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A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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

OMB No 1545-0047

Open to Public Inspection

<b>B</b> Che	ck if applic	able <b>Please</b>	C Name of organization		-	D Employer	identification number	
_	ress change	e use IRS	LOWELL GENERAL HOSPITAL			04-2103	590	
┌ Nar	ne change	label or print or	Doing Business As			E Telephone	number	
┌ Initi	al return	type. See Specific	Number and street (or P O box	ess) Room/suite	(978) 93			
_	mination	Instruc- tions.	295 VARNUM AVENÙE	Noom, suite	G Gross rece	eipts \$ 263,374,507		
	ended retur lication per		City or town, state or country, a LOWELL, MA 018542193					
			me and address of Principal C AND DESCHENE	fficer	<b>H(a)</b> Is thi affilia	s a group retu tes?	urn for	
	/-evemnt s	tatus 🔽 501/c	() ( 3 ) ◀ (insert no )	(1) or		affiliates inclu		
		- www lowellgen		(1) 01   527		o," attach a li p Exemption l	st See instructions ) Number ►	
<u>к</u> Туре	e of organiz	ation 🔽 Corporat	tion trust association othe	r 🍽	<b>L</b> Year of For	mation 1939	<b>M</b> State of legal domicile MA	
Pai	tt I s	ummary						
			ie organization's mission or m	ost significant activities				
Activities & Governance	0 U A N U N	TPATIENT ME D QUALITY O DERSERVED, A	EDICAL SERVICES TO PRO F LIFE OF THE CITIZENS IN AT RISK, OR FINANCIALLY	IMUNITIES SERVED THROUG VIDE SERVICES, PROGRAMS I THE AREA, WITH A PARTIC DISADVANTAGED led its operations or disposed o	S AND INITIA ULAR FOCUS	TIVES TO IM ON PEOPLE	1PROVE THE HEALTH WHO ARE MEDICALLY	
ŝ		,		dy (Part VI, line 1a)			11	
26 46		_		governing body (Part VI, line 1			10	
Œ			mployees (Part V, line 2a)				2,278	
ξ.			olunteers (estimate if necess			6	480	
ৰ	<b>7a</b> Tot	tal gross unrela	ted business revenue from P		78	4,634,166		
	ь Ne	t unrelated bus	iness taxable income from Fo	rm 990-T, line 34		71	-1,187,565	
				Prio	r Year	Current Year		
۵.	<b>8</b> C	ontributions an	d grants (Part VIII, line 1h)			1,623,948	3,096,454	
anue	<b>9</b> Pi	rogram service	revenue (Part VIII, line 2g)		179,935,425	205,884,879		
Reven			me (Part VIII, column (A), lır		173,939	· · · · · · · · · · · · · · · · · · ·		
_	_		Part VIII, column (A), lines 5			6,443,223	9,966,417	
		otai revenue—a 2)	ad lines 8 through 11 (must o	equal Part VIII, column (A), lır		188,176,535	218,169,798	
	<b>13</b> G	rants and sımıla	ar amounts paid (Part IX, col	umn (A), lines 1–3)			447,178	
	<b>14</b> B	enefits paid to d	or for members (Part IX, colu	mn (A), line 4)			0	
Expenses	<b>15</b> Sa		ompensation, employee bene	5 –	95,779,619	107,930,529		
₹ E			draising fees (Part IX, column				0	
ठ	•	_	penses, Part IX, column (D), line 25					
		•	(Part IX, column (A), lines 11			89,999,232	<del>                                     </del>	
				Part IX, line 25, column (A))		185,778,851	<u> </u>	
3e 00	19 K	evenue less ex	penses Subtract line 18 from	Time 12	Poginni	2,397,684	6,790,934 End of Year	
Net Assets or Fund Balances	<b>20</b> To	otal assets (Pa	rt Y line 16\			<b>ng of Year</b> 165,808,505		
45.55 B.25.			Part X, line 26)				<u> </u>	
end G		·	Part X, line 26) nd balances Subtract line 21	from line 20		73,574,021		
		Signature Bl		Trom line 20		92,234,484	83,302,351	
Plea Sign Here	se Ur	nder penalties of pe	erjury, I declare that I have examin correct, and complete Declaration of er	ed this return, including accompanying of preparer (other than officer) is base	ed on all informat I			
	<b>/</b>	Type or print nam	ne and title					
Paid		eparer's nature Craig	Kleın	Date	Check if self-empolyed	Preparer's PT	IN (See Gen Inst )	
Prepa Use 0	ואר lifs	m's name (or your self-employed),	•			EIN ▶		
-	ado	dress, and ZIP + 4				Phone no	(617) 761-0600	
May t	 	scuss this retu	Cambndge, MA 02139 Irn with the preparer shown al	nove? (See instructions)			✓ Yes No	

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

	D			
1	Briefly describe the organization's mission TO MEET THE HEALTHCARE NEEDS OF COMMUN PROGRAMS AND INITIATIVES TO IMPROVE THE I MEDICALLY UNDERSERVED, AT RISK, OR FINAN	HEALTH AND QUALITY OF LIFE OF THE CITIZEN:	NPATIENT AND OUTPATIENT MEDICAL SER S IN THE AREA, WITH A PARTICULAR FOO	VICES TO PROVIDE SERVICES, US ON PEOPLE WHO ARE
2	Did the organization undertake any sig the prior Form 990 or 990-EZ?			Yes V No
	If "Yes," describe these new services			
3	Did the organization cease conducting services?			Yes V No
4		ments for each of the organization's thi ns and 4947(a)(1) trusts are required ue, if any, for each program service rep	to report the amount of grants and	
4a		7,935,885 including grants of \$ ats approximately 45,000 patients annually It i thods and advanced cardiac support and are av		
4b		7,514,613 including grants of \$ and accredited by the American College of Surged and accredited by the American College of R		
4c	(Code ) (Expenses \$ Lowell General Hospital's Heart and Vascular of cardiovascular disease Services offered inclure providing cardiac rehabilitation and early interest.	5,526,753 including grants of \$ Center takes an active role in providing the mo de cardiac catheterization, electrophysiology, er rvention programs	0 ) (Revenue \$ st comprehensive range of services for di ihanced external counterpulsation, and a	10,656,499 ) agnosing and treating igioplasty services as well as
	(Code ) (Expenses \$	140,331,941 including grants of \$	447,178 ) (Revenue \$	210,519,046 )
			•	
4d	Other program services (Describe in	·	) /Days= #	,
_	(Expenses \$	including grants of \$	) (Revenue \$	)
4e	Total program service expenses \$	161,309,192 Must equal Part	IX, Line 25, column (B).	

