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Form **990**

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)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **07/01**, 2009, and ending **06/30**, 20 **10**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **LANCASTER GENERAL HOSPITAL**
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
555 North Duke Street
 City or town, state or country, and ZIP + 4
Lancaster, PA 17604-3555

D Employer identification number
23 1365353

E Telephone number
 (**717**) **544-4926**

G Gross receipts \$ **1,073,069,199**

F Name and address of principal officer: **F JOSEPH BYORICK CFO**
555 NORTH DUKE STREET, LANCASTER, PA 17604

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ **www.lancastergeneralhealth.org**

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

L Year of formation **1893**

M State of legal domicile **PA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **To advance the health and well-being of the communities we serve.**

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of employees (Part V, line 2a)	5	6,693
6 Total number of volunteers (estimate if necessary)	6	845
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	7,967,740
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-213,723

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,854,692	5,236,463
9 Program service revenue (Part VIII, line 2g)	779,847,403	791,002,304
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,675,836	2,406,436
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,568,674	35,763,170
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	819,946,605	834,408,373
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,655,525	3,970,341
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	385,462,751	412,562,379
16a Professional fundraising fees (Part IX, column (A), line 11e)	92,614	97,952
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,213,848		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	348,891,072	351,200,542
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	741,101,962	767,831,214
19 Revenue less expenses. Subtract line 18 from line 12	78,844,643	66,577,159

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	809,056,683	833,614,066
21 Total liabilities (Part X, line 26)	311,673,732	305,091,262
22 Net assets or fund balances. Subtract line 21 from line 20	497,382,951	528,522,804

Part II Signature Block

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

Sign Here
 Signature of officer: *F Joseph Byorick*
F Joseph Byorick, CFO
 Type or print name and title

Date: **5/8/11**

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed ☐ Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no: () _____

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2009)

✓ 11

Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission:
To advance the health and well-being of the communities we serve. Please refer to Form 990, Schedule H for additional disclosure regarding Lancaster General Hospital's mission.
-
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 119,271,301 including grants of \$ 0) (Revenue \$ 184,555,144)
Surgical Services (33,393 Encounters)

4b (Code:) (Expenses \$ 104,060,096 including grants of \$) (Revenue \$ 181,624,420)
Nursing Services (170,694 Patient Days)

4c (Code:) (Expenses \$ 44,158,919 including grants of \$ 0) (Revenue \$ 87,396,118)
Cardiology Services (200,253 Services Provided)

4d Other program services. (Describe in Schedule O.) **See Schedule O, Statement 1**
 (Expenses \$ 309,846,348 including grants of \$ 3,970,341) (Revenue \$ 340,628,158)

4e Total program service expenses **▶ 577,336,664**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
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		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	✓	
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		
6 Did the organization maintain any donor advised funds or any similar funds or 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		✓
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		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
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		✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	✓	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	✓	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		✓
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14a Did the organization maintain an office, employees, or agents outside of the United States?		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		✓
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		✓
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		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	373
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
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	6693
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: Cayman Islands See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
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 premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9a
1a Enter the number of voting members of the governing body	21											
b Enter the number of voting members that are independent		20										
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									
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								
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				4								
5 Did the organization become aware during the year of a material diversion of the organization's assets?				5								
6 Does the organization have members or stockholders?				6								
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				7a								
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?					8a							
b Each committee with authority to act on behalf of the governing body?					8b							
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					9a							

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

	10a	10b	11	12a	12b	12c	13	14	15a	15b	16a	16b
10a Does the organization have local chapters, branches, or affiliates?	10a											
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?		10b										
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			11									
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990												
12a Does the organization have a written conflict of interest policy? If "No," go to line 13				12a								
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					12b							
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						
13 Does the organization have a written whistleblower policy?							13					
14 Does the organization have a written document retention and destruction policy?								14				
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
a The organization's CEO, Executive Director, or top management official									15a			
b Other officers or key employees of the organization										15b		
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)												
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?											16a	
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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► F Joseph Byorick CFO, (717)544-4926
555 North Duke Street, Lancaster, PA 17604-3555

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Gibson E Armstrong Director	2	✓						0	0	0
Nancy S Arnold Director	2	✓						0	0	0
Rebecca S Bumstead Director	2	✓						0	0	0
Dana Chryst Director	2	✓						0	0	0
T Raymond Foley MD Director	4	✓						40,035	0	1,400
John A Fry Director	2	✓						0	0	0
Dennis A Getz Director	2	✓						0	0	0
Alexander Henderson III Esq Director	2	✓						0	0	0
James E Hipolit Esq Director	2	✓						0	0	0
Joanne B Ladley Director	2	✓						0	0	0
Robert F Latshaw MD Director	2	✓						0	0	0
Jeffrey F Lehman Director	2	✓						0	0	0
Bruce R Limpert Director	2	✓						0	0	0
C Clair McCormick Director	2	✓						0	0	0
Deborah K Riley MD Director	16.00	✓						980,570	0	3,922
Kenneth G Stoudt Director	2	✓						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Antonio Suarez Director	2	<input checked="" type="checkbox"/>						0	0	0
Michael W Van Belle Director	2	<input checked="" type="checkbox"/>						0	0	0
Philip R Wenger Director	2	<input checked="" type="checkbox"/>						0	0	0
Michael J Winn Director	2	<input checked="" type="checkbox"/>						0	0	0
Thomas E Beeman President CEO	60	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				977,481	0	346,455
Jan L Bergen Executive VP	55			<input checked="" type="checkbox"/>				573,732	0	159,413
Kay Brady AVP HR	55			<input checked="" type="checkbox"/>				156,552	0	32,673
Judi L Brendle VP Nursing	55			<input checked="" type="checkbox"/>				133,598	0	39,505
F Joseph Byorick III Sr VP	55			<input checked="" type="checkbox"/>				567,287	0	82,875
Michelle Campbell VP WBH Nursing	55			<input checked="" type="checkbox"/>				229,218	0	27,007
Kent E Carr MD Sr VP	55			<input checked="" type="checkbox"/>				0	514,588	64,522
Charles A Castle MD Assoc Phys Exec	55			<input checked="" type="checkbox"/>				311,618	0	77,673
Continued On Schedule J2										
1b Total								13,777,604	514,588	2,807,607

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **368**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 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

	Yes	No
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
See Schedule O, Statement 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **163**

