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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 black lung benefit trust or private foundation)

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

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9			
	eck if ap			C Name of organization	•			D Employer ide	ntification number
	dress cha	•	Please use IRS	LANCASTER GENERAL HOSPITAL				23-136535	3
_	me chan	,	label or print or	Doing Business As				E Telephone nu	
_		-	type. See					(717) 544-4	1926
Init —	tial retur	'n	Specific Instruc-	Number and street (or P O box if mail is 555 North Duke Street	not delivered to street addre	ess) Room/s	suite	G Gross receipt	
Tei	mınatıoı	n	tions.	333 NORTH Duke Street				•	
✓ Am	ended r	eturn		City or town, state or country, and ZIP +	- 4				
– Apı	plication	pending		Lancaster, PA 176043555					
			F Nan	ne and address of Principal Officer		Wax =			C
				oh Byorick			s tnis ffiliate	a group return	Tor
				orth Duke Street					,,
				ter, PA 17604		H(b) A	re all a	affiliates include	d?
Па	x-exem	pt status	JV 501(c)) (3) ◀ (Insert no)	527	7			See instructions)
W	eb site	e: F www	w lancaster	general org		H(c) G	Group	Exemption Nui	mber 🟲
						<u> </u>			
∢ Тур	e of org	anızatıon	✓ Corporat	ion trust association other 🕨		L Year o	of Forn	nation 1893 M	State of legal domicile PA
Pa	rt I	Sumi	mary						
	1	Briefly	describe th	e organization's mission or most sig	nıfıcant actıvıtıes				
υ.		To adva	nce the he	alth and well-being of the communit	ies we serve				
₹				,					
₹									
soveniance	2	Check t	his box	if the organization discontinued its o	operations or disposed (of more tha	an 25	% of its assets	
3	3	Number	of voting r	members of the governing body (Part	t VI, line 1a)			3	21
				ndent voting members of the government					20
ß				mployees (Part V , line 2a)			•	· 5	6,812
Ĕ				plunteers (estimate if necessary) .				5 _	889
ACUMINES &								° _	
•				ted business revenue from Part VIII				7a _ 7b	10,497,981
	B	net um	erated busi	ness taxable income from Form 990	7-1, line 34				147,146
							Prior	Year	Current Year
<u>o</u>	8			d grants (Part VIII, line 1h)				3,764,889	2,854,692
eur	9			revenue (Part VIII, line 2g)				46,303,608	779,847,403
Revenu	10			me (Part VIII, column (A), lines 3, 4			5,824,629	3,675,836	
_	11		-	art VIII, column (A), lines 5, 6d, 8c				22,518,057	33,568,674
	12	10tair 12)	evenue—a	dd lines 8 through 11 (must equal Pa	art VIII, column (A), iir	e	7	78,411,183	819,946,605
	13		and simila	ar amounts paid (Part IX, column (A)), lines 1–3)			1,183,464	6,655,525
	14			or for members (Part IX, column (A),	•			, ,	0
	15		•	ompensation, employee benefits (Pa	•	5 –			
8		10)	,	(= -	,		3	12,284,308	385,462,751
Expenses	16a	Profes	sıonal fund	lraısıng fees (Part IX, column (A), lır	ne 11e)			153,516	92,614
<u>ਵੇ</u>	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 $\frac{1,357,0}{1}$)				
ш	17			(Part IX, column (A), lines 11a-11d			3	51,463,186	348,891,072
	18			add lines 13–17 (must equal Part I				65,084,474	741,101,962
	19			penses Subtract line 18 from line 12				13,326,709	78,844,643
× 20	1		- 1230 GK			Rec		g of Year	End of Year
net Assets or Fund Bałances	20	T-4-1		et V. line 15)		Dec	-	-	
3 TE	20		•	rt X, line 16)				60,004,822	809,056,683
Z 2	21	Totall	ıabılıtıes (F	Part X, line 26)			3	10,936,197	311,673,732
_	22			id balances Subtract line 21 from lir	ne 20		4	49,068,625	497,382,951
Pai	rt II	Sign	ature Blo	ock					
				erjury, I declare that I have examined this re					
Plea	160	L and bell	ci, it is tide, (correct, and complete Declaration of prepar	er (outer than officer) is Dase	1		, ,	a nasany knowieuge
Sigr		Sian	ature of office	er en			2010-0 Date	5-06	
der									
			seph Byorick e or print nam						
	ı	F ., PC	. z. princinalni		I Bassa	01-1-7			
_		Preparer signature				Check if self-		Preparer's PTIN (See Gen Inst)
Paid		Signatult	7		l l	empolyed 🕨	Γ		
•	arer's		ame (or yours	S				EIN Þ	
Jse (Only		nployed), and ZIP + 4	r					
								Phone no 🕨	
4 2 4 3	the IDS	- d	c this ratio	rn with the preparer shown above? (9	Caa instructions)			I.	Tyes TNo

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission To advance the health and well-being of the communities we serve	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting or make significant changes in how it conducts any program services?	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 42,882,644 including grants of \$ 0) (Revenue \$ 80,664,114) Cardiovascular Diseases Programs, General/Other Cardiology Services (221,581 Services Provided)	
4b	(Code) (Expenses \$ 295,056,951 including grants of \$ 6,655,525) (Revenue \$ 322,862,369) Diseases, Disorders & Medical Disciplines, General All other program services, including but not limited to, laboratory, pharmacy, radiology, emergency medicine and physical medicine and rehabilitation LGH operates an emergency room (ER) that is open to all persons regardless of ability to pay. The emergency made a total of 103,669 visits during fiscal year 2009. Medicare made up 24,190 of those visits while Medicaid patients visited the ER 28,219 times during year. The uninsured had a total of 13,981 visits to the ER during 2009. Total patient days for the fiscal year were 189,215. Medicare and Medicaid patients contributed 16,784 and 6,299, respectively, towards the 40,167 total inpatient discharges during the fiscal year.	ency
4c	(Code) (Expenses \$ 111,394,720 including grants of \$ 0) (Revenue \$ 186,723,410) Patient Care, General/Other Nursing Services (184,773 Patient Days)	
	(Code) (Expenses \$ 123,418,526 including grants of \$ 0) (Revenue \$ 189,597,510) Surgical Specialties Programs Surgical Services (35,373 Surgical Encounters)	
4d	Other program services (Describe in Schedule O) (Expenses \$ 123,418,526 including grants of \$ 0) (Revenue \$ 189,597,510)	
4e	Total program service expenses \$ 572,752,841 Must equal Part IX, Line 25, column (B).	

art IV	Chec	klist (of Re	auire	d Sch	edules
(·	CHEC	NIISL U	JI RE	uune	u Stii	cuules

			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? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25	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		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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		Νo
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	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		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	297			
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 ven	dors and reportable		V	
_	gaming (gambling) winnings to prize winners?	i ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	6,812			
h	If at least one is reported in 2a, did the organization file all required federal employ					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sci	hedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities as	signati	ire or other authority			
	account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country CJ					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>R Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ıng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemptax Shelter Transaction?	ot Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	•		6a		N o
	If "Yes," did the organization include with every solicitation an express statement t					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services ;	provide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	erty for	which it was required to			
_	file Form 8282?			7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers		enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization					
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?			-	<u> </u>	<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	n? .		9b		
10	Section 501(c)(7) organizations. Enter	1	ı			
	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					
а	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)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 i	n lieu (of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	425				
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section	Δ	Governing	Rody	and	Manag	ement
	~.	00 T C		ullu	i i u i i u u	CIIICIIC

						res	NO	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	, desc	ribe the circu	ımstances,				
1a	Enter the number of voting members of the governing body	1a		21				
ь	Enter the number of voting members that are independent	1b		20				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		2		Νο			
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?.							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholde	ers, o	r other perso	ons?	7b	Yes		
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken dı	iring the				
а	the governing body?				8a	Yes		
ь	each committee with authority to act on behalf of the governing body?				8Ь	Yes		
9a	Does the organization have local chapters, branches, or affiliates?				9a	Yes		
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or			. ,	9b	Yes		
10	Was a copy of the Form 990 provided to the organization's governing body before it v must describe in Schedule O the process, if any, the organization uses to review the				10		Νο	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	,			11		Νο	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N o
		1 -00		1 110

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

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

F Joseph Byorick CFO 555 North Duke Street Lancaster, PA 176043555 (717) 544-4926

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

	(B) Average hours per week		((ition that a			all			/E\	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-				-			
			1							
				\Box			$oxed{oxed}$			
	-		-				-			
	-	-			-					
				\vdash						
1b Total							-	11,517,066	66,464	2,675,172
7 Total number of individuals (including	• • • • • • • • • • • • • • • • • • •	- · ·	•							2,073,172

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►284

			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 I for such individual	3	Yes					
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>							
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο				

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

(A) Name and business address	(B) Description of services	(C) Compensation		
Quest Diagnostics PO BOX 828669 Philadelphia, PA 19182	Referred Lab Testing	2,909,330		
Perot Systems Revenue Cycle 12020 Collections Center Drive Chicago, IL 60693	Patient Account Collections	2,632,959		
Amer Endoscopy Services Inc 8 Cadillac Drive Suite 200 Brentwood, TN 37027	Instrument Repair	1,936,363		
Lancaster Surgical Group PC 2104 Harrisburg Pike Suite 200 Lancaster, PA 17604	Trauma/Med Dır /Phys Fees	1,353,893		
The Advisory Board PO BOX 79461 Baltimore, MD 21279 Data Management & Reporting				
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization				