Part IV	Checkl	ist 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		Νo
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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 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		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
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		No
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		Νο
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		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			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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		Νο
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, Part VI	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	e				
					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	285			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	О			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	2,278			
b	If at least one is reported in 2a, did the organization file all required federal employs  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this			
	return?			3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			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 acaccount)?	_	•	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
b	$\label{eq:definition} \textbf{Did any taxable party notify the organization that it was or is a party to a prohibited}$	tax sh	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	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 the			Va		110
	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 commore?	trıbutı	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
_	file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	/ prem	nums on a personal	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onalb	enefit contract?	7f		No
q	For all contributions of qualified intellectual property, did the organization file Form			7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			- 3		
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
9	year?				 	 
	Did the organization make any taxable distributions under section 4966?	_		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	-				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
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 )	11a				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year					l

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

Section A.	Governing	<b>Body and</b>	Management	

			Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 11						
b	Enter the number of voting members that are independent 1b 10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo			
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?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
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	Yes				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No			

#### 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	Yes	
		TOD	162	

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- 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 SUSAN GREEN

295 VARNUM AVENUE LOWELL, MA 01854 (978) 781-7143

# 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

			tion that a		y)				(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппсы	Key employee	Highest compensated	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
				$\vdash$			$\vdash$			
			$\vdash$	Н	$\dashv$		$\vdash\vdash$			
				$\vdash$			$\Box$			
			<u> </u>	Ш.			┝	4,570,799	) (	389,690

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶104

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
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? If "Yes," complete Schedule J for such			
	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

\$100,000 of compensation from the organization			
(A) Name and business address	( <b>B)</b> Description of services	<b>(C)</b> Compensation	
Cerner Corp PO Box 412702 Kansas City, MO 64141	Software support and remote hosting	3,886,443	
Macmillin 17 Elm St Keene, NH 03431	Construction services	3,468,328	
ARUP Laboratories PO Box 27964 Salt Lake City, UT 84127	Outsourcing of Laboratory specimens	2,622,632	
Innoviant Inc 75 Remittance Dr Ste 6978 Chicago, IL 606756978	Administration of Employee Pharmacy	2,103,832	
Sodexho PO Box 536922 Atlanta, GA 303536922	Facılıtıes and Cafeteria management	1,905,610	
Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

Statement of Revenue

					(A)	(B)	(C)	(D)
					Total Revenue	Related or Exempt	Unrelated Business	Revenue Excluded from
						Function	Revenue	Tax under IRC
	1					Revenue		512, 513, or 514
10.00	1a	Federated can	npaigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership d	ues					
26g	_	Eundraiana a	1b					
%.₩	С	rundraising ev	vents <b>1c</b>					
焦衷	d	Related organ	izations1d					
ું≣	e	Government gran	its (contributions) 1e	363,558				
<u>8,8</u>		All other contribut	cions, gifts, grants, and	2,732,896		-		
苦草	f		not included above	2,732,690				
豊富			1f					
폭포	g		ributions included in					
ಶಹ	h		 es 1a-1f). . .		3,096,454			
	"	Total (Add III)	es 1a-11)	· · · · ·				
<b>a</b> v				Business Code				
Ę	2a	PATIENT service	revenu		205,884,879	205,884,879		
9.Ke	ь							
حج	С							
JC.	d							
<u>5</u>								
; ;	е							
<u>  Ta</u>	f	All other prog	ram service revenue					
Program Service Revenue	g		es 2a-2f					
	_	<b>▶</b> \$ 205,884,8						
	3		come (including divi	·	1,290,750			1,290,750
		other similar a	imounts)		1,290,730			1,290,730
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	_	<b>D</b> 11		•				
	5	Royalties .						
	_		(ı) Real	(II) Personal				
	6a	Gross Rents	472,830					
	ь	Less rental expenses	653,768					
	С	Rental income	-180,938					
	d	or (loss)	ome or (loss)		-180,938			-180,938
		- Net rental me	sine or (1033) : :	· · · · ·	,			,
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	42,188,082	9,050				
		assets other						
	ь	than inventory Less cost or	44,250,832	15,002				
		other basis and	, ,	ŕ				
	С	sales expenses Gain or (loss)	-2,062,750	-5,952				
	d	Net gain or (lo			-2,068,702			-2,068,702
				. •	, ,			, ,
	8a	Gross income	from fundraising					
		events (not in						
<u> </u>		Ψ	0,167 is reported on line					
<u>F</u>		1c) See Part						
₹			e G ıf total exceeds					
č		\$15,000	а					
Other Revenue	b	Less directe	xpensesb	285,107				
₹	С	Net income or	(loss) from fundrais	ing events	605,060			605,060
•	9a	Gross income	from gaming					
		activities See	part IV , line 19					
		Complete Sche						
		exceeds \$15,00	00 <b>a</b>					
	b		xpensesb					
	С		(loss) from gaming a	activities 				
	10a	Gross sales o	f inventory, less					
		returns and al						
			а					
	b	Less cost of						
	С		(loss) from sales of					
		Miscellaneou	s Revenue	Business Code				
	11a	OTHER REVE	NUE		4,908,129	4,908,129		
	ь	NON-PATIEN	TS LAB	621,500	4,634,166		4,634,166	
	С							
								<del>                                     </del>
	d	All other reve						
	е	Total. Add line	es 11a-11d	 \$ 9,542,295				
	12	Total Povenie	. Add lines 1h, 2g, 3		218,169,798	210,793,008	4,634,166	-353,830
		8c,	A 44 III 63 III, 29, 3		.,===,	, : : 2, : : 0	,, 230	
	]	9c, 10c, and 1	.1e					

