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DLN: 93493137040430

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

\ F_	- 4ba 3)008 salandar		00	10		
		l la la	ear, or tax year beginning 07-01-200 C Name of organization	08 and ending 06-30-200	· -	D Employer ide	ntification number
_	eck if ap dress cha	oplicable Please use IRS	THE LANKENAU HOSPITAL FOUNDATION	NC		23-217672	3
_		label or	Doing Business As			E Telephone nu	
_	me char	type. Se	e			(484) 476-3	403
Inıt	ial retur	n Specific Instruc-	Number and street (or P O box if ma	all is not delivered to street addre	ess) Room/suite	G Gross receipt	
Ter	mınatıoı		100 LANCASTER AVENUE			2 3,033 receipt	
– Am	ended r	eturn	City or town, state or country, and ZI	[P + 4	-		
– Apı	olication	pending	WYNNEWOOD, PA 19096				
		` '	L ame and address of Principal Office	\r	1		
			e C thompson President	:1	H(a) Is this	s a group return	for ┌Yes ┌No
			Lancaster A venue			tes.	1 163 1 110
			ewood, PA 19096		H(b) Are all	affiliates include	d?
Та	x-exem	pt status ✓ 501	(c) (3) ◀ (insert no)	r 527	(If "N	o," attach a lıst	See instructions)
W	eb site	≥: ► N/A			H(c) Group	p Exemption Nur	nber 🟲
					<u> </u>		
🕻 Тур	e of org	anızatıon 🔽 Corpo	ration trust association other		L Year of For	mation 1981 M s	State of legal domicile PA
Pa	rt I	Summary					
	1		the organization's mission or most	significant activities			
ų			ΓΙΟΝ THAT ENGAGES IN investm		CTIVITIES FO	R and provides	support to THE
aoyemance		LANKENAU HO	SPITAL AND the lankenau INSTIT	UTE OF MEDICAL RESEA	RCH		
Ě							
2	2	Check this box [if the organization discontinued it	ts operations or disposed o	of more than 2!	5% of its assets	
	3	Number of voting	g members of the governing body (P	'art VI, line 1a)		3 _	28
o o	4	Number of indep	endent voting members of the gove	rning body (Part VI, line 1	b)	. 4 _	22
ÿ	5	Total number of	employees (Part V , line 2a)			5 _	0
KANIMINA	6	Total number of	volunteers (estimate if necessary)			6 _	160
ŧ	7a	Total gross unre	lated business revenue from Part V	'III, line 12, column (C)		7a _	0
	ь	Net unrelated bu	ısıness taxable ıncome from Form 9	90-T, line 34		7b	0
					Prio	r Year	Current Year
	8	Contributions a	nd grants (Part VIII, line 1h) .			6,239,000	10,034,000
ĕ	9	Program servic	e revenue (Part VIII, line 2g) .			0	0
Revenu	10		ome (Part VIII, column (A), lines 3			21,010,000	-15,705,000
æ	11		(Part VIII, column (A), lines 5, 6d,		, ,	196,000	
	12		-add lines 8 through 11 (must equa		e		·
		12)				27,249,000	-5,475,000
	13	Grants and sım	ılar amounts paıd (Part IX, column	(A), lines 1-3)		17,544,000	11,327,000
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)		0	0
46	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines	5 –		
δ V		10)				0	0
₹	16a	Professional fu	ndraising fees (Part IX, column (A),	, line 11e)		0	0
Expenses	ь	(Total fundraising	expenses, Part IX, column (D), line 25 $\frac{1,48}{1}$	32,000)			
_	17	Other expense	s (Part IX, column (A), lınes 11a–1	1d, 11f-24f)		1,590,000	1,629,000
	18	Total expenses	—add lines 13–17 (must equal Par	rt IX, line 25, column (A))		19,134,000	12,956,000
	19	Revenue less e	xpenses Subtract line 18 from line	12		8,115,000	-18,431,000
8 8					Beginni	ng of Year	End of Year
9.72 9.72	20	Total assets (P	art X, line 16)		:	330,330,000	276,612,000
net Assets of Fund Balances	21	·	(Part X, line 26)			522,000	263,000
5 E				alina 20			,
	22		und balances Subtract line 21 from	i iiile 20		329,808,000	276,349,000
Pal	rt II	Signature I					
			perjury, I declare that I have examined thi e, correct, and complete Declaration of pre				
Plea	se	lk .	·	•	2010-	05-17	-
Sign	ì	Signature of of	icer		Date		
lere	е	MICHAEL 1 BUG	NGIORNO VP & TREASURER				
		Type or print na					
		Droporovio k		Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		Preparer's signature			self-		
	arer's	F			empolyed 🕨 🦳		
Jse (Firm's name (or yo if self-employed),				EIN Þ	
, 3 C (only	address, and ZIP +	4 2001 MARKET ST SUITE 1700				
			PHILADELPHIA, PA 19103			Phone no 🕨 (26	57) 330-3000
1av i	the IRS	S discuss this re	turn with the preparer shown above	? (See instructions)			Nο