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	401,444				
	b Membership dues	1b	0				
	c Fundraising events	1c	1,151				
	d Related organizations	1d	298,582				
	e Government grants (contributions).	1e	578,584				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,956,702				
	g Noncash contributions included in lines 1a-1f \$		12,041				
	h Total. Add lines 1a-1f			5,236,463			
Program Service Revenue	2a Other Net Patient Revenue	Business Code					
		900099	516,361,888	511,586,759	4,775,129	0	
	b Medicare/Medicaid Payments	900099	272,546,378	272,546,378	0	0	
	c Rent to Affiliates	900099	2,094,038	2,094,038	0	0	
	d						
	e						
	f All other program service revenue		0	0	0	0	
	g Total. Add lines 2a-2f		791,002,304				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,557,836	0	0	2,557,836	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		0	0	0	0	
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		238,504,768	0				
	b Less: cost or other basis and sales expenses						
		238,656,168	0				
	c Gain or (loss)						
		-151,400	0				
	d Net gain or (loss)			-151,400	0	0	-151,400
	8a Gross income from fundraising events (not including \$ 1,151 of contributions reported on line 1c). See Part IV, line 18	a	13,524				
	b Less: direct expenses	b	4,658				
	c Net income or (loss) from fundraising events			8,866	0	0	8,866
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11a Sale of Service		541900	10,303,812	7,666,801	2,637,011	0	
b Medical Service Revenue		900099	8,660,350	8,660,350	0	0	
c Rental Income		531190	5,369,540	0	18,028	5,351,512	
d All other revenue			11,420,602	6,178,501	537,572	4,704,529	
e Total. Add lines 11a-11d			35,754,304				
12 Total revenue. See instructions.			834,408,373	808,732,827	7,967,740	12,471,343	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,909,520	3,909,520		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	60,821	60,821		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,376,080	0	11,376,080	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	288,007,556	227,411,073	60,017,643	578,840
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,275,285	29,432,606	7,767,764	74,915
9 Other employee benefits	54,878,743	43,332,331	11,436,128	110,284
10 Payroll taxes	21,024,715	15,929,375	5,059,269	36,071
11 Fees for services (non-employees):				
a Management				
b Legal	1,832,116		1,832,116	
c Accounting	153,420		153,420	
d Lobbying				
e Professional fundraising services See Part IV, line 17	97,952			97,952
f Investment management fees	0			
g Other	15,600,822	7,808,219	7,789,576	3,027
12 Advertising and promotion	994,883	994,492	391	0
13 Office expenses	29,283,012	10,224,494	19,000,770	57,748
14 Information technology	10,834,145	801,383	9,990,552	42,210
15 Royalties				
16 Occupancy	17,030,034	14,945,592	2,069,624	14,818
17 Travel	1,500,622	4,817	1,495,676	129
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,498,999	7,401,969	97,030	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,573,523	25,209,577	25,352,449	11,497
23 Insurance	6,867,429	92,871	6,774,558	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Medical/Surgical Supplies	143,364,020	137,364,475	5,991,861	7,684
b Purchased Services	38,356,327	21,496,531	16,764,878	94,918
c Bad Debt Expense	26,109,602	0	26,109,602	0
d Management Fee Expense	952,079	0	952,079	0
e Indirect Allocation	0	30,687,998	-30,752,520	64,522
f All other expenses	249,509	228,520	1,756	19,233
25 Total functional expenses. Add lines 1 through 24f	767,831,214	577,336,664	189,280,702	1,213,848
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	22,345	1	22,805
	2 Savings and temporary cash investments	170,230,701	2	171,943,757
	3 Pledges and grants receivable, net	748,620	3	5,401,338
	4 Accounts receivable, net	124,394,490	4	114,717,433
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	3,070,478	7	2,500,898
	8 Inventories for sale or use	4,279,869	8	5,137,412
	9 Prepaid expenses and deferred charges	9,227,421	9	10,640,464
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 842,428,764		
	b Less: accumulated depreciation	10b 392,979,652	10c	449,449,112
	11 Investments—publicly traded securities	8,771,911	11	50,838,142
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	23,776,276	15	22,962,705
16 Total assets. Add lines 1 through 15 (must equal line 34)	809,056,683	16	833,614,066	
Liabilities	17 Accounts payable and accrued expenses	62,813,097	17	68,820,604
	18 Grants payable		18	
	19 Deferred revenue	2,447,250	19	1,023,745
	20 Tax-exempt bond liabilities	217,863,623	20	207,228,100
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,832,948	23	1,158,258
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	26,716,814	25	26,860,555
	26 Total liabilities. Add lines 17 through 25	311,673,732	26	305,091,262
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	485,725,518	27	512,615,460
	28 Temporarily restricted net assets	5,996,969	28	10,374,272
	29 Permanently restricted net assets	5,660,464	29	5,533,072
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	497,382,951	33	528,522,804
34 Total liabilities and net assets/fund balances	809,056,683	34	833,614,066	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

LANCASTER GENERAL HOSPITAL

Employer identification number

23 : 1365353

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

- #### **h** Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

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

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

Name of organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 1365353

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		14,478
e Publications, or published or broadcast statements?	✓		6,773
f Grants to other organizations for lobbying purposes?	✓		40,984
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		8,274
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		115,695
i Other activities? If "Yes," describe in Part IV		✓	
j Total. Add lines 1c through 1i			186,204
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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.

Schedule C, Part II-B, Line 1 - During FY 2010, Lancaster General Hospital attempted to influence national, state, or local legislation through the use of 1.) mailings to members, legislators, or the public, 2.) grants to other organizations for lobbying purposes, and 3.) direct contact with legislators, their staffs, government officials, or legislative body.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 : 1365353

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 In Part 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.

1a 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.

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

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

(ii) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	834,408,373
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	767,831,214
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	66,577,159
4	Net unrealized gains (losses) on investments	4	582,975
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	-36,020,283
9	Total adjustments (net). Add lines 4 through 8	9	-35,437,308
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	31,139,851

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	798,742,692
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	582,975
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	-36,248,656
e	Add lines 2a through 2d	2e	-35,665,681
3	Subtract line 2e from line 1	3	834,408,373
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	834,408,373

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	767,602,839
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	767,602,839
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	228,375
c	Add lines 4a and 4b	4c	228,375
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	767,831,214

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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - Lancaster General Hospital utilizes the endowment funds in accordance with their tax-exempt purpose and as specified by donor.