Statement of Revenue

			Total Revenue	Related or Exempt Function	Unrelated Business Revenue	Revenue Excluded from Tax under IRC 512 513 or 514
1a	Federated campaigns 1a	542		Revenue		512, 513, or 514
nts nts •	Membership dues	0				
Contributions, gifts, grants and other similar amounts	1b Fundraising events	12,675				
its,	1c					
<u>_</u> <u>a</u> _ a	Related organizations 1d	134,504				
Siris o	Government grants (contributions) 1e	559,296		ļ		
i∯ a l	All other contributions, gifts, grants, and similar amounts not included above	2,147,675				
	1f Noncash contributions included in					
and	lines 1a-1f \$124,879					
h	Total (Add lines 1a-1f)		2,854,692 ————————————————————————————————————			
au l		Business Code				
2a	Other Net Patient Revenue	900,099	523,400,877	517,395,919	6,004,958	0
ъ В В	Medicare/Medicaid Payments	900,099	254,582,378	254,582,378	0	0
- B C .	Rent to Affiliates	900,099	1,864,148	1,864,148	0	0
er d						
S Le f	A II		0	0	0	0
Program Service Revenue	All other program service revenue			0	0	0
Š g	Total. Add lines 2a-2f					
3	Investment income (including divid	dends, interest				
	other similar amounts)	[3,707,458	0	0	3,707,458
4	Income from investment of tax-exempt be	ond proceeds	0	0	0	0
5	Royalties		0	0	0	0
	(ı) Real	(II) Personal				
6a	Gross Rents	, ,				
b	Less rental expenses					
с	Rental income 0 or (loss)	0				
d						
	(ı) Securities	(II) O ther				
7a	Gross amount 16,482,823 from sales of	0				
	assets other than inventory					
b	Less cost or 16,514,445 other basis and	0				
	sales expenses					
C	Gain or (loss) -31,622	0	-31,622	0	0	-31,622
d	Net gain or (loss)	. ▶	31,022			31,022
8a	Gross income from fundraising events (not including					
d)	\$156,583					
ř	of contributions reported on line 1c) See Part IV, line 18					
eve	Attach Schedule G ıf total exceeds					
μ π	\$15,000 a	12,675				
Other Revenue	Less direct expensesb Net income or (loss) from fundraisi	46,645 ng events	109,938	o	0	109,938
9a	Gross income from gaming	· •		-		
-	activities See part IV, line 19					
	Complete Schedule G ıf total exceeds \$15,000					
	а					
b	Less direct expensesb Net income or (loss) from gaming a	activities				
		rectivities -				
10a	Gross sales of inventory, less returns and allowances					
	a					
b	Less cost of goods sold b					
С	Net income or (loss) from sales of	•				
11a	Miscellaneous Revenue	Business Code 541,900	9,176,890	6,387,137	2,789,753	0
ь	Sale of Services Medical Services Revenue	900,099	7,659,577	7,659,577	0	
c	Rental Income	531,190	5,288,069	0	36,157	5,251,912
		, -	11,334,200	5,190,980	1,667,113	
d e	All other revenue Total. Add lines 11a-11d					-
		\$ 33,458,736			<u>, </u>	
12	Total Revenue. Add lines 1h, 2g, 3 8c,	, 4, 5, 6d, 7d,	819,946,605	793,080,139	10,497,981	13,513,793
	9c, 10c, and 11e	. ▶				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
Do r	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 governments and organizations in the U S See Part IV, line 21	6,564,440	6,564,440				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	91,085	91,085				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	10,802,706		10,802,706			
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	287,111,604	231,732,354		640,155		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,279,181	11,479,974	2,767,494	31,713		
9	Other employee benefits	52,428,076	41,577,732	10,735,498	114,846		
10	Payroll taxes	20,841,184	16,382,901	4,417,625	40,658		
11	Fees for services (non-employees)						
а	Management						
b	Legal	1,294,068		1,294,068			
c	Accounting	311,263		311,263			
d	Lobbying						
е	Professional fundraising See Part IV, line 17	92,614			92,614		
f	Investment management fees	106,247		106,247			
g	Other	15,364,466	7,589,841	7,771,822	2,803		
12	Advertising and promotion	738,812	738,812				
13	Office expenses	35,275,020	13,152,475	22,009,863	112,682		
14	Information technology	11,001,305	5,251,595	5,730,775	18,935		
15	Royalties						
16	Occupancy	15,862,818	10,367,701	5,476,961	18,156		
17 18	Payments of travel or entertainment expenses for any Federal, state or local public officials	1,667,904	855,249	777,714	34,941		
19	Conferences, conventions and meetings				_		
20	Interest	8,634,455	8,491,970	142,485	_		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	48,037,486	27,999,619	20,025,872	11,995		
23	Insurance	6,684,805	83,860	6,600,945			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Medical/Surgical Supplies	133,756,273	128,896,915	4,845,527	13,831		
ь	Purchased Services	44,850,914	29,095,217	15,693,526	62,171		
С	Bad Debt Expense	22,002,216	0	22,002,216	0		
d	Management Fee Expense	796,461	0	796,461	0		
е	Indirect Allocation	0	32,190,112	-32,266,384	76,272		
f	All other expenses	2,506,559	210,989	2,210,244	85,326		
25	Total functional expenses. Add lines 1 through 24f	741,101,962	572,752,841	166,992,023	1,357,098		
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				19,355	1	22,345
	2	Savings and temporary cash investments	_			142,328,552	2	170,230,701
	3	Pledges and grants receivable, net		137,404	3	748,620		
	4	Accounts receivable, net		· ·		115,569,800	4	124,394,490
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			loyees or	0	5	· ·
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	1495		0	6	
	7	Notes and loans receivable, net				3,372,554	7	3,070,478
	8	Inventories for sale or use			•	5,008,371	8	4,279,869
92	9	Prepaid expenses and deferred charges				7,315,005	9	9,227,421
ssets	10a							
¥		Land, buildings, and equipment cost basis	10a		829,173,405			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь		364,638,833	437,000,414	10c	464,534,572
	11	Investments—publicly traded securities				9,013,206	11	8,771,911
	12	Investments—other securities See Part IV, line 11 $\it Complete F Schedule D$	art VII	I of		0	12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Box{\it of Schedule D}$.			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	40,240,161	15	23,776,276			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				760,004,822	16	809,056,683
	17	Accounts payable and accrued expenses .		61,716,984	17	62,813,097		
	18	Grants payable				0	18	
	19	Deferred revenue				2,142,140	19	2,447,250
10	20	Tax-exempt bond liabilities	ı			216,965,035	20	217,863,623
ė́	21	Escrow account liability Complete Part IV of Schedule D		•			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			İ			
		persons Complete Part II of Schedule L		0	22			
	23	Secured mortgages and notes payable to unrelated third parties		2,466,757	23	674,786		
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D	27,645,281	25	27,874,976			
	26	Total liabilities. Add lines 17 through 25		_		310,936,197	26	311,673,732
φ		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	piete l	ines :	21			
JUC.	27	Unrestricted net assets				436,693,184	27	485,725,518
Balance	28	Temporarily restricted net assets				6,072,096	28	5,996,969
<u> </u>	29	Permanently restricted net assets		6,303,345	29	5,660,464		
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ are lines 30 through 34.	e					
s or	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
Ą	32	Retained earnings, endowment, accumulated income, or other fo		32				
Net	33	Total net assets or fund balances				449,068,625	33	497,382,951
_	34	Total liabilities and net assets/fund balances				760,004,822	34	809,056,683
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	b Were the organization's financial statements audited by an independent accountant?			
c	If "Yes" to lines 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		
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?	3b	Yes	

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DLN: 93493291002580

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A (Form 990 or 990EZ)

> To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number LANCASTER GENERAL HOSPITAL 23-1365353 Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

1116	_	Zation is not	a private lound	ation because it is (Flease	CHECK OII	iy One org	amzation ,	'				
1	Г	A church, c	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	Γ	A school de	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	굣	A hospital	or a cooperatıv	e hospital service organizat	ıon descrı	bed in Sec	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organ	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	\sqcap	An organiza	ation operated 1	for the benefit of a college or	r universit	y owned o	roperated	by a gove	rnmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Г	A federal, s	tate, or local g	overnment or governmental	unit desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Г	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral public	3
				o)(1)(A)(vi) (Complete Par								
8	Г	A communi	ıtv trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Г			ally receives (1) more than				ontribution	ns, membe	rship fees	, and gro	ss
		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										
				on after June 30, 1975 See						,		
10	Г		· -	and operated exclusively to			•		•	ee instruc	tions)	
11				and operated exclusively fo								ses of
		one or more	e publicly supp	orted organizations describe	d in secti	on 509(a)	(1) or sec	tıon 509 (a	a)(2) See	Section 5	09(a)(3)	. Check
		the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally Integrated d Type III - Other										
	_	a T	• •						d			
е	ļ	•	-	rtify that the organization is agers and other than one or			•			•	•	
		section 50		agers and other than one or	more pub	iiciy supp	orteu orga	ilizations (aescribeu	III Section	1 303(a)(1) 01
f				d a written determination fro	om the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	zation,
		check this					_					Г
g				as the organization accepte	d any gift	or contrib	ution from	any of the	!			
		following pe (i) a persoi		r indirectly controls, either	alone or to	oaether wi	th persons	describe	d in (ii)		Yes	No
			•	ng body of the the supporte		-			(,	11g		
				erson described in (i) above	_					11g(
			•	ty of a person described in (bove?				11g(
h				mation about the organization			supports			[5(7	
						,						
	(i) N	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
	Supp	upported (described on		(described on lines 1-9 o		ation in	the orga	nızatıon	organiz	ation in	supp	ort?
	Orgar	nızatıon			1	listed in) of your		rganized		
				(See Instructions))		verning ment?	supp	ort?	In the	US?		
					Yes	No	Yes	No	Yes	No	1	
					162	140	162	140	162	140	-	
					-	1	-			 	 	
					-	1	1			 	 	
					-	1				 		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