Cat No 11282Y

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

1	Briefly describe the organization's mission	on			
	AN ORGANIZATION THAT ENGAGES IN I OF MEDICAL RESEARCH	nvestment and FUNDRAISING ACTIV	ITIES FOR and provides supp	ort to THE LANKENAU HOSPITAL	AND the lankenau INSTITUTE
2	Did the organization undertake the prior Form 990 or 990-EZ?		ces during the year whic	h were not listed on	Yes ▼ No
	If "Yes," describe these new se	rvices on Schedule O			
3	Did the organization cease con services?	ducting or make significant ch	langes in how it conduct	sany program 	Yes ✓ No
	If "Yes," describe these change	s on Schedule O			
4	Describe the exempt purpose a Section 501(c)(3) and (4) orga others, the total expenses, and	nızatıons and 4947(a)(1) trus	ts are required to report		
4a	(Code) (Exp EXPENSES CONSIST OF FUNDS SPEN PURCHASES AND SUPPORT FOR OTH	T IN ACCORDANCE WITH DONOR IN	cluding grants of \$ TENT, E G MEDICAL EDUCAT consists of net income from fo	11,327,000) (Revenue \$ TON, MEDICAL RESEARCH, IND Indraising events	196,000) IGENT CARE, CAPITAL
4b	(Code) (Exp	enses \$ inc	luding grants of \$) (Revenue \$)
4c	(Code) (Exp	enses \$ inc	luding grants of \$) (Revenue \$)
4d	Other program services (Des	cribe in Schedule O)			
	(Expenses \$	including grants of \$)	(Revenue \$)
4e	Total program service expens	es \$ 11,327,000	Must equal Part IX, Line	25, column (B).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	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	Yes	
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</i> "Yes," complete Schedule F, Part II	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? <i>If</i> "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
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		Νο
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		Νο
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 VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	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
С	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		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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 29			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b				- 110
-	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
•	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i>			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
q	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the			
	year?	8		
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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			_
а	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			
11	Section 501(c)(12) organizations Enter			
	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)			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

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

Section A	A. Gov	erning Be	ody and	Managemei	nt

					Yes	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 circumstances,						
1a	Enter the number of voting members of the governing body	1a	28						
b	Enter the number of voting members that are independent	1b	22						
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No			
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			. 3		No			
4	Did the organization make any significant changes to its organizational documents s filed? $$.	ince t	he prior Form 990 was	4		No			
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?			6		No			
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes				
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the						
а	the governing body?			8a	Yes				
b	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo			
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					
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		-	10	Yes				
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		No			

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

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 another's 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

ANGELO SAVELLONI 950 HAVERFORD ROAD SUITE 110 BRYN MAWR,PA 19010 (484) 337-8840

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

		(C) Position (check all that apply)							(5)	(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)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations

Part VII	Continued

			(C) Position (check all that apply)						(E)		(F) Estimate			
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Report compens from to organizat 2/10991	able sation the ion (W-	Reportable compensation from related organizations (W- 2/1099- MISC)	0	Estima mount o compens from t rganizati relati organiza	f other ation the on and ed
16	Total							▶		ſ	3,143,	955		254,827
2	Total number of individuals (includir compensation from the organization	ıg those ın 1					re thar	n \$1	00,000 in	reportabl	e	.		
													Yes	No
3	Did the organization list any former on line 1a? <i>If</i> "Yes," complete Schedu										ated employee	3		Νο
4	For any individual listed online 1a, is organization and related organization individual													
5	Did any person listed on line 1a rece	· · ·	e comr	• nensa	• ition	• fro	manv	unr	elated orga	nization	for services	4	Yes	
•	rendered to the organization? If "Yes								_			5		No
Se	ection B. Independent Contra	ctors												
Se 1	Complete this table for your five hig	hest comper		ndep	ende	ent	contra	ctor	rs that rece	ıved mor	re than			
	Complete this table for your five hig \$100,000 of compensation from the	hest comper	n	ndep	ende	ent	contra	ctor	rs that rece		e than (B) cription of services		(C Comper	
	Complete this table for your five hig \$100,000 of compensation from the	hest comper organizatio (A)	n	ndep	ende	ent	contra	ctor	rs that rece		(B)			
	Complete this table for your five hig \$100,000 of compensation from the	hest comper organizatio (A)	n	ndep	ende	ent	contra	ctor	rs that rece		(B)			
1	Complete this table for your five hig \$100,000 of compensation from the	hest comper e organizatio (A) nd business add	dress							Desc	(B) Cription of Services			

