM. IT IS WITH THIS IN M IND WE HAVE BEGUN TO CREATE A CULTURE OF - DELIVER THE RIGHT INTERVENTION FOR A SPECIFIC P ATIENT IN THE LEAST COSTLY POINT IN THE CARE CONTINUUM. AND CREATE VALUE FOR PATIENTS AND OUR PAYERS SO THAT WE ARE RECOGNIZED AND REIMBURSED FOR THAT KIND OF CARE. PH HAS RESOURCE S THAT WE DEPLOY TO EXECUTE ON OUR GOALS. THE FOLLOWING IS AN OVERVIEW OF THE WORK THESE R ESOURCES COMPLETED IN FY2021: COMMUNITY CARE TEAMS (CCT): CCT(S) WORK WITH HIGH-RISK PATIE NTS BASED ON PREDETERMINED RISK STRATIFICATION, PAYER ARRANGEMENT AND PROVIDER CLINICAL JU DGMENT. CCT(S) HAVE A CARE MANAGER, A PHARMACIST, A BEHAVIORAL HEALTH SPECIALIST, A SOCIAL WORKER, COMMUNITY HEALTH WORKERS, AND/OR MEDICATION ASSISTANCE COORDINATORS. THEY COLLABO RATE WITH LVPG AND MATLAV PRIMARY CARE AND SPECIALTY PRACTICES TO FACILITATE THE MANAGEMEN T OF THE MOST COMPLEX PATIENTS (THESE ARE THE TOP 5% HIGH-RISK LVHN PATIENTS). CCT(S) COVE R 50 PRIMARY CARE PRACTICES AND SPECIALTY PRACTICES ACROSS FIVE COUNTIES. NURSE DRIVEN PRO TOCOLS AND SPECIALTY REFERRALS ALLOW FOR SEAMLESS COLLABORATION WITH OACIS, HOME CARE, REM OTE PATIENT MONITORING, AND OTHER LVHN NETWORK SERVICES. IN FY2021, CCT(S) TOUCHED OVER 14 ,800 UNIQUE PATIENTS AND OVER 73,000 TOTAL PATIENT CONTACTS BY PHONE, PORTAL COMMUNICATION , VIDEO VISITS, OR FACE TO FACE VISITS. IN ADDITION TO WORKING TO HELP PATIENTS GAIN INSUR ANCE, FOOD, SHELTER AND TRANSPORTATION, IN FY2021 CCT(S) FACILITATED OVER $6 MILLION DOLLA RS IN FREE PRESCRIPTION MEDICATIONS. SECURING THESE MEDICATIONS REDUCES AMBULATORY CARE SE NSITIVE ADMISSIONS AND UNNECESSARY EMERGENCY DEPARTMENT VISITS. OVER THE LAST SEVEN FISCAL YEARS, THIS PROGRAM HAS SECURED OVER $26 MILLION DOLLARS IN FREE AND DISCOUNTED PATIENTS FOR LVHN PATIENTS. CARE TRANSITIONS AND NAVIGATIONS: THE CARE TRANSITIONS AND NAVIGATIONS TEAM CONSISTS OF A CENTRALIZED TRANSITION OF CARE (TOC) CALL CENTER AND A CARE NAVIGATION TEAM. BETWEEN BOTH TEAMS, A TOTAL OF 33,445 PATIENTS WERE CALLED POST-DISCHARGE AFTER A HO SPITAL STAY IN AN LVHN INPATIENT, OBSERVATION, OR INPATIENT REHABILITATION UNIT IN FY2021 THAT ARE ATTRIBUTED TO OUR LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION (LVPHO) PRIMARY C ARE PRACTICES. THESE NUMBERS R