Schedule D, Part X - On July 1, 2007, Lancaster General Hospital adopted the provisions of Financial Accounting Standards Board (FASB) Interpretation No. 48, Accounting for Uncertainty in Income Taxes (FIN 48). FIN 48 requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The implementation of FIN 48 had no impact on the Hospital's statement of financial position or statement of activities. Lancaster General Hospital does not believe its financial statements include any material uncertain tax positions.

Schedule D, Part XI, Line 8 - Amount includes related party transfers, perpetual trust distributions, change in interest in Lancaster General Health, and other non-operating income.

Part XIV - Supplemental Information (Continued)

Schedule D, Part XII, Line 2d - Amount includes related party transfers, equity in earnings, perpetual trust distributions, change in interest in Lancaster General Health, and other non-operating income.

Schedule D, Part XIII, Line 4b - Amount represents equity in earnings.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open To Public Inspection

LANCASTER GENERAL HOSPITAL

Employer identification number
23 : 1365353

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

- | (i) Name of individual
or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have
custody or control of
contributions? | | (iv) Gross receipts
from activity | (v) Amount paid to
(or retained by)
fundraiser listed in
col (i) | (vi) Amount paid to
(or retained by)
organization |
|--|---------------|--|----|--------------------------------------|---|---|
| | | Yes | No | | | |
| See Schedule O, Statement 3 | | | | | | |
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| | | | | | | |
| Total ▶ | | | | 1,269,353 | 97,952 | 1,171,401 |

PA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Combine line 3, column (d), and line 10 ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1 Gross revenue					
Direct Expenses	2 Cash prizes					
	3 Noncash prizes					
	4 Rent/facility costs					
	5 Other direct expenses					
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

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

Name ▶

Address ▶

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 : 1365353

Part I Charity Care and Certain Other Community Benefits at Cost

- 1a** Does the organization have a charity care policy? If "No," skip to question 6a
- 1b** If "Yes," is it a written policy?
- 2** 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
- 3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.
- a** 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:
- ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %
- b** 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:
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %
- c** 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.
- 4** Does the organization's policy provide free or discounted care to the "medically indigent"?
- 5a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
- 5b** If "Yes," did the organization's charity care expenses exceed the budgeted amount?
- 5c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Does the organization prepare an annual community benefit report?
- 6b** If "Yes," does the organization make it available to the public?

	Yes	No
1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5c	<input type="checkbox"/>	<input type="checkbox"/>
6a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			8,793,838	0	8,793,838	1.19%
b Unreimbursed Medicaid (from Worksheet 3, column a)			63,586,848	0	63,586,848	8.57%
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0%
d Total Charity Care and Means-Tested Government Programs	0	0	72,380,686	0	72,380,686	9.76%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,794,254	3,334,491	2,459,763	0.33%
f Health professions education (from Worksheet 5)			8,845,724	1,628,744	7,216,980	0.97%
g Subsidized health services (from Worksheet 6)			134,717	62,554	72,163	0.01%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,176,682	0	1,176,682	0.16%
j Total. Other Benefits	0	0	15,951,377	5,025,789	10,925,588	1.47%
k Total. Add lines 7d and 7j	0	0	88,332,063	5,025,789	83,306,274	11.23%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0	0	0	0%
2 Economic development			0	0	0	0%
3 Community support			0	0	0	0%
4 Environmental improvements			0	0	0	0%
5 Leadership development and training for community members			0	0	0	0%
6 Coalition building			0	0	0	0%
7 Community health improvement advocacy			220,304	0	220,304	0.03%
8 Workforce development			0	0	0	0%
9 Other			1,500,000	0	1,500,000	0.21%
10 Total	0	0	1,720,304	0	1,720,304	0.24%

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

- 1** Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2** Enter the amount of the organization's bad debt expense (at cost)
- 3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy.
- 4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

	Yes	No
1	✓	
2		
3		
5		
6		
7		
9a	✓	
9b		✓

Section B. Medicare

- 5** Enter total revenue received from Medicare (including DSH and IME)
- 6** Enter Medicare allowable costs of care relating to payments on line 5
- 7** Subtract line 6 from line 5. This is the surplus or (shortfall)
- 8** Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☒ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a** Does the organization have a written debt collection policy?
- b** If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI Supplemental Information

Complete this part to provide the following information.

- 1** Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6** Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I - Line 7 - A cost accounting system was used to calculate the cost to charge ratio by calculating total patient charges and the costs related to these charges. This system addresses all patient segments. Part I, Line 7a(c) - Charity care at cost was calculated using the cost accounting system cost to charge ratio.

Part I - Line 7g - Subsidized Health Services reported includes a Comprehensive Care Clinic.

Part I - Line 7 - Column f - The functional expense reported on Form 990, Part IX, line 25 is \$767,831,214. Bad debt expense of \$26,109,602 was subtracted from this amount to calculate the percentage in this column.

Part III - Line 4 - Bad debt is not included as a footnote to the financial statements. The financial statements include bad debt as an operating expense not as a reduction of patient service revenue. Part III, Line 2 - A cost accounting system was used to calculate a cost to charge ratio and applied to bad debt expense. Part III, Line 3 - Amount is zero because these accounts would not be included as bad debt but would be included as charity care.

Part III - Line 8 - A highly developed cost accounting system was used in order to attain more precise amounts reported on Form 990, Schedule H, Part III, Section B, lines 5 and 6 rather than amounts from Lancaster General Hospital's Medicare Cost Report for fiscal year 2010. The \$86,371,641 reported as a shortfall on line 5 should be treated as community benefit as it represents costs not recovered as a result of serving the Medicare population. If Lancaster General Hospital would not serve this population, the shortfall would be allocated within the community in areas deemed a priority by its Mission & Community Benefit Committee. The total revenue reported on the Medicare Cost Report was \$156,752,879 and includes bad debt, indirect medical education (IME) payments, coinsurances, and deductibles. Direct graduate medical education (GME) revenue of \$1,268,009 is reported on Schedule H, Part I, line 7f, health professions education and therefore is excluded from this amount. The total expense reported on the Medicare Cost report was \$130,170,713. Physician, CRNA, and laboratory services revenue and expense related to these services are removed from the Medicare Cost Report. Physician, CRNA, and laboratory services revenue and expense are included in the amount reported on Schedule H, Part III, Section B, line 5 derived from the cost accounting system.