• Se	ection 501(c)(4), (5), or (6) organi	zations complete Part III			
	ime of the organization NCASTER GENERAL HOSPITAL			Employer ider 23-1365353	ntification number
Par		oy all organizations exempt e the instructions for Schedule			
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	ıcal campaıgn act	tivities in Part IV	
2	Political expenditures				\$
3	Volunteer hours				
Pai	t I-B To be completed b for Schedule C for d	oy all organizations exempt etails.)	under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	٠٦	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
Ь	If "Yes," describe in Part IV				
Pai		by all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
1	•	ended by the filing organization for s	ection 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribi	uted to other orga	nızatıons for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number of paid and indicate if the amount was in d and promptly and directly delivere action committee (PAC) If additions	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
Ear	Danamuark Raduation Act Natice	, see the instructions for Form 990.	Cat No F	00945 Schodule C /	Form 990 or 990-EZ) 200
LOL	raperwork Reduction Act Notice	., see the instructions for Form 990.	Cat No 5	ooo45 Schedule C (TOTAL 220 OF 220-EL/ 201

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line						
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)	

			a)	(b)	
		Yes	No	A mount	
	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?		Νo		
b I	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo		
c I	Media advertisements?		No		
d I	Mailings to members, legislators, or the public?	Yes		476	
e l	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?	Yes		37,286	
g I	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		16,130	
h I	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		3,090	
i (Other activities If "Yes," describe in Part IV		Νo		
j ·	Total lines 1c through 1:			56,982	
a l	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
Ь	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 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		During FY 2009, Lancaster General Hospital attempted to influence national, state, or local legislation through the use of 1) mailings to members, legislators, or the public, 2) direct contact with legislators, their staffs, government officials, or legislative body, and 3) rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

1 \$

5 \$

Part IV Supplemental I	Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization LANCASTER GENERAL HOSPITAL 23-1365353 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service,

- provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

► \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Part:	III Organizations Maintaining Co	llections of Art,	, His	tori	cal Treas	sures, or Othe	<u>er Similar</u>	Asse	ts (co	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ne foll	lowing that a	are a significant i	use of its col	lection	ı	
аГ	Public exhibition		d	Γ	Loan or ex	change programs	5			
ь「	Scholarly research		e	Γ	Other					
сΓ	Preservation for future generations									
	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the	e organization's e	xempt purpo	se in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Part	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ganızatıon ansv	vered "Yes	" to Fo	rm 9	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions	s or other assets	not	Γ	Yes	┌ No
b I	If "Yes," explain why in Part XIV and comple	te the following tabl	е							
								A mou	nt	
_	Beginning balance					1c				
	Additions during the year					1d				
_	Distributions during the year					1e				
f	Ending balance					1f				
2a [Did the organization include an amount on Fo	orm 990, Part X, line	21?					Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV									
Part	Endowment Funds. Complete								N =	DI-
4- 1	Beginning of year balance	(a)Current Year 5,209,323	(D)Prior	Year (c)	Two Years Back (d	Three Years B	аск (е)Four Y	ears Back
	Beginning of year balance	62,387								
	Investment earnings or losses	-679,295								
	Grants or scholarships	0,3,233								
	Other expenditures for facilities	0								
	and programs									
f /	Administrative expenses	1,567								
g l	End of year balance	4,590,848								
2 F	Provide the estimated percentage of the yea	r end balance held a	S							
a E	Board designated or quasi-endowment 🕨	0 %								
b F	Permanent endowment 🕨 1 00 %									
c 7	Term endowment ► 0 %									
	A re there endowment funds not in the posses	ssion of the organiza	tion	thata	are held and	l administered for	the			
	organization by						г		Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organızatıons If "Yes" to 3a(ıı), are the related organızatıo						[3a(ii)	<u> </u> 	No I
	If Yes to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•					[3b	<u> </u>	<u> </u>
Part						Part Y line 10				
rare	111 Cottilents Land, Buildings	s, and Equipmen	111.		Cost or other	(b)Cost or other				
	Description of investment				(investment)		(c) Deprecia	tion	(d) Bo	ok value
1a La	and				0	26,875,298	I	_	2	6,875,298
	uildings				0	,,	102,274	1,554		9,100,116
	easehold improvements				0	,,		9,847		7,529,665
	quipment				0	,,	212,613			3,119,300
	ther				0	1	43,160			7,910,193
	Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X. colum	nn (B), line		01,070,037		,		4,534,572
	(===,, =, =,,, ==,	(-)	,	- (- / - / - / -	<u> </u>				90) 2008

Part VII Investments—Other Securities. S	See Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b)Book value		of valuation vear market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12,) 🕨		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1		of valuation
(a) Description of investment type	(b) Book value		of valuation vear market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13,) 🕨		
Part IX Other Assets. See Form 990, Part X	(, line 15.		
	scription		(b) Book value
Miscellaneous receivable			8,395,854
Assets whose use is limited			4,030,002
Other current assets			27,405
Perpetual trust fund shown at year end market value			2,443,121
Funds held by affiliate shown at year end market value			135,571
Other long term assets			1,593,035
Investments in non-consolidated affiliates			3,152,394
Due from affiliated organizations			3,998,894
Total. (Column (b) should equal Form 990, Part X, col.(B) I.	ıne 15.)		23,776,276
Part X Other Liabilities. See Form 990, Pa		·	
(a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Other long term liabilities	21,272,650		
Estimated third party payor settlements	5,030,697		
Interest payable	1,571,629		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶		

Total revenue (Form 990, Part VIII, column (A), line 12)

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

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Lancaster General Hospital utilizes the endowment funds in accordance with their tax-exempt purpose and as specified by donor
SchD_P10_S00_L00	Schedule D, Part X	On July 1, 2007, Lancaster General Hospital adopted the provisions of Financial Accounting Standards Board (FASB) Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48) FIN 48 requires that a tax position be recognized or derecognized based on a "more likely than not" threshold This applies to positions taken or expected to be taken in a tax return. The implementation of FIN 48 had no impact on the Hospital's statement of financial position or statement of activities. Lancaster General Hospital does not believe its financial statements include any material uncertain tax positions.

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As Filed Data -

DLN: 93493291002580

Employer identification number

23-1365353

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization LANCASTER GENERAL HOSPITAL

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e 🗸 Solicitation of non-government grants f 🔽 Solicitation of government grants
- g 🔽 Special fundraising events
- 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 activities?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Grant writing																																	
Patricia B Schwartz Associates	support		No	403,786	92,614	311,172																												
Total			•																															

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

Pai	t II	Fundraising Events. Commore than \$15,000 on Form					repor	ted		
			(a) Event #1 Women's Expression (event type)	(b) Event #2 Carter's Corner (event type)	(c) O ther Events 1 (total number)	(d) To	otal Eve I (a) th ol (c))			
φ.	1		147,675				16	9,258		
Revenue	2	Gross receipts	10,680	1,67!	320		1	2,675		
<u> </u>	3	Gross revenue (line 1 minus line 2)	136,995	10,916	8,672		15	6,583		
	4	Cash Prizes	0		0			0		
မှ	5	Non-cash Prizes	0	(0			0		
Sens	6	Rent/Facility costs	0	(0			0		
Direct Expenses	7	Other direct expenses	42,611	2,046	1,988		4	6,645		
<u>क</u>		Direct expense summary Add lin	os 4 through 7 in column	(4)	•		4	6,645		
Δ	8 Direct expense summary Add lines 4 through 7 in column (d)									
Par	_		ganızatıon answered '			rted mo		9,938 1		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) t	al gamıng hrough co			
ď	1	Gross revenue								
	2	Cash prizes								
Direct Expenses	3	Non-cash prizes								
ы Б	4	Rent/facility costs								
à	5	Other direct expenses								
	6	Volunteer labor	┌ Yes	Yes	┌ Yes					
	7	Direct expense summary Add lines	s 2 through 5 in column (d)						
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	•					
9 a b	Is	er the state(s) in which the organiza the organization licensed to operate No," Explain		·	 .	· 9a	Yes	No		
10a b										
11		es the organization operate gaming a	activities with nonmembe	rs?						
12	Is	the organization operate gaining of the organization a grantor, beneficiar med to administer charitable gaming	y or trustee of a trust or							

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
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 📂 💲		

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DLN: 93493291002580

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. ► Attach to Form 990.