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	EPRESENT THE CALLS MADE FOR DISCHARGES FROM LVH-CC, LVH-M, LVH-17, LVH-TL, LVH-S, LVH-P, A ND LVH-H. THIS DEPARTMENT FUNCTIONS 7 DAYS/WEEK AND CALL COMPLIANCE WITHIN 2 BUSINESS DAYS AVERAGES 93%. IN FY2021, THE CENTRALIZED TOC TEAM BEGAN ATTEMPTING TO ENGAGE PATIENTS AT THE HOSPITAL BEDSIDE TO IMPROVE POST-DISCHARGE FOLLOW-UP VISIT RATES. THE % OF LVPG PATIEN TS SEEN WITHIN 7 DAYS OF THEIR HOSPITAL DISCHARGE INCREASED TO 44% (FROM 37% AT THE BEGINN ING OF THE YEAR). ADDITIONALLY, THE TEAM BEGAN COLLABORATING WITH LVPG TO SCHEDULE PATIENT S UNABLE TO BE SEEN IN THEIR PRIMARY CARE OFFICE WITH A SAFETY NET PROVIDER. THE CARE NAVI GATION TEAM CONSISTS OF RN CARE NAVIGATORS AND PRE-ENGAGEMENT SPECIALISTS. TOC AND 90-DAYS OF CARE NAVIGATION SERVICES ARE PROVIDED TO THOSE PATIENTS DISCHARGED AFTER A HOSPITAL ST AY FOR CERTAIN HIGH-RISK CONDITIONS AND/OR PROCEDURES. THESE SERVICES CURRENTLY COVER COND ITIONS IN THE FOLLOWING SPECIALTIES: CARDIAC (AMI, CABG, HF, CARDIAC ARRHYTHMIA, PACEMAKER), MEDICAL & CRITICAL CARE (CELLULITIS, COPD, PNEUMONIA, RENAL FAILURE, SEPSIS, UTI), ORTH OPEDICS (MAJOR JOINT REPLACEMENT, HIP/FEMUR), AND GASTROINTESTINAL (GI HEMORRHAGE/OBSTRUCT ION). COVERAGE DEPENDS ON SITE OF HOSPITAL LOCATION AND IS BASED ON PARTICIPATION IN VARIO US VALUE-BASED CONTRACTS. THE SAME SERVICES ARE ALSO PROVIDED FOR ALL HIGH-RISK PEDIATRIC PATIENTS, WHICH INCLUDES THOSE PEDIATRIC PATIENTS ADMITTED FOR DIABETES, ASTHMA, SICKLE CE LL ANEMIA, SEIZURE DISORDERS, VPG SHUNTS, SUSPECTED ABUSE/NEGLECT, OR THAT HAVE HAD A NICU OR PICU STAY. CERTAIN ELECTIVE SURGICAL CASES FOR CABG AND MAJOR JOINT REPLACEMENT, RECEI VE PRE-SCREEN PHONE CALLS ONE WEEK PRIOR TO ADMISSION TO BEGIN DISCHARGE PLANNING. WITHIN THIS MODEL, THERE IS CLOSE COLLABORATION WITH HOSPITAL MEDICINE, INPATIENT CARE MANAGEMENT , OUTPATIENT PRIMARY AND SPECIALTY CARE OFFICES, AND LVHN ACCESS CENTER TEAM IN ORDER TO E NSURE CONTINUITY OF CARE POST-DISCHARGE FOR THESE PATIENTS.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	RESPONSE TO COVID-19 - DUE TO RISING COVID-19 CASES IN PENNSYLVANIA AND THE LOCAL COMMUNIT Y, MEMBERS OF THE CARE TRANSITIONS AND NAVIGATIONS TEAMS WERE DEPLOYED IN MARCH 2020 TO SU PPORT THE LVHN 24/7 RN COVID-19 HOTLINE. THE NURSES RESPONDED TO COMMUNITY CALLS, OFFERED SUPPORTIVE CARE, FACILITATED TESTING, AND PROVIDED EDUCATION REGARDING HYGIENE, SUSCEPTIBI LITY, PREVENTION, RESOURCES AND HOME CARE OF THE COVID-19 PATIENT. OVER THE NEXT FEW MONTH S, THE TEAM CONTINUED SUPPORTING