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r				
n od	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	437,420	437,420		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	9,758	9,758		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,208,986		2,208,986	
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	86,732,436	59,773,863		362,655
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	2,978,109	2,001,464	964,502	12,143
9	Other employee benefits	9,902,335	6,654,951	3,207,008	40,376
10	Payroll taxes	6,108,663	4,105,380	1,978,375	24,908
11	Fees for services (non-employees)				
а	Management				
b	Legal	317,507		317,507	
c	Accounting	253,340		253,340	
d	Lobbying	37,219		37,219	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	241,196		241,196	
g	Other	15,982,708	9,940,353	5,880,357	161,998
12	Advertising and promotion	535,767		534,434	1,333
13	Office expenses	44,780,984	42,434,737	2,292,113	54,134
14	Information technology	4,100,865	3,386,084	705,759	9,022
15	Royalties				
16	Occupancy	4,439,240	3,818,573	612,131	8,536
17	Travel	168,677	63,751	103,367	1,559
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	548,144	351,057	190,946	6,141
20	Interest	1,408,131		1,408,131	
21	Payments to affiliates	73,625		73,625	
22	Depreciation, depletion, and amortization	10,459,267	9,086,749	1,348,861	23,657
23	Insurance	2,429,466	2,416,981	12,278	207
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	PROVISION FOR BAD DEBTS	10,195,849	10,195,849		
ь	PHYSICIAN FEES	3,985,133	3,985,133		
c	UNCOMP CARE POOL	2,311,979	2,311,979		
d	TEMP RESTRICTED MISC EX	532,138	300,031		232,107
e	MISCELLANEOUS	199,922	35,079	164,843	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	211,378,864	161,309,192	49,130,896	938,776
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	
	1	Cash—non-interest-bearing			5,127,644	1		5,047,816
	2	Savings and temporary cash investments				2		<u> </u>
	3	Pledges and grants receivable, net		583,818	3		2,272,879	
	4	Accounts receivable, net			22,420,449	4	2	0,988,907
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	s, key		, ,	5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of	ectioi	n 4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use	. ,		4,507,910	8		4,460,272
92	9	Prepaid expenses and deferred charges			2,764,462	9		2,719,449
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	163,059,717				
•	ь	Less accumulated depreciation Complete Part VI of	IUa	100,000,717	_			
	"	Schedule D	10ь	102,992,829	59,865,997	10c	6	0,066,888
	11	Investments—publicly traded securities			62,401,892	11	5	7,635,463
	12	Investments—other securities See Part IV, line 11 <i>Complete B Schedule D</i>	Part VI	I of	839,520	12		2,779,225
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$ .	III		13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	7,296,813	15		3,845,518		
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			165,808,505	16	16	9,816,417
	17	Accounts payable and accrued expenses .			34,887,133	17	3	1,357,373
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		18,140,000	20	1	6,255,000	
e S	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						
<u> </u>		persons Complete Part II of Schedule L			22			
_	23	Secured mortgages and notes payable to unrelated third partie	s.		6,000,000	23		9,161,500
	24	Unsecured notes and loans payable		1,169,996	24		1,210,211	
	25	Other liabilities Complete Part X of Schedule D			13,376,892	25	2	8,529,982
	26	Total liabilities. Add lines 17 through 25			73,574,021	26	8	6,514,066
		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e l	lines 27				
anc	27	Unrestricted net assets			85,571,948	27	7	4,701,166
Balance	28	Temporarily restricted net assets			3,490,994	28		5,449,713
Ę	29	Permanently restricted net assets			3,171,542	29		3,151,472
. Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	nd con	mplete				
0	30	Capital stock or trust principal, or current funds	_			30		
Ą	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other f		<del>-</del>		32		
Net /	33	Total net assets or fund balances	<del>-</del>		92,234,484	33	8	3,302,351
ž	34	Total liabilities and net assets/fund balances			165,808,505	34		9,816,417
De	-+ VI	Einancial Statements and Benevities						
Fa	rt XI	Financial Statements and Reporting					Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

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	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	Yes	
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3Ь		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228027550

Employer identification number

OMB No 1545-0047

## **Public Charity Status and Public Support**

(Form 990 or 990EZ)

SCHEDULE A

Department of the Treasury
Internal Revenue Service

Name of the organization

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-F7. See separate instructions.

2008

Open to Public Inspection

LOWELL GENERAL HOSPITAL 04-2103590 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) 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)  $\overline{\mathbf{v}}$ 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) 10 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 **b** Type II c Type III - Functionally Integrated d Type III - Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11q(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) Provide the following information about the organizations the organization supports h

(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?		organization in		(vii) A mount of support?	
			Yes	No	Yes	No	Yes	No		
						·				
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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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 <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> 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	<b>▶</b> □
	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>(b)</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>(b)</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 <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (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	<b>Supplemental Information.</b> 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

# Software ID: Software Version:

**EIN:** 04-2103590

Name: LOWELL GENERAL HOSPITAL

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit	(C tion ( hat a	chec		l			(E)	(F)
<b>(A)</b> 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
JAMES C SHANNON III , BOARD MEMBER	1 00	Х						0	0	0
DANIEL J MANSUR , BOARD MEMBER	1 00	Х						0	0	0
MICHAEL GILCHRIST MD , BOARD MEMBER	1 00	Х						0	0	0
ERIC WHANSON, BOARD MEMBER	1 00	Х						0	0	0
JOHN C THIBAULT , BOARD MEMBER	1 00	Х						0	0	0
BRUCE T ROBINSON , BOARD MEMBER	1 00	Х						0	0	0
MARGARET A PALM , BOARD MEMBER	1 00	Х						0	0	0
GEORGE L DUNCAN , chairman	1 00	Х						0	0	0
JOHN H PEARSON JR , BOARD MEMBER	1 00	Х						0	0	0
THOMAS F MCKAY , BOARD MEMBER	1 00	Х						0	0	0
NORMAND DESCHENE , PRESIDENT & CEO	40 00	Х		х				1,495,545	0	75,051
RICHARD JEFFCOTE , CFO	40 00			Х				467,167	0	45,075
SUSAN GREEN , CFO	40 00			Х				167,322	0	998
PETER ZARRILLA , SECRETARY, ASST CLERK	40 00			х				213,871	0	28,245
JOSEPH WHITE , EXECUTIVE VP & COO	40 00				х			594,844	0	42,013
WAYNE PASANEN , VP MEDICAL AFFAIRS	20 00				х			217,792	0	35,419
WINFIELD BROWN , VP ADMINISTRATION	40 00				x			245,361	0	27,886
AMY HOEY , VP PATIENT CARE SERVICES	40 00				x			243,999	0	37,402
JOHN GOODROW , CHIEF INFO OFFICER	40 00					Х		179,924	0	14,722
GEORGE INGLIS , SR RADIATION PHYSIC	40 00					Х		207,134	0	29,737
YISHI REN , RADIATION PHYSICIST	40 00					Х		172,787	0	18,261
GERALDINE VAUGHAN , EXEC DIRECTOR PHO	40 00					х		219,710	0	14,695
KAREN MACARDLE, Dir Medical Staff Svcs	40 00					х		145,343	0	20,186
ROBERT DONOVAN , TRUSTEE EMERITUS	1 00						х	0	0	14,070
M PATRICIA CRANE , VP ADMINISTRATION	40 00						х	97,655	0	37,345