Part III - Line 9b - Lancaster General Hospital's current collection policy does not contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance.

Part VI - Supplemental Information (Continued)

Part VI - Line 2 - Lancaster General Health (EIN# 23-2250941) assesses the health care needs of the communities it serves in a strategic and collaborative fashion. Our primary service area is Lancaster County. We assess our communities as it relates to minority and disparate populations. Lancaster General Health has been actively involved in the Lancaster Health Improvement Partnership (LHIP) since 1996. This community collaborative consists of health and human service providers as well as county government departments. Lancaster General Health along with LHIP utilizes a variety of data elements to analyze gaps and develop initiatives for programs to meet the needs. Morbidity & mortality data is received annually and behavioral risks are reviewed and tracked annually as well. Focus group reports are conducted periodically to assess special population needs such as Latino, African American and Amish. Lancaster General Health through the Mission and Community Benefit Committee of the Board of Directors and Trustees, analyzes this data and identifies primary focus areas. Our current focus areas are access to care, healthy weight management, domestic violence and tobacco use. A business plan is established for each of the priority areas working closely with community collaboratives such as the Tobacco Free Coalition of Lancaster County, Lighten up Lancaster (addressing the obesity epidemic) and LHIP (access to care focus). We work with the community collaboratives to identify broad community indicators in addition to establishing a Lancaster General Health specific scorecard. The community indicators as well as the programmatic scorecard serve as our evaluation mechanism. Our community needs are multifaceted and the solutions are complex. Lancaster General Health consistently works with and identifies partners to create synergies in our efforts to effects the overall health and well being of the communities of Lancaster.

Part VI - Line 3 - Notice of availability of Charity Care and Financial Assistance are posted at patient registration points throughout the organization and presented to customers upon request as well as listed on their bill. Summary information is also available on the Lancaster General Health website. A financial counselor will attempt to visit all inpatients who present as uninsured to discuss eligibility for all governmental programs and financial assistance programs.

Part VI - Line 4 - Lancaster General Hospital primary and secondary service areas comprise Lancaster County, Pennsylvania. Located in south central Pennsylvania, Lancaster County is 950 square miles in size and is home to 507,766 people. About 15% of the population is over the age of 64; 51% of the population is female. The median income is \$55,824, and 9.2% of the population lives below the federal poverty level. Lancaster General Hospital's market share in Lancaster County is approximately 58%.

Part VI - Line 5 - Part II, line 7, Community health improvement advocacy includes salaries for financial counselors who discuss eligibility and register patients for all governmental and financial assistance programs. Part II, line 9, Other includes payments to the School District of Lancaster (EIN# 23-1726414) which provides funding for school based health clinics as well as nursing staffing to promote the health and well-being of school aged children.

Part VI - Line 6 - Lancaster General Hospital is governed by a 19-member Board of Trustees (BoT), including 16 community members and three physicians who all reside in our primary service area. They volunteer their professional time and expertise to guide the hospital. Our CEO is the only Trustee employed by LGH. One Trustee is a physician who is a contractor of the hospital, by virtue of this position as President of the hospital's Medical & Dental Staff. All Trustees annually complete a Conflict of Interest statement to ensure their objectivity. The BoT operates 11 committees comprised of an additional 30+ community members. The committees include: Executive, Audit and Compliance, Finance/Capital Allocations, Governance, Information Management, Management Development and Compensation, Mission and Community Benefit, Professional Affairs, Quality, Strategic Development, and Health Services. Lancaster General Hospital extends medical staff privileges to all qualified physicians and dentists in our community for most of its departments. An exception exists for those departments where the hospital has contracted with a physician practice to serve as an exclusive provider. Specialties include emergency medicine, radiology, pathology and cardiothoracic surgery. The hospital applies its annual surplus toward improving patient care, medical education and research. In 2009 and 2010, the hospital made total net purchases of property, plant and equipment of more than \$120 million. The purchases have included building renovations and

Part VI - Supplemental Information (Continued)

expansions, new facilities, and new and replacement healthcare technology. The hospital's surplus helps fund, and serves as a clinical education site for, the Lancaster General College of Nursing & Health Sciences and the Lancaster General Family Medicine Residency Program. The College is a private, co-educational, Middle States-accredited, four-year institution offering a variety of associate and baccalaureate degree programs as well as certificate programs in healthcare. Enrollment is more than 900 students. The hospital operates the Lancaster General Research Institute, which provides research support to LGH physicians and staff, focusing on treatment, diagnostic and procedural efficacy in the general hospital and affiliated specialty areas. The Institute also works in conjunction with the Family Medicine Residency Program to provide research opportunities for the advancement of medical education. The hospital also operates residency programs in Family Medicine and Pharmacy Practice, as well as fellowship programs in Geriatric Medicine and Palliative Care.

Part VI - Line 7 - Lancaster General Hospital is under the control of its parent organization Lancaster General Health. Lancaster General Health (EIN# 23-2250941) is a not-for-profit organization, which provides managerial and financial support to its controlled organization and is also responsible for undertaking activities to improve the health of the community. The multiple affiliates under the control of Lancaster General Health in addition to Lancaster General Hospital are: Lancaster General Health-Columbia Center (EIN# 23-0485650) which is a health care clinic that provides primary and specialty medical services. Lancaster General Health Foundation (EIN# 20-5767147) exists to advance the culture of philanthropy within the Lancaster General Health System. Lancaster General College of Nursing & Health Sciences (EIN# 06-1645496) educates competent, caring and socially responsible individuals who contribute to the health of the community. Lancaster General Imaging Corporation's (EIN# 23-3102789) exempt purposes are conducted through its control of two partnerships, MRI Group, LLP (EIN# 33-1011386) which provides medical services relating to magnetic resonance imaging and computer tomography and Lancaster PET Partnership, LLP (EIN# 23-3102793) which provides medical services relating to positron emission tomography. Lancaster General Ambulatory Surgical Services Inc.'s (EIN# 20-4943239) exempt purposes are conducted through its control of a partnership The Physicians' Surgery Center Lancaster General LLC (EIN# 20-4943239) which provides surgical services to patients. VNA Community Care Services Inc. (EIN# 23-1352572) provides comprehensive home health care regardless of the patient's ability to pay. VNA provides skilled nursing, therapy, medical social services, and home health aide services. Lancaster General Medical Group (EIN# 23-2777286) was organized to develop, own, and operate outpatient healthcare practices where primary and specialty medical services are provided by licensed physicians. Lancaster Cleft Palate Clinic (EIN# 23-1306888) provides treatment for oral-facial deformities in infants, children and adults and to enhance the quality of care through research, publication, and education. Comprehensive services included prosthetics, orthodontics, speech therapy, audiology, and general dentistry. Central Pennsylvania Nursing Alliance Inc. d/b/a Maple Farm Nursing Center (EIN# 23-2907754) provides long term nursing care and rehabilitates residents requiring skilled care. Lancaster General Rehabilitation Services Inc.'s (EIN# 20-4943109) exempt purpose is conducted through the investment in an acute patient rehabilitation hospital where patients are treated regardless of ability to pay. Other affiliates of Lancaster General Health include Lancaster General Insurance Company, Ltd. and Lancaster General Business Trust and its subsidiaries.