THE 24/7 RN COVID-19 HOTLINE AND ADDITIONAL WORK, INCLUDI NG NOTIFYING PATIENTS OF POSITIVE RESULTS. THESE CALLS INCLUDED NOTIFICATION OF RESULTS WI TH TEACHING AND GUIDANCE ON NEXT STEPS FOR PATIENTS. SEVERAL RNS PIVOTED TO SUPPORT THE ST REET MEDICINE PROGRAM WORKING WITH HOMELESS COVID POSITIVE PATIENTS. PATIENTS WERE SET UP IN A LOCAL HOTEL BEING USED FOR QUARANTINE PURPOSES. THE RN'S PLACED CALLS TWICE A DAY (IN CLUDING WEEKENDS) FOR SYMPTOM MONITORING AND EDUCATION. IN ADDITION, THEY FACILITATED REMO TE PATIENT MONITORING (RPM) EQUIPMENT ORDER AND DELIVERY TO THE HOTEL. SOCIAL WORKERS AND BEHAVIORAL HEALTH SPECIALISTS WERE AVAILABLE TO PROVIDE ADJUNCT SUPPORT FOR ANY PSYCHOSOCI AL NEEDS, AS IDENTIFIED. IN RESPONSE TO COVID-19, THE TEAM BEGAN PLACING CALLS TO ALL PATI ENTS WITH COVID-19 THAT WERE DISCHARGED FROM THE HOSPITAL (INCLUSIVE OF THE ED), IN ADDITI ON TO THEIR REGULAR TOC OUTREACH COVERAGE. THE PURPOSE OF THESE TOC CALLS IS TO PROVIDE ED UCATION AND SUPPORT TO PATIENTS, REGARDLESS OF PRIMARY CARE ATTRIBUTION. THE TEAM SCHEDULE D PATIENTS WITH THEIR PROVIDER, AND FOR THOSE PATIENTS THAT DID NOT HAVE A PROVIDER OR COU LD NOT BE SEEN TIMELY POST DISCHARGE, THEY WERE OFFERED TO BE SEEN BY A VIRTUAL TOC COVID CLINIC PROVIDER. A REFERRAL TO REMOTE PATIENT MONITORING (RPM) WAS ALSO OFFERED, IF ELIGIB LE, TO ENSURE PATIENTS RECEIVED EXTRA SYMPTOM MONITORING AT HOME. AS AN EXTRA LAYER OF SAF ETY, COVID POSITIVE PATIENTS AND HIGH-RISK PATIENTS RECEIVED WEEKLY FOLLOW-UP CALLS UNTIL THEIR SYMPTOMS WERE RESOLVED, OR EXTRA SUPPORT WAS NO LONGER NEEDED. MAGNET STATUS FOR NUR SING EXCELLENCE IN AUGUST 2002, THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) GRANTED MA GNET DESIGNATION TO LVH AND LVH-MUHLENBERG, THE FIRST FULL-SERVICE HOSPITALS IN PENNSYLVAN IA TO RECEIVE THE RECOGNITION. DEVELOPED BY THE ANCC IN 1994, THE MAGNET DESIGNATION IS TH E AMERICAN NURSES ASSOCIATION'S HIGHEST HONOR FOR EXCELLENCE IN NURSING AND RECOGNIZES LEH IGH VALLEY HOSPITAL AS A NATIONAL AND GLOBAL LEADER IN NURSING EDUCATION, RESEARCH, PATIEN T SATISFACTION, EVIDENCED-BASED CARE, IMPROVED PATIENT OUTCOMES, JOB RETENTION AND THE CEN TRAL ROLE OF NURSING IN THE ORGANIZATION. HEALTH CARE ORGANIZATIONS MUST REAPPLY FOR MAGNE T RECOGNITION EVERY FOUR YEARS. AN ORGANIZATION REAPPLYING FOR MAGNET RECOGNITION MUST PRO VIDE DOCUMENTED EVIDENCE TO DEMONSTRATE HOW STAFF MEMBERS SUSTAINED AND IMPROVED MAGNET CO NCEPTS, PERFORMANCE AND QUALITY OVER THE FOUR-YEAR PERIOD SINCE THE ORGANIZATION RECEIVED ITS MOST RECENT RECOGNITION. A