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

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

Na	ction 501(c)(4), (5), or (6) organi me of the organization	·		Employer iden	tification number
LOV	VELL GENERAL HOSPITAL			04-2103590	
Par		y all organizations exempe the instructions for Schedule			527
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	ıtıcal campaıgn act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	t I-B To be completed be for Schedule C for de	y all organizations exemp	t under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization i	ınder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes
4a	Was a correction made?				┌ Yes
	If "Yes," describe in Part IV				
Par		y all organizations exemp for Schedule C for details.)	t under section	n 501(c), except sect	ion 501(c)(3).
1	,	ended by the filing organization for	section 527 exemp	pt function activities	\$
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıl	outed to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lir	es 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was I and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a:	l funds or were s a separate
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization  Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Gifthere is an amount other than zero	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply  Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a)  or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000  Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000 \$1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 form 1 in the file form 1 in the file form 1 in the file form 2 in the file form 4720 reported the file form 2 in the file form 4720 reported the file form 2 in the file file file file file file file fil	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$1,000,000 but not over \$1,000,000  Ver \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c  If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
с	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line d, column (e))							
f	Grassroots lobbying expenditures							

	·			
Part II-B	To be completed by organizations exempt under section	n 501(c)(3) that !	have NOT fil	ed Form
	5768 (election under section 501(h)). (See the instruction	<u>ns for Schedule C fo</u>	r details.)	

		(a	(a)	
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		37,219
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			37,219
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	$\mathbf{t}$ III-A. To be completed by all organizations exempt under section $501(c)(4$	. section	501(c	)(5), or

# 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.)

expenses for which the section 527(f) tax was paid).	
a Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es 3 \$
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political
expenditure next year?	4 \$
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
Part IV , Supplemental Information		PART II-B, LINE 1(G), DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY A PORTION OF THE HOSPITAL'S MASSACHUSETTS HOSPITAL ASSOCIATION (MHA) DUES SUPPORTS LOBBYING ACTIVITIES THE MHA WORKS ON BEHALF OF THE INDUSTRY TO INFLUENCE MATTERS OF IMPORTANCE TO MASSACHUSETTS HEALTHCARE

1 \$

Part IV Supplemental Information								
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

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

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization LOWELL GENERAL HOSPITAL 04-2103590 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,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

b Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

Schedule D (Form 990) 2008

**►** \$

Part	Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tr</u>	eası	ıres, or Oth	<u>iei</u>	<u>r Similar</u>	Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne fol	lowing t	hat aı	re a sıgnıfıcant	tus	se of its col	lection	า	
а	Public exhibition		d	Γ	Loan	orexc	hange progran	ns				
ь	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	r the	organızatıon's	еx	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ım	ılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						anızatıon ans	swe	ered "Yes	" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	forc	ontribu	tions	or other asset	s n	ot	Γ	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le									
_							4	_		A mou	Int	
c c	Beginning balance						10	+				
d	Additions during the year						10	+				
e f	Distributions during the year						16					
f	Ending balance	000 5					1f					
2a	Did the organization include an amount on Fo		e 21?							ı	Yes	│ No
	If "Yes," explain the arrangement in Part XIV					-" -	Farra 000 5		L T\ / '	1.0		
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		)Prior			wo Years Back (				<b>N</b> Four Y	ears Back
1a	Beginning of year balance	55,985,857		<b>7)</b> 1 1101	rear	(0)	wo rears back	<u>(</u> u)	Tillee Tears B	ack   (C	yr our r	cars back
b	Contributions	23,639										
c	Investment earnings or losses	-1,187,603										
d	Grants or scholarships											
e	Other expenditures for facilities and programs	806,258										
f	Administrative expenses											
g	End of year balance	54,015,635										
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment	94 000 %										
ь	Permanent endowment - 6 000 %											
c	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	landa	administered fo	or t	the			
	organization by	J							_		Yes	No
	(i) unrelated organizations					•				3a(i)		No
	(ii) related organizations							•	ļ	3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	-				•		•	[	3b		
4	Describe in Part XIV the intended uses of th					00 0						
Pali	t VI Investments—Land, Buildings	s, and Equipme	nt. S			•				Т		
	Description of investment				Cost or lis (invest		(b)Cost or othe basis (other)	er	(c) Deprecia	ation	( <b>d</b> ) Bo	ok value
1a	Land		•				58,2:	16		L		58,216
b	Buildings						89,059,08	81	51,72	9,124	3	7,329,957
c	Leasehold improvements						1,771,49	93	46	8,476		1,303,017
d	Equipment						59,321,77	74	44,14	6,593	1	5,175,181
	Other	<u> </u>					12,849,1	53	6,64	8,636		6,200,517
Tota	<b>l.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	nn (B,	), line	10(c).)			_	▶		6	0,066,888
									Schedu	ıle D (I	orm 9	90) 200

Part VII Investments-Other Securities. See	e 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. S	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
	, ,	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X,			
(a) Descri			( <b>b</b> ) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	T.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
CAPITAL LEASE OBLIGATIONS	3,545,605		
ACCRUED PENSION EXPENSE	24,984,377		
	+		
	1		
	1		
	1		
	1		
Tabl (Orbital Washed) 15 000 5 111 175 175	1		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	28,529,982		

Sche	dule D (Form 990) 2008		Page <b>4</b>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	218,169,798
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	211,378,864
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,790,934
4	Net unrealized gains (losses) on investments	4	-235,122
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-15,487,943
9	Total adjustments (net) Add lines 4 - 8	9	-15,723,065
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-8,932,131
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	220,717,884
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 2,777,615		
е	Add lines <b>2a</b> through <b>2d</b>	2e	2,542,493
3	Subtract line <b>2e</b> from line <b>1</b>	3	218,175,391
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	-5,597
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	218,169,794
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	229,650,017
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	-	
C	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	, ,	10 210 200
e 2	Add lines <b>2a</b> through <b>2d</b>	2e 3	19,210,388
3		3	210,439,629
4	A mounts included on Form 990, Part IX, line 25, but not on line <b>1:</b> Investment expenses not included on Form 990, Part VIII, line 7b   <b>4a</b>		
a b	Other (Describe in Part XIV)	-	
c	Add lines <b>4a</b> and <b>4b</b>	4c	939,233
5	Total expenses Add lines 3 and 4c (This should equal Form 990 Part I line 18)	5	211 378 862