Additional Explanation - Schedule H, Part I, Line 5a- Lancaster General Hospital's budgeted amount of \$21,542,637 for free or discounted care provided under its charity care policy exceeded its expenses of \$21,516,745 by \$25,892.

Additional Explanation - Schedule H, Part VI, Other information- Lancaster General Hospital provided financial support to the City of Lancaster, EIN 23-6001904 in the amount of \$1,380,000. These funds provided assistance to the City for special events and its Police, Fire, and Public Works services.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

LANCASTER GENERAL HOSPITAL

Part I	General Information on Grants and Assistance
---------------	---

- | | | |
|---|---|---|
| 1 | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | <input checked="checked" type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | |

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

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

Cat. No. 50055P

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Schedule I, Part IV, Statement 2					

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23

1365353

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		✓
2	✓	
3		
4a	✓	
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7	✓	
8		✓
9		

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

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

Note. The sum of columns (B)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
T Raymond Foley MD	(i) 0 (ii) 0	40,000 0	35 0	1,400 0	0 0	41,435 0	0 0
Deborah K Riley MD	(i) 0 (ii) 0	98,022 0	35 0	3,922 0	0 0	101,979 0	0 0
Thomas E Beeman	(i) 649,037 (ii) 0	300,000 0	28,444 0	253,873 0	92,582 0	1,323,936 0	0 0
Jan L Bergen	(i) 396,919 (ii) 0	156,807 0	20,006 0	100,362 0	59,051 0	733,145 0	0 0
Kay Brady	(i) 130,226 (ii) 0	24,265 0	2,061 0	6,262 0	26,410 0	189,224 0	0 0
Judi L Brendle	(i) 122,105 (ii) 0	9,673 0	1,821 0	5,344 0	34,161 0	173,104 0	0 0
F Joseph Byorick III	(i) 405,994 (ii) 0	138,274 0	23,019 0	9,800 0	73,075 0	650,162 0	0 0
Michelle Campbell	(i) 142,200 (ii) 0	27,455 0	59,563 0	7,029 0	19,978 0	256,225 0	0 0
Kent E Carr MD	(i) 410,184 (ii) 0	100,068 0	4,336 0	8,798 0	55,724 0	579,110 0	0 0
Charles A Castle MD	(i) 235,570 (ii) 0	70,319 0	5,729 0	37,310 0	40,363 0	389,291 0	0 0
Kenneth J Collins	(i) 139,277 (ii) 0	25,825 0	1,314 0	6,657 0	31,371 0	204,444 0	0 0
Margaret F Costella Esq	(i) 199,735 (ii) 0	35,413 0	2,563 0	9,508 0	26,528 0	273,747 0	0 0
Gary R Davidson	(i) 244,575 (ii) 0	52,000 0	18,218 0	4,699 0	52,636 0	372,128 0	0 0
Lee M Duke II MD	(i) 415,390 (ii) 0	141,474 0	17,926 0	39,521 0	66,784 0	681,095 0	0 0
Geoffrey W Eddowes	(i) 248,767 (ii) 0	67,521 0	2,154 0	38,918 0	45,813 0	403,173 0	0 0
Joseph A Puskar	(i) 224,677 (ii) 0	39,301 0	5,681 0	9,800 0	48,058 0	327,517 0	0 0

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.

Schedule J, Part I, Line 1a - Lancaster General Hospital provided gross-up payments and social club dues to certain individuals listed on Schedule J. Lancaster General Hospital provides gross-up payments to employees when they receive gifts so as to provide tax assistance in that no tax burdens are created with the intended gift. The social club memberships are intended for business use with any personal use being taxed to respective individual. Amount included in income for social club dues is reflective of personal use % and amounted to \$3,326 in CY 2009.

Schedule J, Part I, Line 1b - There is no written policy currently in place.

Schedule J, Part I, Line 3 - The compensation process described below pertains to the CEO, EVPs, SVPS, VPs and AVPs. Lancaster General Hospital utilizes an independent third party to provide base salary and total compensation market data for comparable positions at similarly sized organizations. Lancaster General Hospital presents the performance of the above mentioned positions against established goals and evaluates and presents them to the Management and Development Compensation Committee (MDCC). The MDCC is a Committee comprised of independent Board of Trustee members. The market data and performances against goals is reviewed by the MDCC who then takes action. Minutes are kept of the discussion and actions taken by the MDCC members at their meeting. This documentation is kept for future reference. This process is undertaken each August after the close of the previous fiscal year in June.

Schedule J, Part I, Line 4 - Total severance of \$770,821 was distributed. Total distributions and/or contributions to a non-qualified Supplemental Retirement Plan amounted to \$928,944. Those receiving distributions and/or contributions to this non-qualified plan are as follows: Thomas E. Beeman, Jan L. Bergen, Kent E. Carr, MD, Charles A. Castle, MD, Lee M. Duke II, MD, Geoffrey W. Eddowes, Norma J. Ferdinand, Robert P. Macina, Esq., Regina M. Mingle, Susan Wynne, Thomas C. Paisley, Jr., and Bruce H. Pokorney, MD.