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):	DDITIONALLY, RE-DESIGNATING ORGANIZATIONS MUST UNDERGO A SITE VISIT BY A TEAM OF MAGNET AP PRAISERS WHO SPEND TIME INTERACTING WITH NURSES AND OTHER COLLEAGUES TO VALIDATE, VERIFY A ND AMPLIFY COMPLIANCE AND ENCULTURATION OF KEY MAGNET MODEL COMPONENTS WHICH INCLUDE TRANS FORMATIONAL LEADERSHIP; STRUCTURAL EMPOWERMENT; EXEMPLARY PROFESSIONAL PRACTICE; NEW KNOWL EDGE, INNOVATIONS AND IMPROVEMENTS; AND EMPIRICAL QUALITY RESULTS. IN 2006, 2011, 2016, AN D 2020, LVH WAS RE-DESIGNATED AS A MAGNET HOSPITAL, CONTINUING TO DEMONSTRATE THE REQUIRED EVIDENCE OF A PRACTICE ENVIRONMENT IN WHICH PROFESSIONAL NURSES AND INTERDISCIPLINARY COL LEAGUES LEAD THE REFORMATION OF HEALTH CARE AND THE CARE OF THE PATIENT, FAMILY, AND COMMU NITY.

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

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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.

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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.

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	LEHIGH VALLEY HEALTH NETWORK 2021 EXECUTIVE COMPENSATION REVIEW IN COMPLIANCE WITH THE REB UTTABLE PRESUMPTION OF REASONABLENESS PROCESS OUTLINED IN THE INTERMEDIATE SANCTIONS REGUL ATIONS (ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE); SULLIVAN COTTER AND ASSOC IATES, INC. (SULLIVAN COTTER) QUALIFIES AS AN INDEPENDENT EXECUTIVE COMPENSATION EXPERT, S PECIALIZING IN THE HEALTH CARE INDUSTRY. SULLIVAN COTTER PROVIDES ADVICE TO THE LEHIGH VAL LEY HEALTH NETWORK EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES TO SUPPORT IT S ATTAINMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTI ONS REGULATIONS. THEY ALSO SUPPORT THE COMMITTEE IN ENSURING THAT THE LVHN EXECUTIVE COMPE NSATION PROGRAM IS COMPETITIVE AND ALIGNED WITH THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY. CHIEF EXECUTIVE OFFICER TOTAL COMPENSATION REVIEW: PROGRAM ANALYSIS: ANALYZE T HE MARKET POSITION OF TOTAL COMPENSATION (BASE SALARY, INCENTIVE, BENEFITS, AND PERQUISITE S) FOR LVHN'S PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) IN RELATION TO CEO MARKET DATA O BTAINED FOR A DEFINED PEER GROUP OF COMPARABLE HEALTH SYSTEMS. THIS INCLUDES THE PREPARATI ON OF TALLY SHEETS FOR THE PRESIDENT AND CEO AS WELL AS AN ANALYSIS OF FORM 990 COMPENSATI ON DATA. THEY ASSESS THE ALIGNMENT OF THE PRESIDENT AND CEO'S COMPENSATION WITH LVHN'S COM PENSATION PHILOSOPHY AND NOTE THE IMPLICATIONS OF THE REVIEW. SULLIVAN COTTER'S ANALYSES A ND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT PROVIDES A REASONABLENESS OPI NION FOR THE INTERMEDIATE SANCTIONS COMPLIANCE. THE REPORT WAS PROVIDED BY SULLIVAN COTTER AT THE AUGUST 11, 2020 EXECUTIVE COMPENSATION COMMITTEE MEETING. CEO COUNCIL EXECUTIVE TO TAL COMPENSATION REVIEW: PROGRAM ANALYSIS: ANALYZE THE MARKET POSITION OF TOTAL COMPENSATI ON (SALARIES, INCENTIVES, BENEFITS, AND PERQUISITES) FOR LVHN'S CEO COUNCIL EXECUTIVES (AP PROXIMATELY 10 TOTAL POSITIONS) IN RELATION TO COMPARABLE POSITIONS IN PEER ORGANIZATIONS. THIS INCLUDES THE PREPARATION OF TALLY SHEETS FOR EACH INDIVIDUAL. SULLIVAN COTTER'S ANAL YSES AND FINDINGS ARE SUMMARIZED IN A REPORT TO THE COMMITTEE THAT ALSO PROVIDES AN OPINIO N OF REASONABLENESS FOR INTERMEDIATE SANCTIONS COMPLIANCE. THE REPORT WAS PROVIDED BY SULL IVAN COTTER AT THE AUGUST 11, 2020 EXECUTIVE COMPENSATION COMMITTEE MEETING. SUMMARY OF ME THODOLOGY TO CONDUCT THIS ANALYSIS, SULLIVAN COTTER: COLLECTED BACKGROUND INFORMATION REGA RDING LVHN'S OPERATIONS, STRUCTURE, SIZE AND SCOPE, AS WELL AS EACH POSITION'S DUTIES. COM PILED MARKET DATA FOR CEO COUNCIL EXECUTIVES CONSISTENT WITH THE EXECUTIVE COMPENSATION PH ILOSOPHY APPROVED BY THE COMMITTEE DURING ITS SEPTEMBER 18, 2020 MEETING: THE MARKET DATA USED FOR LVHN SYSTEM EXECUTIVES IN THIS ASSESSMENT ARE AN EQUALLY WEIGHTED BLEND OF: (1) L VHN'S COMMITTEE-APPROVED PEER GROUP OF 27 NOT-FOR-PROFIT HEALTH SYSTEMS LOCATED IN THE NOR THEAST (EXCLUDING NEW YORK CITY) WITH NET OPERATING REVENUES BETWEEN $1.8 BILLION AND $7.6 BILLION (MEDIAN OF $2.9 BILLI