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
20 22	1a	Federated camp	paigns 1a					314
rang Engl	ь	Membership du	es . 1b					
£.g	c	Fundraising eve	ents 1c					
£	d	Related organiz	ations 1d					
% E ∰	e	Government grants	s (contributions) 1e					
Contributions and other sin	f		ons, gifts, grants, and 1f	10,034,000			 	
돌	_	similar amounts no	t included above butions included in					
들유	g		122,395					
Se E	h		s 1a-1f)		10,034,000			
				Business Code				
E E	2a							
e ke	ь							
or GE	c							
Ş	d							
8	e		_					
Other Revenue Contributions, gifts, grant Program Serwce Revenue and other similar amount	f	All other progra	ım service revenue					
				<u>.</u> .				
<u> </u>	g	Total. Add lines	s 2a-2f	» \$				
	3		ome (ıncludıng dıvıden	_				
			nounts)		0			
	4		tment of tax-exempt bond		0			
	5	Royalties			U			
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	-	expenses Rental income						
	C	or (loss)						
	d	Net rental incor	me or (loss)					
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of						
		assets other than inventory						
	b	Less cost or other basis and		15,705,000				
	c	sales expenses Gaın or (loss)		-15,705,000				
	d	· · · · · · · · · · · · · · · · · · ·	s)		-15,705,000			-15,705,000
	8a	Gross income fi						
		events (not incl	luding					
<u>⊕</u>		\$ 759, of contributions	reported on line 1c)					
듄		See Part IV, lın	e 18					
ě			G if total exceeds a					
<u>.</u>	ь		penses b	563,000				
ţ	c c		loss) from fundraising	<u> </u>	196,000			196,000
0	9a	Gross income fi	rom gamıng actıvıtıes					
		See part IV , lin Complete Schedi	e 19 ule G ıf total exceeds					
		\$15,000						
			а					
	Ь		penses b					
	10a		loss) from gaming acti	vities	0			
	104	Gross sales of returns and allo						
			а					
	ь	_	oods sold b					
	С		loss) from sales of inve		0			
	-	Miscellaneous	Revenue	Business Code				
	11a							
	Ь .							
	C							
	d	All other revenu						
	e		s 11a-11d					
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4, Le	5, 6d, 7d, 8c, ▶-	-5,475,000			-15,509,000

Part IX Statement of Functional Expenses

	Il other organizations must complete column (A) but are not re		(B)	(B), (C), and (D	<i>).</i> (D)
) 0	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations				
	in the U.S. See Part IV, line 21	11,327,000	11,327,000		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations and individuals outside the U.S. See	_			
	Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons				
	(as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section				
-	403(b) employer contributions)	0			
9	Other employee benefits	0			
LO	Payroll taxes	0			
1	Fees for services (non-employees)				
а	Management	0			
ь	Legal	0			
c	Accounting	147,000	0	147,000	
d		0		111,000	
	Professional fundraising See Part IV, line 17	0			
f		0			
	Other	0			
g L2	Advertising and promotion	0			
1.3	Office expenses	0			
.4	Information technology	0			
.5	Royalties	0			
L 6	Occupancy	0			
L 7	Travel	0			
L 8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
.9	Conferences, conventions and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
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	DEVELOPMENT EXPENSES	1,482,000	0	0	1,482,000
ь		, ==,=,=		-	,,
c					
d					
e					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	12.056.000	11 227 000	147.000	1 400 000
25		12,956,000	11,327,000	147,000	1,482,000
26	Joint Costs. Check if 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
	Dalalice	SHEEL

			(A)		(B	
	۱ ـ		Beginning of year 1,269,000	_	End of	'
	1	Cash—non-interest-bearing	1,269,000			1,621,000
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
ts	9	Prepaid expenses and deferred charges		9		
Assets	10a	Land, buildings, and equipment cost basis 10a 950,000				
•	b	Less accumulated depreciation Complete Part VI of Schedule D	950,000	10c		950,000
	11	Investments—publicly traded securities	310,754,000	11	26	0,381,000
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12		
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	17,357,000	15	1	3,660,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	330,330,000		27	6,612,000
	17	Accounts payable and accrued expenses .	36,000	17		40,000
	18	Grants payable	33,533	18		,,,,,
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
တ္ဆ	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		21		
"ja		persons Complete Part II of Schedule L		22		
_	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	486,000	25		223,000
	26	Total liabilities. Add lines 17 through 25	522,000	26		263,000
-		Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27				
		through 29, and lines 33 and 34.				
an	27	Unrestricted net assets	250,805,000	27	20	5,550,000
Balance	28	Temporarily restricted net assets	43,455,000	28	3	0,157,000
뒫	29	Permanently restricted net assets	35,548,000	29	4	0,642,000
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete				_
or		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances	329,808,000	33		6,349,000
	34	Total liabilities and net assets/fund balances	330,330,000	34	27	6,612,000
Рa	rt XI	Financial Statements and Reporting				
					Yes	No

Dart VI	Financial Statements and Reporting
P. 1 4 D. 1	Financial Statements and Reporting

L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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	Yes	
За	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		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE LANKENAU HOSPITAL FOUNDATION 23-2176723 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II ▼ Type III - Other Type I C Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) Nο (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) organized in the U S?		(vii) A mount of support?				
			Yes	No	Yes	No	Yes	No	
MAIN LINE HOSPITALS INC	231352160	03	Yes		Yes		Yes		11117000
LANKENAU INSTITUTE FOR MEDICAL RESEARCH	232175659	04	Yes		Yes		Yes		1839000
Total									12,956,000