Hospitals

Name of the organization LANCASTER GENERAL HOSPITAL Employer identification number

						-1365353				
Pā	Charity Care and	Certain O	ther Comi	munity Benefits a	t Cost (Optional fo	r 2008)				
	D th			- II - I				Yes	No	
1a	Does the organization have a						1a			
	If "Yes," is it a written policy						1b			
2	If the organization has multip care policy to the various hos		ındıcate whic	h of the following best	describes application	of the charity				
	Applied uniformly to all ho Generally tailored to indiv			Applied uniformly	to most hospitals					
3	Answer the following based or organization's patients	n the charity	care eligibilit	cy criteria that applies	to the largest number	of the				
а	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care									
				C Other		ioi ii de cui e	3a			
				·						
b	Does the organization use FP "Yes," indicate which of the fo					ndıvıduals? If	3b			
	Γ _{200%} Γ _{250%}	T 300	·%	350% Г 400	% Cother	%				
					_					
С	If the organization does not u determining eligibility for free test or other threshold, regard	or discounte	d care Inclu	de in the description w	hether the organization					
4 Does the organization's policy provide free or discounted care to the "medically indigent"?										
5a Does the organization budget amounts for free or discounted care provided under its charity care policy? 5a										
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?										
c	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?									
6a Does the organization prepare an annual community benefit report? 6a										
6b	6b If "Yes," does the organization make it available to the public?									
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H									
7	Charity Care and Certain O	ther Commu	nity Benefits	at Cost						
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Percent o		
а	Charity care at cost (from									
b	worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a)									
С	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)									
d	Total Charity Care and Means-Tested Government Programs									
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)									
f	Health professions education (from worksheet 5)									
g	Subsidized health services (from worksheet 6)									
h	Research (from worksheet 7)									
i	Cash and in-kind contributions to community groups (from worksheet 8)									
j ·	Total Other Benefits									
k	Total (line 7d and 7j)									

activities) (Optional i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	, , , , , , , , , , , , , , , , , , , ,			(f) Perc total ex	
1 Physical improvements and housing								
2 Economic development								
3 Community support								
4 Environmental improvements								
5 Leadership development and training								
for community members								
Coalition buildingCommunity health improvement								
advocacy								
Workforce development Other								
9 Other								
Part IIII Bad Debt, Medicar	e, and Coll	ection Pract	tices (Optional fo	or 2008)				
1 Does the organization report b Statement No 15?	zation's bad de the organizate under the organizate under the organizate under the footnote to no methodological methodologica	ebt expense (ar lon's bad debt expense (ar lon's bad debt expense) and the organization of the organizatio	t cost)	anents that describes reported on lines 5 6 7 be treated as commine 6 and indicates Other Cother Illection practices cribe in Part VI	pes bad debt expense s 2 and 3, or rationale munity benefit, and which of the	9a 9b		
Management Com (a) Name of entity		Doint Ventu Description of practivity of entity	rimary	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	pro	e) Physic ofit % or wnership	r stock
1								
2						1		
· I								
						-		
3								
<u> </u>								
1								
	<u> </u>					-		
3								
9							_	
10								
1								
L &			I		i .	1		
						+		
12								

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Lancaster General Health - Columbia Center 306 N 7th Street PO BOX 926 Columbia, PA 17512		х							
Lancaster General Hospital 555 North Duke Street PO BOX 3555 Lancaster, PA 17604	x			х		х	х		
Lancaster, PA 17004 Lancaster General - Grandview Heights 802 New Holland Avenue Suite 101 Lancaster, PA 17602		х							
Lancaster General Health Campus 2100 Harrisburg Pike PO BOX 3200 Lancaster, PA 17604		х							
Kissel Hill Health Center 51 Peters Road Lititz, PA 17543		х							
Lancaster General Norlanco 424 Cloverleaf Road Elizabethtown, PA 17022		х							
Willow Lakes Medical Services 222 Willow Valley Lakes Drive Willow Street, PA 17584		Х							
Lancaster General Women and Babies Hospital 690 Good Drive PO BOX 3750 Lancaster, PA 17604	x			x					
Crooked Oak Medical Services 1671 Crooked Oak Dr 2 Lancaster, PA 17601		х							
Lancaster General Health Downtown Outpatient Pavillion 540 North Duke Street Lancaster, PA 17604		х							
Walter L Aument Family Health Center 317 South Chestnut Street Quarryville, PA 17566		Х							

P	art VI Supplemental Information (Optional for 2008)
	mplete this part to provide the following information
	Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
_	
_	
_	
_	
_	
_	
2	Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
_	
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 charity care policy
_	
4	Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
_	
_	
5	Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
_	
_	
6	Provide any other information important to describing how the organization's hospitals 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)
_	
_	
7	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 communites served
	Francisco de la communicació de
_	
_	
8	If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

DLN: 93493291002580 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public

Name of the organization						Employer identif	ication number
LANCASTER GENERAL HOSP	ITAL					23-1365353	
Part I General Inform	mation on Gra	nts and Assistance	•			'	
 Does the organization mathe selection criteria use Describe in Part IV the organization 	d to award the grai	nts or assistance?					▼ Yes □
Form 990, Part I Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is		00. Check this box	tes. Complete if the confirmation one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec							159
organizations							

Enter total number of other organizations.

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships for students attending Lancaster General College of Nursing and Health Sciences (EIN# 06-1645496)	9	60,320		n/a	

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Contributions made by Lancaster General Hospital must meet the following criteria set forth by the Mission & Community Benefit Committee 1) gaps in health care services will be reduced, 2) resources will be directed to designated primary and secondary health priorities, health promotion, and prevention initiatives, 3) initiatives will drive cost-effective, community care/interventions that promote health and well-being of our community, 4) initiatives will be responsive to the needs of special/disparate populations, 5) endowment or capital campaign requests will not be financially supported, 6) only tax exempt organizations and governmental initiatives at the local level that relate to Lancaster General Hospital's mission will be supported, and 7) ongoing deficit funding will not be provided unless fundamental to a Lancaster General Hospital health priority and/or the care of the medically underserved Scholarships and loans are awarded to students at the Lancaster General College of Nursing and Health Sciences on a non-discriminatory basis. The scholarships and loans are based on financial need, academic progress, and clinical performance.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493291002580

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization LANCASTER GENERAL HOSPITAL

Employer identification number

23-1365353

Рa	Questions Regarding Compensation	<u>n </u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		,			
	First class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		, , ,	1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		· · · · · · · · · · · · · · · · · · ·	2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the		У			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> - - - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7	Yes	
8	Were any amounts reported in Form 990, Part VII, is subject to the initial contract exception described in Part III		·			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Addıtıonal Data Table (i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							
(i)								
(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Lancaster General Hospital provided travel for companions, gross-up payments, and social club dues to certain individuals listed on Schedule J Lancaster General Hospital provides gross-up payments to employees when they receive gifts so as to provide tax assistance in that no tax burdens are created with the intended gift. The social club memberships are intended for business use with any personal use being taxed to respective individual. There was one isolated instance in which Lancaster General Hospital provided travel for a companion during FY 2009. The travel was appropriately taxed. There has been no additional instances of travel for companion payments.
SchJ_P01_S00_L01b	Schedule J, Part I, Line 1b	There is no written policy currently in place
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The compensation process described below pertains to the CEO, EVPs, SVPS, VPs and AVPs. Lancaster General Hospital utilizes an independent third party to provide base salary and total compensation market data for comparable positions at similarly sized organizations. Lancaster General Hospital presents the performance of the above mentioned positions against established goals and evaluates and presents them to the Management and Development Compensation Committee (MDCC). The MDCC is a Committee comprised of independent Board of Trustee members. The market data and performances against goals is reviewed by the MDCC who then takes action. Minutes are kept of the discussion and actions taken by the MDCC members at their meeting. This documentation is kept for future reference. This process is undertaken each August after the close of the previous fiscal year in June.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Total severance of \$190,832 was distributed Total distributions and/or contributions to a non-qualified Supplemental Retirement Plan amounted to \$894,508 Those receiving distributions and/or contributions to this non-qualified plan are as follows Thomas E Beeman, Jan L Bergen, Regina M Mingle, Charles A Castle, MD, Geoffrey W Eddowes, Norma J Ferdinand, Robert P Macina, Esq., Susan Wynne, Andre W Renna, Leo P Gilmore, Thomas C Paisley, Jr., and Bruce H Pokorney, MD
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	The purpose of the Lancaster General Health Annual Incentive Plan (The Plan) is to reinforce strategic performance priorities for senior management and management employees and to encourage the highest level of performance in the delivery of health care services. As a reward for employees' contributions to Lancaster General Health's success, the Plan provides the opportunity to earn meaningful incentive compensation based on the performance of Lancaster General Health and the individual Participants. Specifically, the Plan is designed to *Focus Participants on the achievement of organization goals related to people, service, quality/safety, financial and growth, *Promote and foster a team oriented culture, *Strengthen Lancaster General Health's ability to attract and retain superior talent, recognize and reward accomplishments that clearly advance the organization's mission, and drive strategies, *Provide incentive awards that can be adjusted annually for different business conditions and business plan priorities without changing basic design features of the Plan, and *Provide annual incentive opportunities with due consideration to the requirements of the Intermediate Sanctions law and the regulations there under
SchJ_P02_S00_L00	Schedule J, Part II	The column titled "Compensation reported in prior Form 990" represents compensation for the period January 2008 through June 2008. This compensation was also included on the 2007. 990 return whereby the compensation was for the fiscal year July 2007 through June 2008. Under the revised Form 990, reported total compensation changed from fiscal year to calendar year.
		