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ON); AND (2) NATIONAL DATA REFLECTING ORGANIZATIONS OF SIMILAR SCOPE AND SIZE TO LVHN. PEE R GROUP AND NATIONAL MARKET DATA WERE ABSTRACTED FROM SULLIVAN COTTER'S 2020 SURVEY OF MAN AGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS, AS WELL AS OTHER PUBLISHE D COMPENSATION SURVEYS REFLECTING PAY AT COMPARABLY SIZED ORGANIZATIONS, WHICH INCLUDED NA TIONAL HOSPITALS AND NATIONAL MEDICAL GROUPS. COMPILED MARKET DATA FOR THE LVHN CLINICAL C HAIRS PREPARED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) FOR THE CHAIRS OF CL INICAL DEPARTMENTS IN MEDICAL SCHOOLS, LVHN'S TRADITIONAL COMPARATOR GROUP FOR THESE JOBS. ADJUSTED THE MARKET DATA TO AN EFFECTIVE DATE OF JANUARY 1, 2021 AT AN ANNUALIZED RATE OF 3.0% BASED ON SALARY INCREASE TRENDS. COMPARED EACH COMPONENT OF LVHN'S BENEFIT PROGRAM A GAINST TYPICAL MARKET BENEFIT PRACTICES IN HEALTH SYSTEMS AND HOSPITALS BASED ON MULTIPLE PUBLISHED SURVEYS, SUPPLEMENTED BY SULLIVAN COTTER'S PROPRIETARY DATA AND EXPERIENCE. DEVE LOPED MARKET TOTAL COMPENSATION DATA BY COMBINING MARKET TCC WITH TYPICAL MARKET BENEFIT C OSTS. COMPARED LVHN'S TC TO MARKET RATES AND ASSESSED OVERALL POSITIONING. FOR PHYSICIAN E XECUTIVES HAVING BOTH CLINICAL AND ADMINISTRATIVE ROLES, RELEVANT MARKET DATA WERE COLLECT ED BASED ON FTE ALLOCATION. SULLIVAN COTTER HAS NOT COMPLETED AN ASSESSMENT OF THE PHYSICI ANS' PRODUCTIVITY OR THE FAIR MARKET VALUE (FMV) OF THEIR CLINICAL COMPENSATION, AS LVHN H AS ADVISED THAT SUCH AMOUNTS ARE APPROPRIATE AND WITHIN FMV. SULLIVAN COTTER USED THE FOLL OWING METHODOLOGY TO ASSESS THE COMPETITIVENESS AND REASONABLENESS OF LVHN'S EXECUTIVE TOT AL COMPENSATION LEVELS: COLLECTED BACKGROUND INFORMATION REGARDING LVHN'S OPERATIONS, STRU CTURE, SIZE AND SCOPE. COLLECTED INFORMATION ON EACH CEO COUNCIL EXECUTIVE MEMBER'S CURREN T COMPENSATION. DATA COLLECTED INCLUDE BASE SALARIES, ANNUAL INCENTIVE OPPORTUNITY LEVELS (TARGET AND MAXIMUM), ACTUAL ANNUAL INCENTIVE PAYOUT AMOUNTS, ANNUAL COSTS OF ALL STANDARD AND SUPPLEMENTAL BENEFITS AND ANNUAL COST AND DESCRIPTION OF EXECUTIVE PERQUISITES. REVIE WED JOB DESCRIPTIONS AND ORGANIZATIONAL CHARTS TO IDENTIFY EACH POSITION'S FUNCTIONAL RESP ONSIBILITIES AND REPORTING RELATIONSHIPS. SELECTED THE APPROPRIATE BENCHMARK POSITION MATC H FOR EACH POSITION AND APPLIED PREMIUMS/DISCOUNTS TO THE MARKET DATA IN INSTANCES WHERE L VHN'S JOB DUTIES DIFFER MATERIALLY FROM BENCHMARK POSITION MATCHES. POSITION MATCHES AND M ARKET ADJUSTMENTS WERE REVIEWED WITH LVHN'S SENIOR VICE PRESIDENT, HUMAN RESOURCES AND COM PENSATION STAFF. LVHN'S PROJECTED FY2020 NET REVENUES AND PHYSICIAN FTE'S WERE USED AS THE SCOPE SIZE FOR EACH ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	LEHIGH VALLEY HOSPITAL'S FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE - WWW.LVHN.ORG. IT IS ALSO AVAILABLE ON GUIDESTAR (ANOTHER'S WEBSITE) AND UPON REQUEST; PRINTED COPIES ARE HELD BY SENIOR MANAGEMENT AND BY THE MARKETING DEPARTMENT. THE ORGANIZATION'S FORM 990-T IS ONLY AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	UNFUNDED PENSION 123,920,588. TRANSFERS TO AFFILIATES 97,220,294. NONCONTROLLING INTEREST 6,270,071.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LEHIGH VALLEY HOSPITAL