Schedule J, Part I, Line 7 - The purpose of the Lancaster General Health (LG) Annual Incentive Plan (The Plan) is to reinforce strategic performance priorities for senior management and management employees and to encourage the highest level of performance in the delivery of health care services. As a reward for employees' contributions to Lancaster General Health's success, the Plan provides the opportunity to earn meaningful incentive compensation based on the performance of Lancaster General Health and the individual Participants. Specifically, the Plan is designed to: *Focus Participants on the achievement of organization goals related to people, service, quality/safety, financial and growth; *Promote and foster a team oriented culture; *Strengthen Lancaster General Health's ability to attract and retain superior talent, recognize and reward accomplishments that clearly advance the organization's mission, and drive strategies; *Provide incentive awards that can be adjusted annually for different business conditions and business plan priorities without changing basic design features of the Plan; and *Provide annual incentive opportunities with due consideration to the requirements of the Intermediate Sanctions law and the regulations there under.

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LANCASTER GENERAL HOSPITAL

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

23 1365353

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
Norma J Ferdinand	(i) 268,423 (ii) 0	(ii) 87,381 (iii) 0	(iii) 17,321 (iv) 0	(iv) 0	72,088	45,471	490,684	0
Lisa R Hess	(i) 145,238 (ii) 0	(ii) 26,931 (iii) 0	(iii) 2,345 (iv) 0	(iv) 0	5,666	32,154	212,334	0
Denise A Kennedy	(i) 157,745 (ii) 0	(ii) 29,534 (iii) 0	(iii) 936 (iv) 0	(iv) 0	7,529	28,676	224,420	0
Margaret M Klecha	(i) 119,433 (ii) 0	(ii) 24,424 (iii) 0	(iii) 1,048 (iv) 0	(iv) 0	5,796	23,072	173,773	0
Robert P Macina Esq	(i) 311,537 (ii) 0	(ii) 108,916 (iii) 0	(iii) 580,260 (iv) 0	(iv) 0	80,541	59,431	1,140,685	0
Marion A McGowan	(i) 456,926 (ii) 0	(ii) 184,417 (iii) 0	(iii) 16,313 (iv) 0	(iv) 0	9,800	80,432	747,888	0
Regina M Mingle	(i) 259,610 (ii) 0	(ii) 90,762 (iii) 0	(iii) 16,141 (iv) 0	(iv) 0	67,972	39,173	473,658	0
Mary B Miskey	(i) 150,962 (ii) 0	(ii) 28,810 (iii) 0	(iii) 7,251 (iv) 0	(iv) 0	7,481	27,890	222,394	0
Richard D Paoletti	(i) 186,255 (ii) 0	(ii) 20,494 (iii) 0	(iii) 6,114 (iv) 0	(iv) 0	8,515	30,450	251,828	0
Douglas W Rinehart	(i) 155,670 (ii) 0	(ii) 26,713 (iii) 0	(iii) 924 (iv) 0	(iv) 0	7,332	37,278	227,917	0
Susan Wynne	(i) 231,163 (ii) 0	(ii) 70,047 (iii) 0	(iii) 3,658 (iv) 0	(iv) 0	33,777	35,600	374,245	0
Stacey G Youcis	(i) 191,290 (ii) 0	(ii) 34,606 (iii) 0	(iii) 1,623 (iv) 0	(iv) 0	9,101	41,649	278,269	0
Timothy C Zellers	(i) 171,137 (ii) 0	(ii) 25,151 (iii) 0	(iii) 4,730 (iv) 0	(iv) 0	8,041	38,608	247,667	0
Kathleen L Harrison	(i) 37,341 (ii) 0	(ii) 0 (iii) 0	(iii) 153,307 (iv) 0	(iv) 0	1,271	15,613	207,532	0
James E Page Jr	(i) 62,768 (ii) 0	(ii) 0 (iii) 0	(iii) 19,691 (iv) 0	(iv) 0	1,099	19,213	102,771	0
Andre W Renna	(i) 65,308 (ii) 0	(ii) 0 (iii) 0	(iii) 324,291 (iv) 0	(iv) 0	1,633	18,901	410,133	0

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

Cat No 51027H

Schedule J-1 (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

- ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the instructions for Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the Organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 1365353

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Kenneth J Collins AVP Mat. Mgmt	55			✓				166,416	0	38,027
Margaret F Costella Esq VP Legal Svcs	55			✓				237,711	0	36,036
Gary R Davidson Sr VP	55			✓				314,793	0	57,335
Lee M Duke II MD Sr VP	55			✓				574,789	0	106,305
Geoffrey W Eddowes Sr VP	55			✓				318,442	0	84,731
Norma J Ferdinand Sr VP	55			✓				373,126	0	117,559
Lisa R Hess VP Marketing	55			✓				174,514	0	37,820
Denise A Kennedy VP Financial Svcs	55			✓				188,215	0	36,204
Margaret M Klecha VP Risk Mgmt	55			✓				144,905	0	28,868
Robert P Macina Esq Sr VP	55			✓				1,000,713	0	139,972
Marion A McGowan Executive VP COO	55			✓				657,656	0	90,232
Regina M Mingle Sr VP	55			✓				366,514	0	107,145
Mary B Miskey VP HR	55			✓				187,024	0	35,371
Richard D Paoletti VP Operations	55			✓				212,863	0	38,965
Joseph A Puskar VP Support Svcs	55			✓				269,659	0	57,858
Douglas W Rinehart VP, Controller	55			✓				183,307	0	44,610
Susan Wynne Sr VP	55			✓				304,868	0	69,377
Stacey G Youcis VP Operations	55			✓				227,519	0	50,750
Kathleen L Harrison VP Operations	55			✓				190,649	0	16,884
James E Page Jr Jr VP Diversity	55			✓				82,459	0	20,313
Andre W Renna Sr VP	55			✓				389,599	0	20,534

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

Cat No 49915E

Schedule J-2 (Form 990) 2009

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**
▶ **See the Instructions for Form 990.**

2009

**Open to Public
Inspection**

23 1365353

[illegible]