Provide the following information about the organizations the organization supports

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					<u> </u>		
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, 100, 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						
С	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

Prior to July 17, 2008 the foundation classified itself as a 509(a)(3) supporting organization for main line hospitals, inc. the foundation submitted a request to the irs exempt organizations determinations office for a determination letter requesting that its public charity status be changes to a 509(a)(1) and 170(b)(1)(a)(vi) public supported charity. The request was confirmed by the irs on July 17, 2008

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 23-2176723

Name: THE LANKENAU HOSPITAL FOUNDATION

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa								(Г		
		Posit t	(C tion (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	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	
STEPHEN BERMAN , TRUSTEE	1 0	Х						0	0	0	
JOHN J LYNCH , EX-OFFICIO TRUSTEE	10	Х						0	984,212	135,584	
KENNETH L BRIER , TRUSTEE	1 0	Х						0	0	0	
JAMES L CRAWFORD , TRUSTEE	1 0	Х						0	0	0	
MARION L FOX , TRUSTEE	1 0	Х						0	0	0	
LOUIS W FRYMAN , TRUSTEE	1 0	X						0	0	0	
C MEADE GEISEL JR , TRUSTEE	1 0	Х						0	0	0	
SCOTT GOLDMAN MD , TRUSTEE	1 0	Х						0	782,238	24,901	
LEILA G GORDON , TRUSTEE	1 0	Х						0	0	0	
FREDERICK C HAAB , TRUSTEE	1 0	Х						0	0	0	
BARBARA D HAUPTFUHRER , TRUSTEE	1 0	Х						0	0	0	
PETER HAVENS , TRUSTEE	1 0	Х						0	0	0	
EDWARD L JONES JR , TRUSTEE	1 0	Х						0	0	0	
EDWARD W LEISENRING , TRUSTEE	1 0	Х						0	0	0	
WILLIAM J LEWIS MD , TRUSTEE	1 0	Х						0	15,000	0	
DENNIS S MARLO , TRUSTEE	1 0	Х						0	0	0	
WISTAR MORRIS III , TRUSTEE	10	Х						0	0	0	
ALFRED PUTMAN JR ESQ , Trustee/CHAIRMAN	1 0	Х		х				0	0	0	
JEROME SANTORO MD , TRUSTEE	1 0	Х						0	0	0	
BARBARA MOZINO SEEGUL , TRUSTEE	1 0	Х						0	0	0	
MARY ANNE M STETZER , TRUSTEE	1 0	Х						0	0	0	
JOSEPH WATKINS, TRUSTEE	1 0	Х						0	0	0	
ROBERT J WEINBERG , TRUSTEE	1 0	Х						0	0	0	
GEORGE W GEPHART JR , ex-officio trustee	1 0	Х						0	0	0	
ELAINE C THOMPSON PHD , Ex- Officio/PRESIDENT	1 0	Х		х				0	583,984	36,727	
Rev KRISTINE A PETERSON , TRUSTEE	1 0	Х						0	0	0	
ROBERT L BENZ MD , EX-OFFICIO TRUSTEE	1 0	Х						0	40,000	0	
BARBARA EVANS , EX-OFFICIO TRUSTEE	1 0	Х						0	0	0	
MICHAEL J BUONGIORNO , VICE PRESIDENT/TREASURER	1 0			х				0	683,516	50,138	
CHERYL HENRICH , SECRETARY	10			Х	<u> </u>			0	55,005	7,477	

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 THE LANKENAU HOSPITAL FOUNDATION 23-2176723 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

Cat No 52283D

Schedule D (Form 990) 2008

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

'ar	Organizations Maintaining Collections of Art,	His	toric	<u>cal Treasur</u>	es, or Othe	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	e foll	owing that are	a sıgnıfıcant u	se of its co	llection	1	
а	Public exhibition	d	Γ	Loan or excha	ange programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and explain Part XIV	n how	they	further the or	ganızatıon's ex	empt purpo	se in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as p					ılar	Γ.	Yes	┌ No
Pai	rt IV Trust, Escrow and Custodial Arrangements. C				ızatıon answ	ered "Yes	" to Fo	rm 9	90,
	Part IV, line 9, or reported an amount on Form 990								
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	lary	for c	ontributions or	other assets 1	not	Γ.	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following table								
							A mou	nt	
C	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 990, Part X, line	21?					Γ.	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organization								
	Reginning of year balance	(b) Prior	rear (c) I wo	Years Back (d)	Three Years B	ack (e))Four Ye	ears Back
la L	7.500.000								
b	Contributions								
۳ C	Grants or scholarships								
d e	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end balance held as	;							
а	Board designated or quasi-endowment								
ь	Permanent endowment ► 100 %								
c	Term endowment ▶								
За	Are there endowment funds not in the possession of the organizat	ion t	hat a	re held and ad	mınıstered for	the			
	organization by					Г		Yes	No
	(i) unrelated organizations		•				3a(i)		No
L	(ii) related organizations					[3a(ii)	 	No
1 1	Describe in Part XIV the intended uses of the organization's endo					[3b		<u> </u>
	t VI Investments—Land, Buildings, and Equipmen				t X line 10				
	Description of investment	<u></u>	(a	Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprec	ation	(d) Bo	ok value
La	Land		+	950,000	0				950,000
	Buildings	_	\vdash	330,000	0		ŀ		333,000
	Leasehold improvements								
	Equipment								
	Other								
_			1				ı		