Employer identification number
23-1689692

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

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

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

		Yes	No
1 During the tax year, did the 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	Yes	
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		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)WESTGATE PROFESSIONAL CENTER INC	K	35,393	FAIR MARKET VALUE

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	No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2349341	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2580968	STAFFING SERVICES	PA	501(C)(3)	LINE 12B, II	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-5880364	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY PHYSICIAN GROUP		No
700 E BROAD STREET HAZLETON, PA 182016835 20-2038456	SURGICAL SERVICES	PA	501(C)(3)	LINE 3	NORTHEASTERN PENNSYLVANIA HEALTH CORP		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 22-2458317	PARENT COMPANY	PA	501(C)(3)	LINE 12C, III-FI	N/A		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2586770	REAL ESTATE HOLDING CO.	PA	501(C)(2)		LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3843850	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3864735	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-1352202	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2700908	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-4004771	HEALTH CARE ORGANIZATION	NJ	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3878831	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HOSPITAL - COORDINATED HEALTH ALLENTOWN		No
2100 MACK BLVD ALLENTOWN, PA 181035622 84-3987128	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
1200 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 23-2245513	REAL ESTATE RENTALS	PA	501(C)(3)	LINE 12C, III-FI	LEHIGH VALLEY HEALTH NETWORK		No
700 E BROAD STREET HAZLETON, PA 182016835 23-2421970	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2611474	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2516451	FUNDRAISING	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2336285	SUPPORT RELATED ORGANIZATIONS	PA	501(C)(3)	LINE 12B, II	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 20-6560453	SELF-INSURANCE	PA	501(C)(3)	LINE 12A, I	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-3014006	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 24-0795623	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	POCONO HEALTH SYSTEM		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2535297	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		No
700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2866006	PHYSICIAN PRACTICE ORGANIZATION	PA	501(C)(3)	LINE 10	LEHIGH VALLEY PHYSICIAN GROUP		No
420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2440891	HEALTH CARE ORGANIZATION	PA	501(C)(3)	LINE 3	LEHIGH VALLEY HEALTH NETWORK		No
206 E BROWN STREET EAST STROUDSBURG, PA 183013006 23-2532377	AMBULATORY MEDICAL SERVICES	PA	501(C)(3)	LINE 10	POCONO HEALTH SYSTEM		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
EASTERN PA ENDOSCOPY CENTER LLC 1501 N CEDAR CREST BLVD STE 100 ALLENTOWN, PA 181042309 84-2257961	ENDOSCOPY SERVICES	PA	N/A					No			No	
FAIRGROUNDS MEDICAL CENTER 400 N 17TH STREET STE 102 ALLENTOWN, PA 181045052 23-2530427	REAL ESTATE RENTALS	PA	N/A					No			No	