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 1365353

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
Lancaster County Hospital Authority	23-6648018	XXXXXXX	07/01/2005	15,945,000	Purchase of equipment			✓	
Lancaster County Hospital Authority	23-6648018	514045YB3	01/24/2007	33,450,000	Construction of employee parking garage				✓
Lancaster County Hospital Authority	23-6648018	514045YK3	01/24/2007	63,375,000	Refunding of Series 2003 bond.			✓	
Lancaster County Hospital Authority	23-6648018	514045ZH9	08/15/2008	96,730,000	Refinancing of Series 1997 and Series 2006 bond.			✓	
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		4,358,957		33,450,000		63,375,000		91,815,000		
2 Gross proceeds in reserve funds		0		0		0		0		
3 Proceeds in refunding or defeasance escrows		0		0		63,375,000		0		
4 Other unspent proceeds		0		0		0		0		
5 Issuance costs from proceeds		0		201,473		381,715		521,307		
6 Working capital expenditures from proceeds		0		0		0		0		
7 Capital expenditures from proceeds		13,994,144		33,450,000		63,375,000		96,730,000		
8 Year of substantial completion		2007		2008		2007		2008		
9 Were the bonds issued as part of a current refunding issue?		✓		✓		✓		✓		
10 Were the bonds issued as part of an advance refunding issue?		✓		✓		✓		✓		
11 Has the final allocation of proceeds been made?		✓		✓		✓		✓		
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?		✓		✓		✓		✓		

Part III Private Business Use

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

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

Cat No. 50193E

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		✓		✓		✓		✓		
b Are there any research agreements with respect to the financed property which may result in private business use?		✓		✓		✓		✓		
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		✓		✓		✓		✓		
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1.6 %		0 %		0 %		0.2 %		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		%
6 Total of lines 4 and 5		1.6 %		0 %		0 %		0.2 %		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	✓		✓		✓		✓			

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	✓		✓		✓		✓			
2 Is the bond issue a variable rate issue?		✓		✓		✓	✓			
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		✓		✓		✓	✓			
b Name of provider							WF, BOA			
c Term of hedge								0		
4a Were gross proceeds invested in a GIC?		✓		✓		✓		✓		
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		✓		✓		✓		✓		
6 Did the bond issue qualify for an exception to rebate?		✓		✓		✓		✓		

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

23 1365353

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 : 1365353

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	✓	1	1,200	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	✓	4	6,320	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Entertainment pas)	✓	12	1,722	FMV
26 Other ► (Gift cards)	✓	15	498	FMV
27 Other ► (Gift baskets)	✓	2	35	FMV
28 Other ► (Sch M, Stmt 1)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		✓
31	✓	
32a		✓

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M, Part I, Lines 25-28 - The number of contributions in Column B is represented by either the number of contributions or the number of items received depending on the type of non-cash contribution.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 1365353

Form 990, Part III, Line 4d - Lancaster General Hospital will identify community health needs; help reach community consensus on health care priorities; develop programs (where possible together with other community organizations) to address these needs; develop and maintain metrics to measure our progress; and report our activity to the Board of Trustees and the community at large. Financial means should not prevent anyone from accessing healthcare services. To that end, Lancaster General Hospital has established financial assistance programs for those with little or no insurance, or limited financial means. Lancaster General Hospital incurred unpaid costs of \$72M to care for financially disadvantaged persons. Lancaster General Hospital engages in medical research programs. Lancaster General Hospital engages in training and education of health care professionals at an unpaid cost of \$7.0M.

Form 990, Part V, Line 4a - Filing requirements for Form TD-90-22.1-Lancaster General Hospital has authority over a financial account in a foreign country. However, they have no financial interest within the foreign account. Form TD-90-22.1 was filed with the parent company, Lancaster General Health (EIN# 22-50941).

Form 990, Part VI, Section A, Line 4 - The Bylaws were revised on September 16, 2010.

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

Form 990, Part VI, Section A, Line 7a - Lancaster General Health elects the Board of Trustees of Lancaster General Hospital.

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

Form 990, Part VI, Section B, Line 10a - Lancaster General Health (EIN# 23-2250941) is the parent organization of multiple affiliates including Lancaster General Hospital.

Form 990, Part VI, Section B, Line 11 - The CFO, the Vice President-Controller, and the Director of Accounting review the Form 990. In addition, the entire governing body received a copy of the Form 990 at the April 21, 2011 board meeting. The CFO highlighted certain sections of the Form 990 during the board meeting and any questions were addressed at that time.

Form 990, Part VI, Section B, Line 12c - In order to ascertain and evaluate actual or potential conflicts, certain interested person are required to fill out a Conflict of Interest Disclosure Statement upon entering employment or

Supplemental Information (Continued)

becoming a trustee of Lancaster General Hospital or an affiliate, and others are also required to fill out such a Statement on an annual basis. In addition to this requirement, all officers and trustees, regardless of whether or not they have filled out or have been asked to fill out a Conflict of Interest Disclosure Statement, have an ongoing affirmative duty to bring to the attention of Lancaster General Hospital, situations which may give rise to an actual or potential conflict of interest as described in the policy.

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

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

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

Form 990, Part VII, Section A, Line 1b - Members of the Board are not compensated for their position on the Board. Compensation disclosed relates to other services performed.

Form 990, Part X, Line 20 - The amount of issue outstanding for both the Series 1998 and 2007 Bonds also includes the bond premium. The balance of the 1998 bond premium at 6/30/10 was \$25,623. The balance of the 2007 bond premium at 6/30/10 was \$2,354,143.

Schedule K, Part I - Bond Series 2003 was issued on September 15, 2003 by the Lancaster County Hospital Authority (CUSIP# 514045). In January 2007, the Series 2003 was legally defeased with the Series 2007B bond issuance. Concurrent with the defeasance, an irrevocable escrow was established for the aggregate amount of the defeased Series 2003 revenue bonds. With that said, there is no liability on our balance sheet and is thus not shown on Schedule K, Part I.

Schedule K, Part II, Line 7 - Bond Issue B had \$1,950,855.85 that was not used. This amount was applied to the principal payment made in August 2007.

Schedule K, Part IV, Line 3b - The Series 2008 bond has two hedges associated with this issue. Wells Fargo (WF) and Bank of America (BOA) are the two hedge providers. The Wells Fargo hedge has a term of 10 years which expires in 2011. The Bank of America hedge has a term of 35 years and expires in 2041.

Supplemental Information (Continued)

Schedule K, Part IV, Line 3c - The Series 2008 bond has two hedges associated with this issue. Wells Fargo (WF) and Bank of America (BOA) are the two hedge providers. The Wells Fargo hedge has a term of 10 years which expires in 2011. The Bank of America hedge has a term of 35 years and expires in 2041.