Part XIV Supplemental Information 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	<b>Explanat ion</b>
Part V, Line 4	Description of Intended Use of Endowment Funds	The Hospital classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present, and (b) the original value of the subsequent gifts to the permanent endowment when explicit donor stipulations requiring permanent maintenance of the historical fair value are present. The remaining portion of the donor-restricted endowment fund comprised of accumulated gains not required to be maintained in perpetuity is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the donor's stipulations. The Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds. duration and preservation of the fund, purposes of the donor-restricted endowment funds, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the Hospital, and the investment policies of the Hospital
Part XI, Line 8 - O ther Adjustments		TRANSFER OF NET ASSETS TO AFFILIATES -1469629 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -52015 PENSION ADJUSTMENTS -15182057 CONTRIBUTIONS TO NONCONTROLLED AFFILIATES - 1050146 NET ASSETS OF LOWELL GENERAL PHYSICIAN HEALTH ORGANIZATION 1814968 NET ASSETS OF FAIRHAVEN NURSING HOME 450936
Part XII, Line 2d - Other Adjustments		CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST -52015 NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS 1418427 NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 195445 NET ASSETS OF LOWELL GENERAL PHYSICIAN ORGANIZATION 1814968 NET ASSETS OF FAIRHAVEN NURSING HOME 450936 CONTRIBUTIONS TO NONCONTROLLED AFFILIATES - 1050146
Part XII, Line 4b - O ther A djustments		RENTAL EXPENSE -653771 SPECIAL EVENTS EXPENSE - 285107 LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT -5952 FUNDRAISING EXPENSE RECLASS 558507 DEVELOPMENT EXPENSES RECLASS 139530 INVESTMENT MANAGEMENT FEES 241196
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE 653771 SPECIAL EVENTS EXPENSE 285107 LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT 5952 TRANSFER TO AFFILIATES 1469629 NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS 1418427 NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL 195445 PENSION RELATED ADJUSTMENTS 15182057
Part XIII, Line 4b - Other		FUNDRAISING EXPENSE RECLASS 558507 DEVELOPMENT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228027550

OMB No 1545-0047

2008

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public

	ne of the organization					Employer ide	entification number
LOV	WELL GENERAL HOSPITA	. L				04-210359	0
Pa	art I General Info	rmation on Ac	ctivities Outsi	ide the United States	s. Complete		
	"Yes" to Form 9				'		
1				ecords to substantiate			
	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward
	the grants or assistar	nce					✓ Yes 🗆 No
2	<b>For grant makers.</b> Descr United States	ibe in Part IV the	organization's pr	rocedures for monitoring tl	he use of grai	nt funds outsid	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed )			
	1 3 (			(d) Activities conducted in	(e) If activi	ty listed in (d)	
	(a) Region	(b) Number of offices in the	(c) Number of employees or	region (by type) (i e , fundraising, program services,	ıs a progr	am service,	(f) Total expenditures in
	(a) Kegion	region	agents in region	grants to recipients located in		pecific type of	region
		1		the region)	service(	s) in region	
_							

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

(a) Type of grant or assistance	e F-1 (Form 990) if a	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
medical supplies	central america and the caribbean				9,758	medical supplies	FAIR MARKET VALUE
		+					+
		1		I		1	1

Schedule F (Form 990) 2008

Part IV Supplemental Information							
		provide the information required  ReturnReference	ın Part I, line 2, and any other additional information.				
Explanation Recipients	Identifier n for Estimated Number of	ReturnReference	Explanation  Schedule F, Part III, Col (c) A fund that was established to accept gifts given in support of the Hospital's initiative to provide healthcare support in countries whose citizens suffer from fragmented and/or non-existent medical delivery systems. Initially the fund will be used to provide medical support for the Hospital's participation in medical missionary work in Honduras in partnership with Yale University and Medical School Moneys from the fund may be used to purchase medical supplies and equipment, underwrite travel and accommodations for staff from the Hospital and Yale who participate in the medical missions, and other expenses associated with operating a medical mission trip. Over time, it is possible that the Hospital will adjust its participation in medical mission work. Such changes could include operating medical trips to countries other than Honduras, change of affiliation to a partner other than Yale University, etc.				

Software ID:

**Software Version:** 

**EIN:** 04-2103590

Name: LOWELL GENERAL HOSPITAL

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

DLN: 93493228027550

OMB No 1545-0047

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

ame of the organization					Employer ide	ntification number
OWELL GENERAL HOSPITAL						
					04-2103590	•
Part I Fundraising Ac	tivities. Complet	e if the or	ganızatı	on answered "Yes" t	to Form 990, Part IV	/, line 17.
Indicate whether the orga	nızatıon raısed funds	through an	y of the f	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	non-government grants	
<b>b</b> F Email solicitations				f Solicitation of	government grants	
c Phone solicitations				g   Special fundrais	sing events	
d   In-person solicitation	5					
2a Did the organization have or key employees listed in						Гуеѕ Г
<b>b</b> If "Yes," list the ten highe	st paid individuals or	· entities (fi	undraisei	•	ents under which the fu	ndraiseris
	<u> </u>	(iii)				
		fundraise	erhave	(iv) Gross receipts	(v) A mount paid to	(vi) A mount paid to
(i) Name of Individual or entity (fundraiser)	(ii) Activity		erhave dy or	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual		fundraise custo	erhave dy or ol of		(or retained by)	(vi) A mount paid to
(i) Name of Individual		fundraise custoe contr	erhave dy or ol of		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		fundraise custo contre contribu	er have dy or ol of tions?		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		fundraise custo contre contribu	er have dy or ol of tions?		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		fundraise custo contre contribu	er have dy or ol of tions?		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		fundraise custo contre contribu	er have dy or ol of tions?		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		fundraise custo contre contribu	er have dy or ol of tions?		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		fundraise custo contre contribu	er have dy or ol of tions?		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		fundraise custo contre contribu	er have dy or ol of tions?		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of Individual		fundraise custo contre contribu	er have dy or ol of tions?		(or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)