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	+	

(11)

(1)

(II)

(1)

0

60,768

Burce H Pokorney MD

Kent E Carr MD

0

146,604

219,100

75,305

0

8,841

Software ID: 08000095 **Software Version:** v1.00 **EIN:** 23-1365353

Name: LANCASTER GENERAL HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (F) Compensation (A) Name (C) Deferred (E) Total of columns reported in prior Form (ii) Bonus & benefits (B)(ı)-(D) 990 or Form 990-EZ (i) Base (iii) Other Compensation compensation compensation 605,676 1,347,309 390,000 18,538 239,877 93,218 530,298 Thomas E Beeman (11) (1) 351,046 93,296 51,787 176,000 9,477 681,606 256,333 Jan L Bergen (11) (1) 423,990 191,000 21,015 9,200 80,822 726,027 215,043 Marion A McGowan (11) 234,610 (1) 100,000 17,652 24,257 40,226 416,745 140,404 Regina M Mingle (II)376,275 (1) 73,465 150,000 24,495 9,200 633,435 186,032 F Joseph Byorick III (11) 0 (1) 220,829 136,030 67,156 5,251 34,232 40,874 368,342 Charles A Castle MD (11) (1) 246,157 0 10,140 8,285 62,573 327,155 48,327 Lee M Duke II MD (11) 0 233,678 (1) 71,517 1,333 34,697 46,067 387,292 141,120 Geoffrey W Eddowes (11) 0 250,187 (1) 442,492 80,000 27,590 38,203 46,512 160,080 Norma J Ferdinand (II)(1) 284,856 120,000 11,275 75,352 56,391 547,874 205,027 Robert P Macina Esq (11) 0 0 (1) 8,106 98,916 0 1,515 4,341 28,378 141,256 Judi L Brendle (III)0 157,174 (1) 28,679 2,393 8,727 23,461 220,434 78,280 Michelle Campbell (11) (1) 186,168 35,038 1,536 8,910 27,566 259,218 91,647 Margaret F Costella Esq (II)(1) 135,341 1,140 6,442 24,570 27,066 194,559 67,060 Margaret M Klecha (III)(1) 140,712 6,875 207,025 70,248 28,292 2,875 28,271 Mary B Miskey (11) (1) 158,478 15,514 3,558 7,102 27,937 212,589 0 Richard D Paoletti (II)(1) 203,501 56,103 3,690 9,200 45,934 318,428 101,402 Joseph A Puskar (11) (1) 180,045 8,600 33,105 1,853 41,555 265,158 89,577 Stacey G Youcis (II)159,512 (1) 7,662 237,715 78,836 29,143 2,907 38,491 Timothy C Zellers (III)(1) 122,226 5,883 60,730 23,625 1,222 23,755 176,711 Kay Brady 0 0 (1) 126,584 13,407 6,758 28,947 88,426 32,835 208,531 Kenneth J Collins (II)(1) 140,463 26,496 577 6,701 29,078 203,315 66,921 Denise A Kennedy (11) 0 134,846 24,956 6,423 35,445 202,451 781 64,350 Douglas W Rinehart (II)0 202,544 (1) 323,605 4,788 15,549 101,820 63,831 36,893 Susan Wynne (III)136,864 (1) 24,992 32,404 78,242 2,063 6,370 202,693 Lisa R Hess (11) (1) 299,998 196,728 17,850 14,176 226,172 53,465 582,217 John C Lee (II)(1) 446,443 40,000 17,976 11,790 60,842 577,051 0 Alan H Brader 460,119 579,815 74,127 36,369 242,630 9,200 Philip M Bayliss 0 423,851 553,500 208,583 50,125 68,194 2,130 9,200 Randall A Oyer (III)440,914 216,100 2,362 9,200 74,125 526,601 Timothy J Boley 0 (1) 263,376 9,200 163,638 85,436 461,766 51,820 871,598 Andre W Renna (II)(1) 160,598 94,592 10,960 15,835 7,495 31,512 226,400 James E Page Jr 0 149,166 6,502 29,650 78,310 27,527 7,328 220,173 Kathleen L Harrison (1) 136,093 0 190,832 60,636 39,810 427,371 195,572 Leo P Gılmore (11) (1) 0 73,803 147,606 147,606 Thomas C Paisley Jr

59,956

5,696

143,808

Schedule K

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

DLN: 93493291002580

Open to Public **Inspection**

Department of the Treasury

LANCASTER GENERAL HOSPITAL

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Internal Revenue Service Name of the organization

Employer identification number 23-1365353

										23-1365	353			
Pa	art I Bond Issues (Required	for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Description of Purpose		(g) Defeased		Issuer		
											Yes	No	Yes	No
A	Lancaster County Hospital Authority	23-6648018	xxxxxxxx	07-01-	2005	15,9	945,000	Purchase of	rchase of equipment			х		×
В	Lancaster County Hospital Authority	23-6648018	514045YB3	01-24-	2007	33,	450,000	Construction garage	Construction of employee parking garage			х		х
c	Lancaster County Hospital Authority	23-6648018	514045YK3	01-24-	2007	63,	375,000	Refunding of	Refunding of Series 2003 bond			х		х
D D	Lancaster County Hospital Authority	23-6648018	514045ZH9	08-15-	2008	96,	730,000		Refinancing of Series 1997 and 2006 bonds			x		х
Pa	rt II Proceeds (Optional for	2008)												
	<u> </u>			A B		С		D	D		Е			
1	1 Total Proceeds of Issue													
_2	2 Gross Proceeds in Reserve Funds													
3	3 Proceeds in Refunding or Defeasance Escrows													
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fron	m Proceeds												
7	Capital Expenditures from Procee	ds												
8	Year of Substantial Completion					•		<u>'</u>						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	Is been made?												
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	t IIII Private Business Use	(Optional for 2008	·)											
					A	E		_	<u> </u>	D		<u> </u>	E	
1	Was the organization a partner in a		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
	which owned property financed by													
2 	Are there any lease arrangements which may result in private busine		inanced property											
For	Panerwork Reduction Act Notice see th	e Instructions for Forn	. 000			Cat No. 501	03E			Sc	hadula K	/Form 99	n) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493291002580

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

	f the organization ER GENERAL HOSPITAL					Er	mploy	er ide	entifica	tion nu	ımber	
							3-136					
Part I										7 Dart	V line	40h
To be completed by organizations that answered "Yes" on Form 990, (a) Name of disqualified person									190-62	(c) Corrected?		
1	(a) Name of disqualified	a person	rson (b) Descrip			n of transa	ection			⊢ i∸	Yes	No
										\dashv	\longrightarrow	
3 5						44	. =	٠, ١				
	er the amount of tax imposed on telegraphics.						earui 	nder F	\$			
	er the amount of tax, If any, on lin							•	\$			
	Loans to and/or From		•									
	To be completed by organiza				IV, lın	e 26, or Fo	orm 9	90-E	Z, Part	V , lıne	₃ 38a	
		(b) Loar	n to or						(f)		ved (g) Writter	
(a) N	ame of interested person and	from the		(c)O riginal principal	(d)Ba	(d)Balance due		1 ' ' ' '				
	purpose	organiza	ation?	amount	(4)54	iance ade	٠		1 .	ommittee?		
		То	From		↓		Yes	No	Yes	No	Yes	No
		<u> </u>			<u> </u>				—	<u> </u>		
					 				+	 	+	┼──
									+		+	+
									+		+	+
					<u> </u>				†		†	†
otal				•								
Part II												
	To be completed by organ					art IV, iin T	ie 27					
(a) Name of interested person	(B)	-	p between interested pe I the organization	rson	(c)A m	ount d	of gra	nt or ty	pe of a	ıssısta	nce
						†						
		1										

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
Robert F Latshaw M D	Director		Individual is an employed physician of Lancaster Radiology Associates, Ltd (LRA) who contracts with LGH LRA invests in MRI Group LLP and Lancaster PET Partnership LLP Both of which are related to LGH		No	
				·		

DLN: 93493291002580

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization LANCASTER GENERAL HOSPITAL

Employer identification number

23-1365353

Рa	rt I Types of Property				23-1305353			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—Works of art	X	2		FMV			
2	Art—Historical treasures .			·				
3	Art—Fractional interests							
4	Books and publications	Х		100	FMV			
5	Clothing and household goods	X		1,675	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	1	100,000	FMV			
10	Securities—Closely held stock $$.							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory	X	1	300	FMV			
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Craft Other (describe Supplies)	Х	2	210	FMV			
26	Entertainment Other (describe <u>Passes</u>) Gift	x	9	1,622	FMV			
27	Other (describe <u>Certificates</u>) Child Safe	×	3	754	FMV			
	Fingerprint							
28	Other (describe <u>Kit</u>)	X	1		FMV			
	Other (describe <u>Teddy Bears</u>)	X	1	240	FMV			
	Aırfare and Other (describe Lodging)	Х	1	1,601	FMV			
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			1
30a	During the year, did the organiza						Yes	No_
	least three years from the date of		•	not required to be used for a	exempt purposes	l		N.
	for the entire holding period? .		· · · · · · · ·			30a		No
ь 31	If "Yes", describe the arrangement of the organization have a gif			eview of any non-standard	contributions?	31	Yes	
	Does the organization hire or use contributions?					32a		No
	If "Yes", describe in Part II If the organization did not report	revenues	n Column (c) for a type of n	roperty for which Column (a	a)ıs	3Zā		110

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation SchM_P01_S00_L25 Schedule M, Part I, Lines 25-28 The number of contributions in Column B is represented by either the number of contributions or the number of items received depending on the type of non-cash contribution

DLN: 93493291002580

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization LANCASTER GENERAL HOSPITAL