950,000

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year 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. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13) F	 ne 15		
(a) Descri			(b) Book value
PERPETUAL TRUSTS			8,946,000
MLH REALTY LLC			4,714,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line			13,660,000
Part X Other Liabilities. See Form 990, Part		T	
(a) Description of Liability Federal Income Taxes	(b) A mount	1	
DUE TO AFFILIATIONS	223.000	-	
DOE TO WITTEWATONS	223,000	1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	223,000]	

2	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-5,475,000
A Standard gains (loses) on investments 5 5 5 5 5 5 5 5 5	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,956,000
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-18,431,000
The second of	4	Net unrealized gains (losses) on investments	4	-31,135,000
7	5	Donated services and use of facilities	5	
Solution Part XIV Solution Part XIV	6	Investment expenses	6	
9 -35,028,000	7	Prior period adjustments	7	
### Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial Statements 1	8	Other (Describe in Part XIV)	8	-3,893,000
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9	Total adjustments (net) Add lines 4 - 8	9	-35,028,000
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-53,459,000
A mounts included on line 1 but not on Form 990, Part VIII, line 12	Par		er R	eturn
a Net unrealized gains on investments 2a -31,135,000 b Donated services and use of facilities 2b	1	Total revenue, gains, and other support per audited financial statements	1	-40,503,000
b Donated services and use of facilities 2b Lead of the Clescribe in Part XIV of the C	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4 -3,893,000 2d -3,893,000 2e -35,028,000 3 -35,028,000 3 -35,028,000 3 -5,475,000 4 -35,028,000 3 -5,475,000 4 -35,028,000 3 -5,475,000 4 -5,475,000 4 -5,475,000 4 -5,475,000 4 -5,475,000	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d -3,893,000 e Add lines 2a through 2d -35,028,000 3 Subtract line 2e from line 1 3 -5,475,000 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a	b	Donated services and use of facilities		
Add lines 2a through 2d Subtract line 2e from line 1 Subtract line 2e from line 2e from line 2e from	c	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	-35,028,000
Investment expenses not included on Form 990, Part VIII, line 7b .	3	Subtract line 2e from line 1	3	-5,475,000
b Other (Describe in Part XIV)	4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c		4c	
Total expenses and losses per audited financial statements				<u> </u>
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities				
Donated services and use of facilities			1	12,956,000
b Prior year adjustments				
c Losses reported on Form 990, Part IX, line 25 2c 4 d Other (Describe in Part XIV) 2d 2d e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 3 12,956,000 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 12,956,000 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c b Other (Describe in Part XIV) 4c 4c 4c 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 12,956,000				
d Other (Describe in Part XIV) 2d 2e e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 12,956,000 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b <				
e Add lines 2a through 2d				
3 Subtract line 2e from line 1			2-	
4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4a		 		12.056.000
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		-		12,956,000
b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 4c 4c 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 12,956,000				
c Add lines 4a and 4b				
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			4-	
				12.056.000
			<u> </u>	12,950,000

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
SCHEDULE D, PART XI, LINE 8		Part XI Line 8 - The (\$3,893,000) consists of Women's Board Change in Net Asset - footnote on financial statements only (\$196,000), Loss on Investment Partnership and MLH Realty, LLC (\$1,211,000) and Change in valuation of Beneficial Trust (\$2,486,000) Part XII Line 2d - The (\$3,893,000) consists of Women's Board Change in Net Asset - footnote on financial statements only (\$196,000), Loss on Investment Partnership and MLH Realty, LLC (\$1,211,000) and Change in valuation of Beneficial Trust (\$2,486,000) Part V Line 4 - The endowments support indigent care, medical education and medical research, capital purchases and other Hospital programs
+		

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DLN: 93493137040430

OMB No 1545-0047

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2008

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Open to Public Inspection

						Tuspection						
Name of the organization	541				Employer ider	ntification number						
THE LANKENAU HOSPIT	TAL FOUNDATION				23-2176723							
Part I Fundraisin	g Activities. Complete	e ıf the or	ganızat	ion answered "Yes" t	to Form 990, Part IV	, line 17.						
1 Indicate whether the a	ns ons	through an	y of the	e Solicitation of r	non-government grants government grants							
3	have a written or oral agre sted in Form 990, Part VII		,	`	,	Г Yes Г No						
	highest paid individuals or at least \$5,000 by the orga											
(i) Name of individu or entity (fundraiser	I (III) A CTIVITY	(iii) Did fundraiser have custody or control of contributions? Yes No		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(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
					` ,							
Total			•									