Par	t II	Fundraising Events. Com more than \$15,000 on Form					report	:ed
			(a) Event #1 team walk for cancer care	(b) Event #2  goft tournament (event type)	(c) O ther Events  1 (total number)	(d) Tot (Add col co		
ab l			(event type) 517,124	250 503	3 122,450		900	0,167
Ě	1	Gross receipts	517,124	250,593	122,450		890	J,167
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	517,124	250,593	3 122,450		890	0,167
	4	Cash Prizes						
စ္တ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses	113,024	102,232	69,851		28!	5,107
Dreg	8	Direct expense summary Add lin	es 4 through 7 in column	(d)			28!	5,107
ا '	9	Net income summary Combine III	_				60!	5,060
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e than	1
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) the		
	1	Gross revenue						
ses	2	Cash prizes						
tbeus	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
౼	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	┌ Yes% ┌ No			
	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	Ist	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	Yes	No
10a b	, , , , , , , , , , , , , , , , , , ,							
11	Das	es the organization operate gaming a	activities with nonmamba	rc 2		11	1 1	1

			 <del></del>
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 <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
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 📂 💲		

DLN: 93493228027550

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** 

LOWELL GENERAL HOSPITAL

**Employer identification number** 

Name of the organization 04-2103590 Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . . . . . . . . . **1**a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 100% **F** 200% Other Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . 3b If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . . . . Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . 5a If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted 5с **6a** Does the organization prepare an annual community benefit report? . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of **Charity Care and** (b) Persons activities or (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of **Means-Tested Government** served total expense benefit expense revenue expense programs (optional) **Programs** (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3. column a) Unreimbursed costs-other means-tested government programs (from Worksheet 3, column b) d Total Charity Care and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . . Subsidized health services (from worksheet 6) . . Research (from worksheet 7)

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	(d) Direct offsett revenue	(e) Net communit 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								
<ul><li>Coalition building</li><li>Community health improvement</li></ul>								
advocacy								
Workforce development  Other								
9 Other .0 Total								
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>								
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	<u> </u>					-		
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9							_	
10								
1								
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						+		
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)
LOWELL GENERAL HOSPITAL 295 VARNUM AVENUE LOWELL,MA 01854	х	х					х		
LOWELL GENERAL HOSPITAL SURGERY CENTER 10 RESEARCH PLACE CHELMSFORD, MA 01863		х							
LGH WEIGHT MGMT CENTER 20 RESEARCH PLACE CHELMSFORD,MA 01863		x							
LGH WOMEN'S IMAGING CENTER 4 MEETING HOUSE ROAD CHELMSFORD,MA 01863		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	<b>Needs Assessment.</b> 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	<b>Community Information.</b> 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

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Schedule I (Form 990)

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

OMB No 1545-0047

2008

DLN: 93493228027550

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

LOWELL GENERAL HOSPITA	1						
EOWELE GENERAL HOST ITA	-					04-2103590	
Part I General Infor	mation on Gra	nts and Assistance	е			·	
	ed to award the gra	nts or assistance?			gibility for the grants or as		▼ Yes
Part IV and Sch	IV, line 21 for ar iedule I-1 if addi	ny recipient that reco tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the o if no one recipient rec	eived 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					-		
							•
For Paperwork Reduction Act No				Cat No 50055			nedule I (Form 990) 2008

Part III	<b>Grants and Other Assista</b>	nce to Individuals in the United States	. Complete if the organization	answered "Yes'	" on Form 990,	Part IV, lır	ne 22.
	Use Schedule I-1 (Form 990	) if additional space is needed.					

(a)Type of grant or assistance	( <b>b)</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
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Lowell General Hospital responds to specific requests for funding to local agencies and organizations related to community benefit events and needs. The Hospital requires that the organization state the nature of their need prior to them making the contribution and, in the case of major donations (i.e. American Heart Association) an annual report is requested which details how such donated funds were spent.

Software ID: Software Version:

**EIN:** 04-2103590

Name: LOWELL 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 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
A merican Heart Association 20 Speen Street Framingham, MA 01701	13-5613797		20,000				merrimack valley heart walk
A merican Heart Association 20 Speen Street Framingham, MA 01701	13-5613797		50,000				Corporate Sponsorship for Go Red for Women
A merican Textile History Museum491 Dutton Street Lowell, MA 01854	04-2276089		5,000				Sponsorship of Museum Gala
Boys & Girls Club of Greater Lowell657 Middlesex Street Lowell, MA 01851	04-2104396		14,000				Sponsorship & Donation for Holiday Auction
Friends of Council on Aging 276 Broadway Street Lowell, MA 018543907	04-3460329		5,000				Donation for Lowell Seniors Count Campaign
Greater Lowell Community Foundation100 Merrimack St - Ste 202 Lowell, MA 018521707	04-3401997		5,000				Sponsorship of Fourth of July Celebration
Greater Merrimack Valley CVB9 Central St - Ste 201 Lowell, MA 01852	04-3158302		7,500				Sponsorship of Winterfest 2009
Honduras Relief Fund			7,500				Matching Contribution by LGH
Lowell Devils 300 Martin Luther King Jr Way Lowell, MA 01852			21,297				Season Sponsorship
Merrimack Repertory Theatre 132 Warren Street Lowell, MA 01852	04-2664784		11,000				Production Sponsorship

Form 990,Schedule I,	, Part II, Gran	nts and Other As	ssistance to Gov	ernments and (	Organizations in	the United State	S
(a) Name and address of organization or government				(e) A mount of non- cash assistance	(f) Method of	(g) Description of non-cash assistance	(h) Purpose of grant
Mill City Management Presents Inc81 East Merrimack Street Lowell, MA 01852	04-3283726		7,500				Performing Arts Series Sponsorship
Pheasant Lane Mall310 Daniel Webster Highway - Ste 280 Nashua, NH 03060	04-2769836		77,500				Children's Play Area Sponsorship
Sun Santa Fund491 Dutton Street Lowell, MA 01854	04-6004936		19,805				Holiday Fund Donation
Umass Lowell2 Solomont Way Lowell, MA 01854	04-3167352		10,000				Sponsorship of Commencement Eve Celebration
VNA of Greater Lowell 336 Central Street Lowell, MA 018522609	04-2103812		25,000				Donation for Second Century Fund
Xenith LLC672 Suffolk Street - 3rd Fl Lowell, MA 01801	64-0963800		10,000				Helmets for Lowell High School
A							