Employer identification number

23-1365353

ldentifier	Return Reference	Explanation
F990_P00_S00_L0B	Form 990, Header, Line B	Additional information received on officer compensation required an amendment to ensure complete and accurate disclosure

ldentifier	Return Reference	Explanation
F990_P01_S00_L09	Form 990, Part I, Line 9	Laboratory Services revenue was reported on the 2007 Form 990 as Other Revenue Due to the 2008 Form 990 changes, the prior year revenue is included in the Program Service revenue for comparative purposes

ldentifier	Return Reference	Explanation
F990_P01_S00_L16a		Prior year Professional Fundraising expenses were reclassed from Other Expenses as reported on the 2007 Form 990 to Part I, Line 16a, Professional fundraising fees on the 2008 Form 990

ldentifier	Return Reference	Explanation
F990_P03_S00_L04d	Form 990, Part III, Line 4d	Lancaster General Hospital will identify community health needs, help reach community consensus on health care priorities, develop programs (where possible together with other community organizations) to address these needs, develop and maintain metrics to measure our progress, and report our activity to the Board of Trustees and the community at large. Financial means should not prevent anyone from accessing healthcare services. To that end, Lancaster General Hospital has established financial assistance programs for those with little or no insurance, or limited financial means. Lancaster General Hospital incurred unpaid costs of \$58M to care for financially disadvantaged persons. Lancaster General Hospital engages in medical research programs. Lancaster General Hospital engages in training and education of health care professionals at an unpaid cost of \$5.4M.

ldentifier	Return Reference	Explanation
F990_P05_S00_L04a	Form 990, Part V, Line 4a	Filing requirements for Form TD-90-22 1-Lancaster General Hospital has authority over a financial account in a foreign country. However, they have no financial interest within the foreign account Form TD-90-22 1 was filed with the parent company, Lancaster General Health (EIN# 22-50941)

ldentifier	Return Reference	Explanation
F990_P06_S0A_L04	Form 990, Part VI, Section A, Line 4	The Bylaws were revised on September 17, 2009

ldentifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The Sole Member of Lancaster General Hospital is Lancaster General Health. The Sole Member may initiate or implement any proposal with respect to any of the following, amendment of charter, certificate or articles of incorporation or bylaws, sale, purchase, lease or encumbrance with debt, the transfer of any assets of the Corporation, excluding equipment, election or removal of the Board of Trustees of the Corporation, the approval of the annual operating and capital budgets of the Corporation, the approval of investment advisors, outside legal counsel, and auditors for the Corporation, and the approval of non-budgeted expenditures

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Lancaster General Health elects the Board of Trustees of Lancaster General Hospital

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	The Sole Member of Lancaster General Hospital is Lancaster General Health. The Sole Member may initiate or implement any proposal with respect to any of the following, amendment of charter, certificate or articles of incorporation or bylaws, sale, purchase, lease or encumbrance with debt, the transfer of any assets of the Corporation, excluding equipment, election or removal of the Board of Trustees of the Corporation, the approval of the annual operating and capital budgets of the Corporation, the approval of investment advisors, outside legal counsel, and auditors for the Corporation, and the approval of non-budgeted expenditures

ldentifier	Return Reference	Explanation
F990_P06_S0A_L09a	Form 990, Part VI, Section A, Line 9a	Lancaster General Health (EIN# 23-2250941) is the parent organization of multiple affiliates including Lancaster General Hospital

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10		Due to timing conflicts, a copy of the Form 990 was not provided to the governing body prior to filing. A presentation highlighting what is the Form 990, when is it due, and what is reported will accompany making the Form 990 available to the governing body at the first meeting immediately following the filing of the Form 990.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	In order to ascertain and evaluate actual or potential conflicts, certain interested persons are required to fill out a Conflict of Interest Disclosure Statement upon entering employment or becoming a trustee of Lancaster General Hospital or an affiliate, and others also are required to fill out such a Statement on an annual basis. In addition to this requirement, all officers and trustees, regardless of whether or not they have filled out or have been asked to fill out a Conflict of Interest Disclosure Statement, have an ongoing affirmative duty to bring to the attention of Lancaster General Hospital, situations which may give rise to an actual or potential conflict of interest as described in the policy

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation process described below pertains to the CEO, EVPs, SVPS, VPs and AVPs Lancaster General Hospital utilizes an independent third party to provide base salary and total compensation market data for comparable positions at similarly sized organizations. Lancaster General Hospital presents the performance of the above mentioned positions against established goals and evaluates and presents them to the Management and Development Compensation Committee (MDCC). The MDCC is a Committee comprised of independent Board of Trustee members. The market data and performances against goals is reviewed by the MDCC who then takes action. Minutes are kept of the discussion and actions taken by the MDCC members at their meeting. This documentation is kept for future reference. This process is undertaken each August after the close of the previous fiscal year in June.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Lancaster General Hospital does not make the governing documents, conflict of interest policy, or financial statements available to the public

ldentifier	Return Reference	Explanation
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	The average hours per week reported in Column B pertains to the reportable compensation reported in Columns D, E, and/or F

ldentifier	Return Reference	Explanation
F990_P10_S00_L20	Form 990, Part X, Line 20	Tax Exempt Bond Liabilities-The amount of issue outstanding for both the Series 1998 and 2007 Bonds also includes the bond premium The balance of the 1998 bond premium at 6/30/09 w as \$38,434 The balance of the 2007 bond premium at 6/30/09 w as \$2,477,945

ldentifier	Return Reference	Explanation
F990_P11_S00_L02b	Form 990, Part XI, Line 2b	The consolidated balance sheet of Lancaster General Hospital and the related consolidated statements of operations and changes in net assets and cash flows are audited by an independent accountant. The consolidated statements include Lancaster General Hospital, Lancaster General Health-Columbia Center(EIN# 23-0485650), Lancaster General Imaging Corporation (EIN# 23-3102789), Lancaster General College of Nursing and Health Sciences (EIN# 06-1645496), and Lancaster General Ambulatory Services (EIN# 20-4943239)

ldentifier	Return Reference	Explanation
SchR_P05_S00_L02	Schedule R, Part V, Line 2	All arrangements are negotiated at arm's length and for fair value in compliance with the organization's conflict of interest policy. Affiliates perform inter-company transactions as part of the normal course of business

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493291002580

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

► See separate instructions.

LANCASTER GENERAL HOSPITAL 23-1365353 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

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)	entity 9	(E) Predominant income(related, investment, unrelated) (F) Share of total income Share of end-of-year assets (H) Disproprtionate allocations?				e (I) Code V—UBI amount on Box 20 of K-1	Gene mana	(J) neral or naging rtner?	
		1'	1'	'	<u></u> '		Yes	No	1	Yes	No
Lancaster Rehabilitation Hospital LLP 675 Good Drive Lancaster, PA17601 20-8092253	Rehab Hospital	PA	CRH of Lancaster LLC	Related	0	0		No	0	Yes	
Lancaster, PA17601 20-4463521	Surgery Center	PA	Lancaster General Ambulatory Surgical Services Inc	Related	0	0		No	0	Yes	
Lancaster PET Partnership LLP PO BOX 4216 Lancaster, PA17604 23-3102793	Medical Services	PA	Lancaster General Imaging Corporation	Related	0	0		No	0	Yes	
MRI Group LLP PO BOX 4216 Lancaster, PA17604 33-1011386	Medical Services	DV	Lancaster General Imaging Corporation	Related	0	0		No	0	Yes	
Central Pennsylvania Alliance Laboratory PO BOX 2767 York, PA17405 23-2910950	Medical Testing	PA	Lancaster General Hospital	Related	1,028	110,909		No	0	Yes	
Horizon Healthcare Services LLP 1070 New Holland Avenue Lancaster, PA17601 23-2910102	In-home infusion drug therapy	04	Lancaster General Services Business Trust	Related	0	0		No	0	Yes	
PeriOptimum 24 South Eighteenth Street Pittsburgh, PA15203 25-1815023	Provides information technology tools and decision-support services	PA	Lancaster General Services Business Trust	Related	0	0		No	0	Yes	

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
Lancaster General Insurance Company PO BOX 1109 GT Grand Cayman, Cayman Islands KYI-1102 CJ 98-0176655	Insurance	CJ	Lancaster General Health	С	0	0	0 %
Lancaster General Services Business Trust 607 North Duke Street Lancaster, PA17602 23-2250128	Owns and operates real estate property, pharmacy, and home infusion company	PA	Lancaster General Health	С	0	0	0 %
Barge Ganse VenaCare Business Trust 607 North Duke Street Lancaster, PA17602 23-2113017	Pharmacy and two thirds ownership interest of home infusion therapy services company	PA	Lancaster General Services Business Trust	С	0	0	0 %
Preferred Health Care 20-D East Roseville Road Lancaster, PA17601 25-1533898	Provides management and marketing services	PA	Lancaster General Health	С	0	0	0 %
Quest Behavioral Health PO Box 2767 York, PA17405 23-2910565	Behavioral health managed care plan for employers and health plans	PA	Lancaster General Hospital	С	0	0	0 %

(6)

p Reimbursement paid by other organization for expenses

q O ther transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

Yes

1q Yes

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	

Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y	es No
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 (iv) rent from a controlled entity	1a	a Y	es
b Gift, grant, or capital contribution to other organization(s)	1b	b Y	es
c Gift, grant, or capital contribution from other organization(s)	10	: Y	es
d Loans or loan guarantees to or for other organization(s)	10	d	No
e Loans or loan guarantees by other organization(s)	1e	•	No
f Sale of assets to other organization(s)	1f	Y	es
g Purchase of assets from other organization(s)	1 g	y Y	es
h Exchange of assets	1h	h	No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	i Y	es
j Lease of facilities, equipment, or other assets from other organization(s)	1j	jΥ	es
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	k Y	es
I Performance of services or membership or fundraising solicitations by other organization(s)	11	ΙY	es
m Sharing of facilities, equipment, mailing lists, or other assets	1n	m	No
n Sharing of paid employees	1n	n Y	es
• Reimbursement paid to other organization for expenses	10	5 Y	es

2 If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	hips and transaction thresholds
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		

Part VI Unrelated Organizations Taxable as a Partnership

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)	Organizations		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: 08000095
Software Version: v1.00