HAZLETON SURGERY CENTER LLC 17480 DALLAS PARKWAY STE 210 DALLAS, TX 752877304 20-1232531	SURGICAL SERVICES	PA	N/A					No			No	
HEALTH NETWORK LABORATORIES LLC 794 ROBLE ROAD ALLENTOWN, PA 181099110 23-2932802	LABORATORY SERVICES	PA	LEHIGH VALLEY HOSPITAL	RELATED	408,930	2,099,938		No			No	97.930 %
HEALTH NETWORK LABORATORIES LP 794 ROBLE ROAD ALLENTOWN, PA 181099110 23-2948774	LABORATORY SERVICES	PA	LEHIGH VALLEY HOSPITAL	RELATED	45,544,702	336,568,112		No			No	95.960 %
LEHIGH VALLEY IMAGING LLC 1230 S CEDAR CREST BLVD ALLENTOWN, PA 181036202 46-4551937	IMAGING SERVICES	PA	LEHIGH VALLEY HOSPITAL	RELATED	39,277,713	37,172,086		No			No	72.770 %
LVHN RECIPROCAL RISK RETENTION GROUP 151 MEETING STREET STE 301 CHARLESTON, SC 294012238 20-0037118	INSURANCE SERVICES	PA	LEHIGH VALLEY HEALTH NETWORK	RELATED		9,664,041		No			No	10.000 %
NAZARETH ENDOSCOPY CENTER LLC 1501 N CEDAR CREST BLVD STE 110 ALLENTOWN, PA 181042309 82-4072967	ENDOSCOPY SERVICES	PA	LEHIGH VALLEY HOSPITAL	INVESTMENT		1,017,259		No			No	51.000 %
POCONO AMBULATORY SURGERY CENTER LTD 1 STORM STREET STROUDSBURG, PA 183602406 23-2611442	SURGICAL SERVICES	PA	N/A					No			No	
POCONO HEALTH SYSTEM INVESTMENT COLLABORATIVE LP 206 E BROWN STREET EAST STROUDSBURG, PA 183013006 47-2125419	INVESTMENTS	PA	N/A					No			No	
SCHUYLKILL HEALTH SYSTEM MEDICAL MALL LP 700 SCHUYLKILL MANOR ROAD POTTSVILLE, PA 179013849 23-2514813	REAL ESTATE RENTALS	PA	N/A					No			No	
BELTWAY HEALTH LP 2100 MACK BLVD ALLENTOWN, PA 181035622 20-3586257	REAL ESTATE RENTALS	PA	N/A					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
AMERICAN PATIENT TRANSPORT SYSTEMS INC 119 EAST HOLLY STREET HAZLETON, PA 182015507 23-3022467	AMBULATORY MEDICAL SERVICES	PA	N/A	C					No
CH EYE SPECIALISTS PC 2100 MACK BLVD ALLENTOWN, PA 181035622 83-1905823	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
CH UROLOGY SPECIALISTS PC 2100 MACK BLVD ALLENTOWN, PA 181035622 83-2261980	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
HAZLETON SAINT JOSEPH MEDICAL OFFICE BUILDING INC 700 E BROAD STREET HAZLETON, PA 182016835 23-2500981	MEDICAL OFFICE RENTAL	PA	N/A	C					No
LEHIGH VALLEY ANESTHESIA SERVICES PC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-3906125	ANESTHESIA SERVICES	PA	N/A	C					No
LEHIGH VALLEY HEALTH SERVICES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2263665	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
LEHIGH VALLEY PHYSICIAN HOSPITAL ORGANIZATION INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2750430	HEALTH CARE RELATED SERVICES	PA	LEHIGH VALLEY HOSPITAL	C	1,714,355	26,055,716	50.000 %		No
LVHN COORDINATED PROFESSIONAL PRACTICE OF NJ PC 2100 MACK BLVD ALLENTOWN, PA 181035622 84-4028262	PHYSICIAN PRACTICE ORGANIZATION	NJ	N/A	C					No
POPULYTICS INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2539282	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
SCHUYLKILL HEALTH SYSTEM DEVELOPMENT CORPORATION 700 E NORWEGIAN STREET POTTSVILLE, PA 179012710 23-2432417	PURSUES, IMPLEMENTS & FURTHERS ACTIVITIES & PURPOSES OF HEALTH NETWORK	PA	N/A	C					No
SCHUYLKILL MEDICAL PLAZA - CONDOMINIUM ASSOCIATION 420 S JACKSON STREET POTTSVILLE, PA 179013625 23-2931821	CONDOMINIUM ASSOCIATION	PA	N/A	C					No
SPECTRUM HEALTH VENTURES INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-2391479	HEALTH CARE RELATED SERVICES	PA	N/A	C					No
WESTGATE PROFESSIONAL CENTER INC 2100 MACK BLVD ALLENTOWN, PA 181035622 23-1657333	REAL ESTATE RENTALS	PA	LEHIGH VALLEY HOSPITAL	C		5,110,440	100.000 %		No