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DLN: 93493228027550

OMB No 1545-0047

2008

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

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

Open to Public Inspection

Name of the organization LOWELL GENERAL HOSPITAL

**Employer identification number** 

04-2103590

Рa	Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		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	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a provision of all the expenses described above? If		, , ,	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	that appl	у			
	Compensation committee  Independent compensation consultant	고 V	Written employment contract			
	✓ Independent compensation consultant ✓ Form 990 of other organizations	<u>ام</u>	Compensation survey or study  Approval by the board or compensation committee			
	Point 990 of other organizations	14	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990	, Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	l payment	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	complete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, 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	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	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 67 If "Yes,"		, , , , , , , , , , , , , , , , , , , ,	7	Yes	
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		•	8		No

### 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	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> 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
NORMAND DESCHENE	(ı) (ıı)	536,033	140,958	818,554	22,517	52,534	1,570,596	1,009,290
RICHARD JEFFCOTE	(1) (11)	287,114	62,115	117,938	9,200	35,875	512,242	300,850
SUSAN GREEN	(ı) (ıı)	156,369	10,640	313		998	168,320	114,55
PETER ZARRILLA	(ı) (ıı)	168,333	27,720	17,818	6,588	21,657	242,116	137,41
JOSEPH WHITE	(ı) (ıı)	306,333	70,315	218,196	8,050	33,963	636,857	257,282
WAYNE PASANEN	(1) (11)	178,333	29,280	10,179	6,629	28,790	253,211	140,199
WINFIELD BROWN	(ı) (ıı)	197,000	32,032	16,329		27,886	273,247	158,094
AMY HOEY	(ı) (ıı)	191,375	36,714	15,910	6,927	30,475	281,401	153,340
JOHN GOODROW	(ı) (ıı)	167,498	12,108	318		14,722	194,646	127,588
GEORGE INGLIS	(I) (II)	202,650		4,484	16,102	13,635	236,871	148,844
YISHI REN	(I) (II)	171,889		898	7,651	10,610	191,048	128,959
GERALDINE VAUGHAN	(ı) (ıı)	185,708	33,680	322		14,695	234,405	137,764
KAREN MACARDLE	(ı) (ıı)	133,457	11,608	278	5,487	14,699	165,529	106,329
	(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	Return Reference	Explanation
	Part I, Line 1a	The Hospital has entered into Restrictive Endorsement Bonus Arrangements ("REBA's") with Normand Deschene, Richard Jeffcote and Joseph White as a retirement retention program. Amounts paid by the Hospital under the arrangement are required to be repaid to the Hospital if length of service requirements are not met. A mounts paid under the REBA arrangements are treated as taxable compensation in the year paid by the Hospital. The REBA arrangements include gross-up payments. This arrangement was approved by the Hospital's executive committee, as documented in the committee minutes. The W-2 compensation reported for Mr. Deschene on Form 990, Schedule J, Part II, Column B(III) includes \$762,212 paid in 2008 in connection with the REBA arrangement. This amount was reported as an accrued benefit on the officer's compensation schedule of the Hospital's prior year Form 990. The W-2 compensation reported for Mr. Jeffcote on Form 990, Schedule J, Part II, Column B(III) includes \$67,796 paid in 2008 in connection with the REBA arrangement. The W-2 compensation reported for Mr. White on Form 990, Schedule J, Part II, Column B(III) includes \$169,492 paid in 2008 in connection with the REBA arrangement. Social club dues are provided to Normand Deschene, Joseph White, and Winfield Brown. Social club dues is treated as taxable compensation to the extent considered personal useage. The Hospital has entered into a split-dollar life insurance agreement with Normand Deschene. Premiums paid in calendar 2008 were \$355,029. All premiums will be repaid to the Hospital.
		BONUSES ARE PAID AS INDICATED ON SCHEDULD J, PART II BONUS PAID TO OFFICERS ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OTHER BONUSES ARE APPROVED BY THE OFFICERS OF THE HOSPITAL
	1	
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(F) Compensation reported in prior Form

Software ID: **Software Version:** 

**EIN:** 04-2103590

Name: LOWELL GENERAL HOSPITAL

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred (D) Nontaxable (E) Total of columns

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

		(ii) Bonus &			compensation	benefits	(B)(ı)-(D)	reported in prior Form	
	(	(i) Base Compensation	incentive compensation	(iii) Other compensation	53	Bononito .	(5)(.) (5)	990 or Form 990-EZ	
	(ı) (ıı)	536,033	140,958	818,554	22,517	52,534	1,570,596	1,009,290	
	(ı) (ıı)	287,114	62,115	117,938	9,200	35,875	512,242	300,850	
	(ı) (ıı)	156,369	10,640	313		998	168,320	114,553	
	(ı) (ıı)	168,333	27,720	17,818	6,588	21,657	242,116	137,413	
	(ı) (ıı)	306,333	70,315	218,196	8,050	33,963	636,857	257,282	
	(I) (II)	178,333	29,280	10,179	6,629	28,790	253,211	140,199	
	(ı) (ıı)	197,000	32,032	16,329		27,886	273,247	158,094	
	(ı) (ıı)	191,375	36,714	15,910	6,927	30,475	281,401	153,340	
	(I) (II)	167,498	12,108	318		14,722	194,646	127,588	
	(I) (II)	202,650		4,484	16,102	13,635	236,871	148,844	
	(ı) (ıı)	171,889		898	7,651	10,610	191,048	128,959	
	(1) (11)	185,708	33,680	322		14,695	234,405	137,764	
KAREN MACARDLE	(ı) (ıı)	133,457	11,608	278	5,487	14,699	165,529	106,329	

## OMB No 1545-0047

2008

Open to Public Inspection

## **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.

Name of the organization LOWELL GENERAL HOSPITAL Employer identification number

04-2103590

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	all other serviceS provided by hospital includING inpatient, outpatient and ancillary services consistent with the hospital's mission. Expenses \$ 140331941. including grants of \$ 447178. Revenue \$ 210519046.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF LOWELL GENERAL HOSPITAL IS LGH CORP