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

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To (Add col		
			thrift shop	gift shop	3		(d) (ii	rougi
Ф	1		(event type) 280,000	(event type) 216,000	(total number) 263,000		7.5	9,000
<u> </u>	-	Gross receipts	200,000	210,000	203,000			
Kevelikle	2	Less Charitable contributions						
_	3	Gross revenue (line 1 minus line 2)	280,000	216,000	263,000		75	9,000
	4	Cash Prizes						
Direct Expenses	5	Non-cash Prizes						
хре	6	Rent/Facility costs						
ш Б	7	Other direct expenses	238,000	249,000	76,000		56	3,000
ē	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			56	3,000
_	9	Net income summary Combine II	nes 3 and 8 ın column (d))	•		19	6,000
ar	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repoi	ted mor	e thar	ו
Kevelkue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
Y	1	Gross revenue						
က က	2	Cash prizes						
bens S	3	Non-cash prizes						
Ulrea Expenses	4	Rent/facility costs						
<u>ጀ</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
							Yes	No
•		er the state(s) in which the organiza						
a b		he organization licensed to operate No," Explain	gaming activities in eacr	ortnese states /		• 9a		
0a		e any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10a		
Ь	11 1	гез, схрівії						

			
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: 93493137040430

OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

THE LANKENAU HOSPITAL FOUNDATION

Schedule I

(Form 990)

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

Open to Public **Inspection**

THE LANKENAU HUSFITAL FO	JUNDATION					23-2176723	
Part I General Inform	nation on Gran	its and Assistance				<u> </u>	
Does the organization ma the selection criteria usedDescribe in Part IV the or	d to award the gran	ts or assistance?					∀Yes □
Form 990, Part I Part IV and Scho	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	and Organizations inved more than \$5,00	0. Check this box if	f no one recipient rece	eived more than \$5,0	
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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAIN LINE HOSPITALS - LANKENAU CAMPUS100 LANCASTER AVENUE WYNNEWOOD,PA 19096	23-1352160	501(c)(3)	11,117,000				
LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 LANCASTER AVENUE WYNNEWOOD, PA 190963450	23-2175659	501(c)(3)	1,839,000				
2 Enter total number of seconganizations							2
3 Enter total number of other	er organizations .			<u> </u>		•	
For Paperwork Reduction Act Noti	ice, see the Instructi	ons for Form 990.		Cat No 50055P		Sch	edule I (Form 990) 2008

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

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
Part 1, line 2		THE HOSPITAL PREPARES A SUMMARY OF PROGRAM EXPENDITURES AND PRESENTS A GRANT REQUEST FORM TO THE FOUNDATION REVIEWS AND APPROVES or disapproves THE REQUEST, ENSURING COMPLIANCE WITH DONOR'S INTENT

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DLN: 93493137040430

Employer identification number

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

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.

OMB No 1545-0047

Open to Public Inspection

THE	E LANKENAU HOSPITAL FOUNDATION		• 1			
			23-2176723			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a						
	990, Part VII, Section A, line 1a Complete Part III to provide any	-	-			
		ng allowance or residence for				
		ents for business use of perso				
	<u> </u>	n or social club dues or initiat				
	Discretionary spending account Person	nal services (e g , maid, chau	meur, cher)			
b	If line 1a is checked, did the organization follow a written policy reg provision of all the expenses described above? If "No," complete P		ment or	1b		
2	Did the organization require substantiation prior to reimbursing or a					
	officers, directors, trustees, and the CEO/Executive Director, regain	rding the items checked in lin	e la/	2		
3	Indicate which, if any, of the following the organization uses to esta organization's CEO/Executive Director Check all that apply		2			
	<u></u>	n employment contract				
		ensation survey or study				
	Form 990 of other organizations	val by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Part VII, Section	on A, line 1a				
а	Receive a severance payment or change of control payment?			4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified	d retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-based compensa	ition arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applic	cable amounts for each item i	n Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-	8.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	organization pay or accrue a	ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III		Γ			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	organization pay or accrue a	ny			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III		Γ			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part		ı-fıxed	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured	pursuant to a contract that w	ras T			

subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

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 of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JOHN J LYNCH	(ı) (ıı)		0 237,920	0 38,281	0 107,822	0 27,762	0 1,119,796	0
MICHAEL J BUONGIORNO	(ı) (ıı)		0 233,112	0 25,091	0 22,491	0 27,647	0 7 733,654	0 68,524
SCOTT GOLDMAN MD	(ı) (ıı)		0 150	0	0	0 24,901	7	0
ELAINE C THOMPSON PHD	(ı) (ıı)		0 156,787	0	0 20,428		0 620,711	' ·
	(i)							
	(ii) (i)					 		_
	(ii)		<u> </u>	 				-
	(i)							_
	(ii)		 '	<u> </u>	 '			_
	(i)		<u> </u>	!	<u> </u>	1		-
	(ii) (i)			 	 	<u> </u>		-
	(ii)			1				-
	(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	Return Reference	Explanation
SCHEDULE J Disclosures		Schedule J, Part I, Line 7 The compensation of the CEO, EVP & Chief Financial Officer, Hospital Presidents, and other Senior Executives did include a non-fixed component payment of compensation based upon pre-established quality, patient safety, and financial targets established at the beginning of the fiscal year. The Human Resources and Compensation Committee of the Main Line Health Board is responsible for evaluating and determining the appropriateness of the targets. After review and deliberation, the Committee documents its decisions and reports to the full Board of Governors who review the compensation decisions. Related compensation Compensation reported on part VII and Schedule J of the form 990, related to certain trustees and officers of the foundation, are paid by an affiliate-main line hospitals, inc., main line services, for compensation provided to main line hospitals, inc., and other controlled members of main line health, inc SCHEDULE J, PART II, COLUMN(F) AS ALL COMPENSATION AMOUNTS ARE REPORTED ON A CALENDAR YEAR BASIS PER THE FORM 990 INSTRUCTIONS, AMOUNTS PROVIDED TO CERTAIN PERSONS FOR THE PERIOD OF JANUARY 1, 2008 THROUGH JUNE 30, 2008 WERE ALSO INCLUDED ON THE 2007 FORM 990 FILED BY THE ORGANIZATION FOR ITS TAX YEAR ENDED JUNE 30, 2008 PERIOD OF JANUARY 1, 2008 THROUGH JUNE 30, 2008 WERE ALSO INCLUDED ON THE 2007 FORM 990 FILED BY THE ORGANIZATION FOR ITS TAX YEAR ENDED JUNE 30, 2008

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DLN: 93493137040430

OMB No 1545-0047

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Transactions with Interested Persons

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

► 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.

Open to Public Inspection

Name of the organization THE LANKENAU HOSPITAL FOUNDATION				Er	nploy	er ide	ntifica	tion n	umber	
	/	(-)(2) d d F0	4 (-)(3-217					
Part I Excess Benefit Transact To be completed by organization								Part	V line	40h
						01111 2	70 62		c) Corr	
1 (a) Name of disqualified	person	(b) Des	criptic	n of transa	iction			ľ	Yes	No
								_		
2 Enter the amount of tax imposed on t section 4958	he organization man 	agers or disqualified per			ear ur	nder ►	¢			
3 Enter the amount of tax, If any, on lin						•	\$ —— \$			
Part II Loans to and/or From						•				
To be completed by organizat			: IV , lır	ne 26, or Fo	rm 9	90-E	Z, Part	V, lın	e 38a	
	(b) Loan to or						(f			
(a) Name of interested person and	from the	(c)O riginal principal	(4)B-	lance due	(e) defa		A ppr		1	
purpose	organization?	amount	(u)ba	alalice que l'uelauit.			committee		-	
	To From				Yes	No	Yes	No	Yes	No
									-	
									+	
									+	
otal		-> s	1							
Part III Grants or Assistance Bo	enefitting Intere	ested Persons								
To be completed by organ				art IV, lın	e 27					
(a) Name of interested person		ip between interested pe d the organization	erson	(c)A m	ount c	fgra	nt or ty	pe of	assista	nce
	an	a the organization								
Part IV Business Transactions To be completed by organ			000 D	art IV lua	A 20	- 20	h or	200		
To be completed by organ	(b) Relationsh)) () F	arciv, iii	C 200	a, 20	, oi .		(e) Sha	rına of
(a) Name of interested person	between interes	· ·	f	(d) Descr		of tr		- 1	organiz	-
(a) Name of interested person	person and th			(a) Descr	iption	01 116	ansacti	°''	reven	
Anna Long Haralda Baral Entata I B	organization							_	Yes	No
1aın Lıne Health Real Estate LP	Trustees-Gordon, Havens,									
								\longrightarrow		
	1	I	1					- 1		

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DLN: 93493137040430

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

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

Non-Cash Contributions

Internal Revenue Service Name of the organization THE LANKENAU HOSPITAL FOUNDATION **Employer identification number** 23-2176723

Pa	rt I Types of Property			•				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of do reven	etermır	ning	
1	Art—Works of art	аррисавис		19				
	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
-	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock $\ .$							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	NEW BED							
	Other (describe $\underline{MATTRESSES}$)	X	129	122,395	Fair Market Value			
	Other (describe)							
	,							
	Other (describe)				<u> </u>			
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	3, Part IV, Donee	ar for contributions for	29			
							Yes	No
30a	During the year, did the organiza hold for at							
	least three years from the date of			not required to be used for e	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif					31		No
32a	Does the organization hire or use contributions?	e third parti	-	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes", describe in Part II							_ _
33	If the organization did not report checked, describe in Part II	revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) is			