EIN: 23-1365353

Name: LANCASTER GENERAL HOSPITAL

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

Form 990, Schedule R, Part II - Identification of Related	Fax-Exempt Organiza	tions	ı	1	
(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 501(c)(3))	(F) Direct Controlling Entity
555 North Duke Street	Mgmt & fin support to controlled org & undertaking activities to improve the health of community	РА	501(c)(3)	509(a)(3)	N/A
Lancaster General Health Foundation	Organized & operated to support the exempt purposes of members of LG Health	РА	501(c)(3)	509(a)(3)	Lancaster General Health
	Provide charitable primary and specialty healthcare	PA	501(c)(3)	170(b)(1)(A)(III)	Lancaster General Health
Lancaster Cleft Palate Clinic 223 North Lime Street Lancaster, PA17602 23-1306888	Provide treatment for oral-facial deformities	PA	501(c)(3)	170(b)(1)(A)(vı)	Lancaster General Health
Central Pennsylvania Nursing Alliance Inc 604 Oak Street Akron, PA17501 23-2907754	Skilled Nursing Care	PA	501(c)(3)	509(a)(2)	Lancaster General Health
306 N 7th Street Columbia, PA 17512 23-0485650	A cute Primary Care/Facility Mgmt Op Svcs	PA	501(c)(3)	170(b)(1)(A)(III)	Lancaster General Hospital
410 North Lime Street	Provide support and promote healthcare education	РА	501(c)(3)	170(b)(1)(A)(II)	Lancaster General Hospital
VNA Community Care Services Inc PO BOX 10788 Lancaster, PA17605 23-1352572	Provides home health care services	PA	501(c)(3)	170(b)(1)(A)(vı)	Lancaster General Health
Lancaster General Rehabilitation Services Inc 555 North Duke Street Lancater, PA 17604 20-4943109	Investment in Rehabilitation Hospital	PA	501(c)(3)	170(b)(1)(A)(III)	Lancaster General Health
Lancaster General Ambulatory Surgical Services Inc 555 North Duke Street Lancaster, PA 17604 20-4943239	Investment in A mbulatory Surgery Center	PA	501(c)(3)	170(b)(1)(A)(III)	Lancaster General Hospital
Lancaster General Imaging Corporation 609 North Cherry Street Lancaster, PA 17604 23-3102789	Investment in imaging services	PA	501(c)(3)	170(b)(1)(A)(III)	Lancaster General Hospital
1879 Lincoln Hidhway	Emergency medical transportation	РА	501(c)(3)	509(a)(2)	Lancaster General Hospital
555 North Duke Street	To promote and advance Lancaster General Hospital's plans and programs	РА	501(c)(3)	509(a)(2)	N/A

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, Investment, unrelated)	(F) Share of total income (\$)	ome Snare or end-of-year allocations?		(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	Gen Man	(J) eral or naging tner?	
							Yes	No		Yes	No
Lancaster Rehabilitation Hospital LLP 675 Good Drive Lancaster, PA17601 20-8092253	Rehab Hospital		CRH of Lancaster LLC	Related	0	0		No	0	Yes	
Physician's Surgery Center- Lancaster General LLC 2150 Harrisburg Pike Lancaster, PA17601 20-4463521	Surgery Center	PA	Lancaster General Ambulatory Surgical Services Inc	Related	0	0		No	0	Yes	
Lancaster PET Partnership LLP PO BOX 4216 Lancaster, PA17604 23-3102793	Medical Services	PA	Lancaster General Imaging Corporation	Related	0	0		No	0	Yes	
MRI Group LLP PO BOX 4216 Lancaster, PA17604 33-1011386	Medical Services	PA	Lancaster General Imaging Corporation	Related	0	0		Νο	0	Yes	
Central Pennsylvania Alliance Laboratory PO BOX 2767 York, PA 17 405 23-2910950	Medical Testing	PΔ	Lancaster General Hospital	Related	1,028	110,909		No	0	Yes	
	In-home infusion drug therapy	PA	Lancaster General Services Business Trust	Related	0	0		No	0	Yes	
24 South Eighteenth Street	Provides information technology tools and decision-support services	PA	Lancaster General Services Business Trust	Related	0	0		No	0	Yes	

Form 9	990, Schedule R, Part V - Transactions with Related Organizations		
	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Lancaster General Health - Columbia Center	b	869,395
(2)	Lancaster General Health - Columbia Center	ı	157,697
(3)	Lancaster General Health - Columbia Center	k	170,361
(4)	Lancaster General Health - Columbia Center	n	175,700
(5)	Lancaster General Health - Columbia Center	р	501,506
(6)	Lancaster General Health - Columbia Center	q	277,209
(7)	Lancaster General College of Nursing and Health Sciences	b	1,000,000
(8)	Lancaster General College of Nursing and Health Sciences	f	397,961
(9)	Lancaster General College of Nursing and Health Sciences	g	4,595,711
(10)	Lancaster General College of Nursing and Health Sciences	ı	112,825
(11)	Lancaster General College of Nursing and Health Sciences	k	541,024
(12)	Lancaster General College of Nursing and Health Sciences	n	628,360
(13)	Lancaster General College of Nursing and Health Sciences	р	2,368,415
(14)	Lancaster General College of Nursing and Health Sciences	q	243,929
(15)	Lancaster General Ambulatory Surgical Services Inc	С	1,702,000
(16)	Lancaster General Ambulatory Surgical Services Inc	k	89,616
(17)	MRI Group LLP	a-I	43,510
(18)	MRI Group LLP	ı	345,069
(19)	MRI Group LLP	k	1,616,565
(20)	MRI Group LLP	ı	3,701,707
(21)	Lancaster PET Partnership LLP	ı	38,437
(22)	Lancaster PET Partnership LLP	k	234,260
(23)	Lancaster PET Partnership LLP	1	29,750
(24)	Lancaster General Imaging Corporation	b	74,085
(25)	Lancaster General Imaging Corporation	С	4,720,000
(26)	Lancaster General Imaging Corporation	k	44,770
(27)	Lancaster General Health	b	8,310,698
(28)	Lancaster General Health	k	1,405,208
(29)	Lancaster General Health	ı	796,461
(30)	Lancaster General Health Foundation	b	232,546

Form 9	990, Schedule R, Part V - Transactions with Related Organizations		
	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(31)	Lancaster General Health Foundation	с	134,992
(32)	Lancaster General Health Foundation	k	104,323
(33)	Lancaster General Health Foundation	n	71,332
(34)	Lancaster General Medical Group	b	25,416,501
(35)	Lancaster General Medical Group	g	148,365
(36)	Lancaster General Medical Group	ı	817,980
(37)	Lancaster General Medical Group	k	2,890,409
(38)	Lancaster General Medical Group	n	1,267,199
(39)	Lancaster General Medical Group	0	15,793
(40)	Lancaster General Medical Group	р	7,416,910
(41)	Lancaster General Medical Group	q	4,429,000
(42)	Lancaster Cleft Palate Clinic	b	134,871
(43)	Lancaster Cleft Palate Clinic	f	4,149
(44)	Lancaster Cleft Palate Clinic	k	124,841
(45)	Lancaster Cleft Palate Clinic	n	14,445
(46)	Lancaster Cleft Palate Clinic	р	195,561
(47)	Lancaster Cleft Palate Clinic	q	607,457
(48)	Central Pennsylvania Nursing Alliance Inc	Ь	2,200,866
(49)	Central Pennsylvania Nursing Alliance Inc	f	6,171
(50)	Central Pennsylvania Nursing Alliance Inc	k	316,783
(51)	Central Pennsylvania Nursing Alliance Inc	n	92,234
(52)	Central Pennsylvania Nursing Alliance Inc	р	917,594
(53)	Central Pennsylvania Nursing Alliance Inc	q	342,000
(54)	VNA Community Care Services Inc	f	3,709
(55)	VNA Community Care Services Inc	k	277,822
(56)	VNA Community Care Services Inc	n	343,456
(57)	VNA Community Care Services Inc	р	1,632,535
(58)	Lancaster General Insurance Company	k	1,235,756
(59)	Lancaster General Insurance Company	l l	2,980,745
(60)	Lancaster General Rehabilitation Services Inc	С	1,285,000

FOIIII	990, Schedule R, Part V - Transactions with Related Organizations (A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(61)	Lancaster General Rehabilitation Services Inc	k	113,449
(62)	Lancaster General Rehabilitation Services Inc	r	400,000
(63)	Lancaster General Services Business Trust	ı	10,720
(64)	Lancaster General Services Business Trust	J	270,512
(65)	Lancaster General Services Business Trust	k	172,047
(66)	Lancaster General Services Business Trust	r	3,500,000
(67)	Horizon Healthcare Services LLP	k	459,001
(68)	Horizon Healthcare Services LLP	1	29,597
(69)	Barge Ganse VenaCare Business Trust	k	35,610
(70)	Barge Ganse VenaCare Business Trust	ı	5,246
(71)	Quest Behavioral Health	I	917,931
(72)	Lancaster Emergency Medical Services Association	I	481,956
(73)	Central Pennsylvania Alliance Laboratory	ı	2,570,188
(74)	United Auxiliaries to Lancaster General Hospital	p	178,621
(75)	Physician's Surgery Center-Lancaster General LLC	k	4,545
(76)	Lancaster Rehabilitation Hospital LLP	k	410,933

Software ID: Software Version:

EIN: 23-1365353

Name: LANCASTER GENERAL HOSPITAL

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit ti	(C ion (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
Gibson E Armstrong , Director	2	Х						0	0	0	
Nancy S Arnold , Director	2	Х						0	0	0	
Rebecca S Bumstead , Director	2	X						0	0	0	
Dana Chryst , Director	2	X						0	0	0	
Robert B Falk Jr MD , Director	2	Х						0	0	0	
John A Fry , Director	2	Х						0	0	0	
Dennis A Getz , Director	2	Х						0	0	0	
Alexander Henderson III Esq , Director	2	Х		Х				0	0	0	
James E Hipolit Esq , Director	2	Х						0	0	0	
Joanne B Ladley , Director	2	Х						0	0	0	
Robert F Latshaw MD , Director	2	Х						0	0	0	
Jeffrey F Lehman , Dırector	2	Х		Х				0	0	0	
Bruce R Limpert , Director	2	Х						0	0	0	
C Clair McCormick , Director	2	Х						0	0	0	
Deborah K Riley MD , Director	2	Х						0	0	0	
Kenneth G Stoudt , Director	2	Х						0	0	0	
Antonio Suarez , Director	2	Х						0	0	0	
Mıchael W Van Belle , Dırector	2	Х						0	0	0	
Philip R Wenger , Director	2	Х						0	0	0	
Michael J Winn , Director	2	Х						0	0	0	
Thomas E Beeman , President/CEO	60	Х		Χ				1,014,214	0	333,095	
Jan L Bergen , Executive V P	55			Χ				536,523	0	145,083	
Marion A McGowan , Executive VP/COO	55			Х				636,005	0	90,022	
Regina M Mingle , Sr V P	55			Χ				352,262	0	64,483	
F Joseph Byorick III , Sr VP	55			Χ				550,770	0	82,665	
Charles A Castle MD , Assoc Phys Exec	55			х				293,236	0	75,106	
Gary R Davidson , Sr VP	55			Х				0	0	0	
Lee M Duke II MD , Sr VP	55			Х				256,297	0	70,858	
Geoffrey W Eddowes , Sr V P	55			Х				306,528	0	80,764	
Norma J Ferdinand , Sr VP	55			Х				357,777	0	84,715	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
			(C) sition (check all that apply)						(5)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Robert P Macına Esq , Sr V P	55			Х				416,131	0	131,743
Judı L Brendle , VP, Nursıng	55			Х				108,536	0	32,720
Michelle Campbell , VP, WBH Nursing	55			Χ				188,246	0	32,188
Margaret F Costella Esq , VP, Legal Svcs	55			х				222,742	0	36,476
Margaret M Klecha , VP, Rısk Mgmt	55			Х				161,051	0	33,508
Mary B Miskey , VP, HR	55			Х				171,879	0	35,146
Rıchard D Paolettı , VP, Operations	55			Х				177,550	0	35,039
Joseph A Puskar , VP, Support Svcs	55			Х				263,294	0	55,134
Stacey G Youcis , VP, Operations	55			Х				215,003	0	50,155
Timothy C Zellers , VP Nursing & Op	55			Х				191,562	0	46,153
Kay Brady , AVP, HR	55			Х				147,073	0	29,638
Kenneth J Collins , AVP, Mat Mgmt	55			Х				168,938	0	39,593
Denise A Kennedy , VP, Financial Svcs	55			Х				167,536	0	35,779
Douglas W Rınehart , V P, Controller	55			Х				160,583	0	41,868
Susan Wynne , Sr V P	55			Х				271,163	0	52,442
Lısa R Hess , VP, Marketıng	55			Х				163,919	0	38,774
Andre W Renna , Sr V P	55			Х				810,578	0	61,020
James E Page Jr , VP, Diversity	55			Х				187,393	0	39,007
Kathleen L Harrison , VP, Operations	55			Х				183,195	0	36,978
Kent E Carr MD , Sr VP	55			Х				0	66,464	8,841
John C Lee , Traumatologist	50					Х		514,576	0	67,641
Alan H Brader , Barıatrıc Physician Specialist	50					×		504,419	0	72,632
Philip M Bayliss , Perinatologist	50					Х		496,488	0	83,327
Randall A Oyer , Oncologist	50					Х		476,106	0	77,394
Timothy J Boley , Perinatologist	50					Х		443,276	0	83,325
Leo P Gilmore , Former Sr V P	55						Х	326,925	0	100,446
Thomas C Paisley Jr , Former Officer	55						Х	0	0	147,606
Burce H Pokorney MD , Former Sr VP	55			<u> </u>			x	75,292	0	143,808

Software ID: 08000095

Software Version: v1.00

EIN: 23-1365353

Name: LANCASTER GENERAL HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government				assistance	other)		
Cocalico School District South 4th Street PO BOX 800 Denver, PA 17517	23-1671314	501(c)(3)		7,123	FMV	AED Unit Program	Contribution to support program service
Community Life Network510 Walnut Street Columbia, PA 17512	20-2161018	501(c)(3)	17,000		n/a		Contribution to support program service
Concerned Black Men Inc 512 North Plum Street Lancater,PA 17602	14-1944046	501(c)(3)	7,225		n/a		Contribution to support program service
Ephrata Community Hospital 169 Martin Avenue Ephrata, PA 17522	23-1370484	501(c)(3)	7,607		n/a		Contribution to support program service
Franklin & Marshall College PO BOX 3003 Lancaster,PA 17604	23-1352635	501(c)(3)	111,000	2,413	FMV	AED Unit Program	Contribution to support program service
Friends of ShiratiPO BOX 10903 Lancaster, PA 17605	20-1912788	501(c)(3)	10,000		n/a		Contribution to support program service
Hospice of Lancaster County 685 Good Drive PO BOX 4125 Lancaster, PA 17604	23-2122735	501(c)(3)	15,000	2,413	FMV	AED Unit Program	Contribution to support program service
Immaculata University1145 King Road PO BOX 733 Immaculata,PA 19345	23-1352648	501(c)(3)	10,000		n/a		Contribution to support program service
James Street Improvement District206 West James Street Lancaster,PA 17603	71-0927742	501(c)(3)	150,000		n/a		Contribution to support program service
Lancaster Alliance44 North Queen Street Lancaster, PA 17603	23-2728559	501(c)(3)	36,087		n/a		Contribution to support program service

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lancaster Catholic High School650 Juliette Avenue Lancaster, PA 17601	23-1671314	501(c)(3)		7,240	FMV	AED Unit Program	Contribution to support program service
Lancaster City Fire Foundation100 South Queen Street Lancaster, PA 17603	20-5193974	501(c)(3)	10,000		n/a		Contribution to support program service
Lancaster County Medical Foundation137 East Walnut Street Lancaster, PA 17602	26-0499498	501(c)(3)	75,000		n/a		Contribution to support program service
Lancaster Medical Society Foundation137 East Walnut Street Lancaster, PA 17602	23-2633979	501(c)(3)	10,000		n/a		Contribution to support program service
Lancaster Mennonite High School2176 Lincoln Highway East Lancaster, PA 17602	23-6396950	501(c)(3)		12,066	FMV	AED Unit Program	Contribution to support program service
Lancaster Recreation Commission525 Fairview Avenue Lancaster, PA 17603	23-1352353	501(c)(3)	7,500	2,413	FMV	AED Unit Program	Contribution to support program service
Lancaster Symphony OrchestraPO BOX 1281 Lancaster,PA 17608	23-6299058	501(c)(3)	10,000		n/a		Contribution to support program service
Lancaster Y WCA 110 North Lime Street Lancaster, PA 17602	23-1352609	501(c)(3)	5,000	2,413	FMV	AED Unit Program	Contribution to support program service
Leadership LancasterPO BOX 1558 Lancaster,PA 17608	22-2608944	501(c)(3)	10,000		n/a		Contribution to support program service
Milagro House320 South Christian Street Lancaster, PA 17603	23-2954000	501(c)(3)	11,000		n/a		Contribution to support program service

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Project Forward Leap 1706 Race Street Philadelphia, PA 19103	23-2537550	501(c)(3)	6,300		n/a		Contribution to support program service			
South East Lancaster Health Services625 South Duke Street Lancaster,PA 17608	23-2160896	501(c)(3)	2,630,000		n/a		Contribution to support program service			
Substance Abuse Services Inc1820 Linglestown Road Suite 101 Harrisburg, PA 17110	25-1861015	501(c)(3)	37,000		n/a		Contribution to support program service			
Susquehanna Assoc for the Blind244 North Queen Street Lancaster, PA 17603	23-1352349	501(c)(3)	25,000	2,413	FMV	AED Unit Program	Contribution to support program service			
United Auxiliaries to the Lancaster General HospitalPO BOX 3555 Lancaster, PA 17604	23-1976868	501(c)(3)	8,680		n/a		Contribution to support program service			
United Way of Lancaster County630 Janet Avenue Lancaster,PA 17601	23-1352093	501(c)(3)	87,000		n/a		Contribution to support program service			
Water Street Rescue Mission210 South Prince Street Lancaster,PA 17604	23-6004676	501(c)(3)	51,000	79,235	FMV	Pharmaceuticals & AED Unit Program	Contribution to support program service			
Willow Valley Resort & Conference Center2416 Willow Street Pike Lancaster, PA 17602	23-2226098	501(c)(3)	8,112		n/a		Contribution to support program service			
City of Lancaster39 W Chestnut Street PO Box 1020 Lancaster, PA 176081020	23-6001904	Government Entity	1,380,000				Contribution to support program service			
School District of Lancaster1020 Lehigh Lancaster, PA 176022452	23-1726414	501(c)(3)	1,372,126				Contribution to support program service			