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		LGH CORP, AS SOLE MEMBER OF LOWELL GENERAL HOSPITAL, ELECTS THE MEMBERS OF THE HOSPITAL'S BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		LGH CORP APPROVES BUDGETS FOR LOWELL GENERAL HOSPITAL LGH CORP ALSO DETERMINES THE NUMBER OF LOWELL GENERAL HOSPITAL TRUSTEES AT AN ANNUAL MEETING LGH CORP MAY ALSO ELECT NEW TRUSTEES OR REMOVE TRUSTEES TO ACHIEVE THE NUMBER OF TRUSTEES SO FIXED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE FINANCE DEPARTMENT OF LOWELL GENERAL HOSPITAL SUPPLIED RELEVANT INFORMATION TO AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE ANNUAL FORM 990 THE FINANCE COMMITTEE SHALL THEN REVIEW AND MAKE RECOMMENDATIONS UPON THE DRAFT REPORT, PRIOR TO ITS PRESENTATION TO THE BOARD OF DIRECTORS BASED UPON THIS REVIEW, THE COMMITTEE WILL FORM A RECOMMENDATION TO THE BOARD OF DIRECTORS AS TO THE ACCEPTABILITY AND CONTENT OF THE FILING ALL MEMBERS OF THE BOARD OF DIRECTORS WILL BE PROVIDED A COPY OF THE COMPLETED 990 BEFORE FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL EMPLOYEES ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY EVERY EMPLOYEE SIGNS AN ANNUAL CONFLICT OF INTEREST STATEMENT, WHICH IS REVIEWED BY THE CORPORATE COMPLIANCE OFFICER ANY ACTUAL OR POTENTIAL CONFLICTS ARE FORWARDED TO THE COMPLIANCE COMMITTEE FOR CONSIDERATION IN THE EVENT OF AN ACTUAL OR POTENTIAL CONFLICT, THE CONFLICTED INDIVIDUAL IS PROHIBITTED FROM PARTICIPATING IN DELIBERATIONS OR DECISIONS RELATING TO THE MATTER

ldentifier	Return Reference	Explanation
m 990, Part VI, tion B, line 15		A third party is hired for an independent assessment of appropriate salary ranges for the officers of the organization such as the CEO, COO, and CFO. This assessment is reviewed by the Compensation Committee and a recommendation is given to the Executive Committee on salary increases and bonuses.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE HOSPITAL'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH ITS ANNUAL REPORTS, WHICH ARE AVAILABLE ONLINE ON THE HOSPITAL'S WEBSITE THE HOSPITAL DOES NOT MAKE ITS GOVERNING DOCUMENTS OR ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC THE 990 IS AVAILABLE ON THE MASSACHUSETT ATTORNEY GENERAL WEBSITE AND WWW GUIDESTAR org

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

#### DLN: 93493228027550

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

**Employer identification number** 

# **SCHEDULE R** (Form 990)

Name of the organization

LOWELL GENERAL HOSPITAL

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

▶ 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.

				04-2103590	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	tions		_		
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	Public charity stat (if section 501(c)(	(F) tus Direct controlling 3)) entity
LGH CORP INC					
295 VARNUM AVENUE LOWELL, MA01854 22-2579798	supporting organization	MA	501(c)(3)	11-и	N/A
FAIRHAVEN NURSING HOME  295 VARNUM AVENUE  LOWELL, MA01854  04-3192855	nursing home	MA	501(c)(3)	11-1	N/A

Cat No 50135Y

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activ	vity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	ortionate	Code V—UBI on Box 20 o	amount	Gener mana partr	ral or agung
								Yes	No	-		Yes	No
								1.3					
Part IV Identification of Re	elated Orga	nizations	Taxable a										
(A) Name, address, and EIN of related org	ganization	<b>(B)</b> Primary acti	ivity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inco	ome	Sha end-	( <b>G)</b> are of of-year ssets	(H Perce owne	ntage	
LGH MEDICAL GROUP INC 295 VARNUM AVENUE LOWELL, MA01854 20-5671277		medical service	es	МА	lgh corp inc	С							
LGH MEDICAL SERVICES INC 295 VARNUM AVENUE LOWELL, MA01854 26-1889904		medical service	es	МА	lgh corp inc	С							
lgh services inc 295 VARNUM AVENUE IOWELL, MA01854 04-2854673		MEDIcal servic	res	МА	LGH corp inc	С							
LGH MANAGEMENT SERVICES INC 295 VARNUM AVENUE LOWELL, MA01854 04-2919244		MEdical service	es	МА	LGH SERVICES INC	С							
LGH MEDICAL BUILDING SERVICES INC 295 VARNUM AVENUE LOWELL, MA01854 04-3058954		MEdical service	es	МА	LGH SERVICES INC	С							
LGH CANCERCARE ASSOCIATES INC 295 VARNUM AVENUE LOWELL, MA01854 04-3483462		MEdical service	es	МА	LGh corp inc	С							

No

No

1р

1q 1r

Yes

Yes

Part V	Transactions	with	Related	<b>Organizations</b>
--------	--------------	------	---------	----------------------

• Reimbursement paid to other organization for expenses

Reimbursement paid by other organization for expenses

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

 ${\bm r} \quad \hbox{O ther transfer of cash or property from other organization(s)} \\$ 

Par	Transactions with Related Organizations			
I	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
<b>1</b> Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
ь	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
C	Gift, grant, or capital contribution from other organization(s)	1c		Ν
d	Loans or loan guarantees to or for other organization(s)	1d		Ν
e	Loans or loan guarantees by other organization(s)	1e		Z
f :	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	<b>1</b> g		N
h	Exchange of assets	1h		N
i L	Lease of facilities, equipment, or other assets to other organization(s)	<b>1</b> i		N
j l	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		Z
I F	Performance of services or membership or fundraising solicitations by other organization(s)	<b>1</b> I		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered relationship	s and transaction thresholds
(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1) LGH MEDICAL GROUP Inc	А	29,472
(2) LGH CORP inc	В	1,469,629
(3) LGH MEdical building services	J	687,436
(4) Igh cancercare associates	Р	352,376
(5) LGH MEDICAL GROUP Inc	Р	1,650,104
(6) LGH MEdical building services	Р	94,005
(7) LGH CORP inc	Q	729,190
(1)		
See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

#### 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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Dispropritionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	. D (Farm	9907 2008

. 51111	(A)  Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	LGH MEDICAL GROUP Inc	А	29,472
(2)	LGH CORP inc	В	1,469,629
(3)	LGH MEdical building services	J	687,436
(4)	lgh cancercare associates	Р	352,376
(5)	LGH MEDICAL GROUP Inc	P	1,650,104
(6)	LGH MEdical building services	Р	94,005
(7)	LGH CORP inc	0	729.190

729,190