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

SCHEDULE 0

(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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE LANKENAU HOSPITAL FOUNDATION

Employer identification number

23-2176723

ldentifier	Return Reference	Explanation
Form 990 Schedule O Disclosures		Form 990, part vi, section a, line 7a and 7b The ex-officio trustees are appointed by main line health, inc. Form 990, Part VI, Section A, Line 10 The Form 990 is prepared in conjunction with PriceWaterhouseCoopers LLP and reviewed internally by management. It is then sent to the board of trustees for their review. The Form 990 is review ed and approved at a meeting of the board of trustees prior to filing. Form 990, Part VI, Section B, Line 12c Annual conflicts of interest statements are required to be completed by all trustees, officers, directors, key employees and other interested persons. Any conflicts arising are referred to Legal counsel for resolution. If deemed necessary or advisable, cases may be referred to the full board for resolution. Form 990, Part VI, section B, Line 15 Using the services of an independent consulting firm, JHS utilized no few er than three executive compensation surveys in determining the compensation of the MLH CEO. JHS used market data representing functionally comparable jobs within similarly situated organizations in making these compensation determinations. After the review and deliberation of the Executive Committee of the JHS Board, which has the responsibilities of a Compensation Committee, compensation recommendations were review ed and approved by the full JHS Board. The MLH CEO also reports the MLH Board. The MLH CEO reports to the JHS CEO and is appointed by the JHS Board. The MLH CEO also reports the MLH Board. The MLH CEO reports to the JHS CEO and is appointed by the JHS Board of the Main Line Health Board, using the services of an independent Executive Compensation consulting firm is responsible for evaluating and determining the total Senior Executive benefits and compensation of the EVP& Chief Financial Officer, Hospital Presidents and other Senior Executives using both national and regional healthcare delivery market comparable compensation data. After review and deliberation the Committee documents its compensation decisions and reports to the full MLH Board

DLN: 93493137040430

OMB No 1545-0047

2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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

Open to Public Inspection

Name of the organization THE LANKENAU HOSPITAL FOUNDATION				Employer iden 23-2176723	tification number
Part I Identification of Disregarded Entities				23-2170723	
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public charity st (if section 501(c)	atus (F) Direct controlling entity
MAIN LINE HOSPITALS INC Lankenau Hosp 100 Lancaster avenue Wynnewood, PA19096 23-1352160	HEALTHCARE	PA	501(c)(3)	3	ML Health
LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 LANCASTER AVENUE WYNNEWOOD, PA19096 23-2175659	med research	PA	501(C)(3)	4	MI Health

Dart III I	Identification of Related Organizations	Tavahla ac a Dartnarchii
	Tuentification of Related Organizations	laxable as a raithership

(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	(G) Share of end-of-year assets	(H) Disproprtionate allocations? ((I) Code V—UBI amount on Box 20 of K-1	Gene man	J) eral or aging :ner?
							Yes	No	1	Yes	No
Main Line Health Real Estate 400 one radnor Corp Ctr radnor, PA19087	Real estate Acqui	PA	na	Investment	-243,140	4,691,968		No			No
MLH Realty LLC 400 one radnor corp ctr radnor, PA19087	General Partner	PA	na	investment	-240	19,522		No			No
		·									

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

(6)

Part V	Transactions with Related Organizations	
F GII C V	ilanisactions with Related Organizations	,

Рā	Transactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?	П				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	nty		1a		No		
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes			
c	Gift, grant, or capital contribution from other organization(s)			1c		No		
d	Loans or loan guarantees to or for other organization(s)			1d		No		
e	Loans or loan guarantees by other organization(s)			1e		No		
f	Sale of assets to other organization(s)			1f		No		
g	Purchase of assets from other organization(s)			1g		No		
	Exchange of assets			1h		No		
	Lease of facilities, equipment, or other assets to other organization(s)			1i		No		
			İ					
i	Lease of facilities, equipment, or other assets from other organization(s)		ŀ	1j		No		
	Performance of services or membership or fundraising solicitations for other org	ganization(s)	-	1k		No		
	Performance of services or membership or fundraising solicitations by other orga			11		No		
			ļ	1m		No		
m Sharing of facilities, equipment, mailing lists, or other assets n Sharing of paid employees 1m								
	onaring or paid ompro, coo		ŀ	\sqcap				
0	Reimbursement paid to other organization for expenses		ŀ	10	Yes			
	Reimbursement paid by other organization for expenses		-	1p		No		
-	The state of the s			$\dot{\Box}$				
а	O ther transfer of cash or property to other organization(s)		ľ	1q		No		
	Other transfer of cash or property from other organization(s)			1r		No		
-			L					
_	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including sourced relationsh	une and transportion througholds					
2		(B)						
	(A) Name of other organization(s)	Transaction	(C) Amount Involved					
(1)		type(a-r)						
(2)								
(3)								
(4)								
(5)								
		1						

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

	_		(5)		· -			1	1					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropition allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No				
	1				·	1	1	1						