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

2009

**Open to Public
Inspection**

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 1365353

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Schedule O, Statement 5					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
Lancaster Rehabilitation Hospital 675 Good Drive, Lancaster, PA	Rehab Hospital	PA		Related	0	0		✓	0	✓
Physician's Surgery Center 2150 Harrisburg Pike, Lancaster, PA	Surgery Center	PA		Related	0	0		✓	0	✓
Lancaster PET Partnership I PO BOX 4216, Lancaster, PA	Medical Services	PA		Related	0	0		✓	0	✓
MRI Group LLP (33-1011386) PO BOX 4216, Lancaster, PA	Medical Services	PA		Related	0	0		✓	0	✓
Central Pennsylvania Alliance PO BOX 2767, York, PA 17402	Medical Testing	PA		Related	2,677	96,533		✓	0	✓
Horizon Healthcare Services 1070 New Holland Avenue, Lancaster, PA	In-home infusion drug	PA		Related	0	0		✓	0	✓
PeriOptimum (25-1815023) 24 South Eighteenth Street, Lancaster, PA	Provides information	PA		Related	0	0		✓	0	✓

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Lancaster General Services Business Trust (23-225012) 607 North Duke Street, Lancaster, PA 17602	Owns & operates real estate	PA	Lancaster General	C	0	0	0%
Barge Ganse Venacre Business Trust (23-2113017) 607 North Duke Street, Lancaster, PA 17602	Pharmacy & two thirds	PA	Lancaster General	C	0	0	0%
Preferred Health Care (25-1533898) 20-D East Roseville Road, Lancaster, PA 17601	Provides management & behavioral health	PA	Lancaster General	C	0	0	0%
Quest Behavioral Health (23-2910565) PO Box 2767, York, PA 17405	Behavioral health	PA	Lancaster General	C	0	0	0%
Lancaster General Insurance Company (98-0176655) PO Box 1109 GT, Grand Cayman, Cayman Islands KY1-1109	Insurance	Cayman Islands	Lancaster General	C	0	0	0%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	Lancaster General Health-Columbia Center	b	2,598,227
(2)	Lancaster General Health-Columbia Center	f	3,795
(3)	Lancaster General Health-Columbia Center	j	360,071
(4)	Lancaster General Health-Columbia Center	k	356,341
(5)	Lancaster General Health-Columbia Center	n	6,500
(6)	(Continued on Schedule O, Statement 6)		

Schedule I, Part IV, Statement 1

LANCASTER GENERAL HOSPITAL

Form Schedule I

23-1365353

Page 1

Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	American Heart Association 610 Community Way Lancaster, PA 17603	5,500	0
EIN	13-5613797		
IRC code section	501(c)(3)		
Method of valuation	FMV		
Description of non-cash assistance			
Purpose of grant	Contribution to support program service		
Name and address	Arthritis Foundation 204 Butler Avenue Lancaster, PA 17601	5,500	0
EIN	23-6420363		
IRC code section	501(c)(3)		
Method of valuation	FMV		
Description of non-cash assistance			
Purpose of grant	Contribution to support program service		
Name and address	Clinic for Special Children 535 Bunker Hill Road PO Box 128 Strasburg, PA 17579	127,357	0
EIN	23-2555373		
IRC code section	501(c)(3)		
Method of valuation	FMV		
Description of non-cash assistance			
Purpose of grant	Contribution to support program service		
Name and address	Columbia Quick Response Service Inc PO Box 30 Columbia, PA 17512	7,500	0
EIN	20-3280577		
IRC code section	501(c)(3)		
Method of valuation	FMV		
Description of non-cash assistance			
Purpose of grant	Contribution to support program service		
Name and address	Community Life Network 510 Walnut Street Columbia, PA 17512	16,800	0
EIN	20-2161018		
IRC code section	501(c)(3)		
Method of valuation	FMV		
Description of non-cash assistance			
Purpose of grant	Contribution to support program service		
Name and address	CRUDEM Foundation Inc 362 Sewall Street Ludlow, MA 01056	25,000	0
EIN	43-1660199		
IRC code section	501(c)(3)		
Method of valuation	FMV		
Description of non-			

Schedule I, Part IV, Statement 1

LANCASTER GENERAL HOSPITAL

cash assistance

Purpose of grant Contribution to support program service

Name and address	Franklin & Marshall College	135,000	0
	PO Box 3003		
	Lancaster, PA 17604		

EIN 23-1352635

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	Girls on the Run of Lancaster	7,500	0
	PO Box 262		
	Landisville, PA 17538		

EIN 27-0200927

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	Haiti Relief Funds	0	14,980
	na		
	Lancaster, PA 17604		

EIN 11-1111111

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance Medical supplies

Purpose of grant The amount represents the cost of medical supplies provided to physicians traveling to Haiti to assist earthquake victims. There is no name, address, or EIN number due to the method in which the supplies were donated.

Name and address	James Street Improvement District	150,000	0
	206 West James Street		
	Lancaster, PA 17603		

EIN 71-0927742

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	Lancaster Bureau of Fire	0	10,980
	100 S Queen Street		
	103		

Lancaster, PA 17603

EIN 23-6001904

IRC code section 501(c)(4)

Method of valuation FMV

Description of non-cash assistance AED Unit Program

Purpose of grant Contribution to support program service

Name and address	Lancaster Central Market	25,000	0
	8 North Queen Street		
	Suite 700E		
	Lancaster, PA 17603		

EIN 76-0822944

Schedule I, Part IV, Statement 1

LANCASTER GENERAL HOSPITAL

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	Lancaster County Conservancy	30,000	0
	117 South West End Avenue		
	Lancaster, PA 17603		

EIN 23-7046908

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	Lancaster County Medical Foundation	100,000	0
	480 New Holland Avenue		
	Suite 8202		
	Lancaster, PA 17602		

EIN 26-0499498

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	Lancaster EMS	3,000	12,183
	PO Box 4652		
	Lancaster, PA 17604		

EIN 23-2840702

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance Medical equipment

Purpose of grant Contribution to support program service

Name and address	Lancaster Heart & Stroke Foundation	0	19,152
	354 North Prince Street		
	Suite 200		
	Lancaster, PA 17603		

EIN 23-2714718

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance Rent, utilities, and taxes

Purpose of grant Contribution to support program service

Name and address	Lancaster Medical Society Foundation	10,225	0
	137 E Walnut Street		
	Lancaster, PA 17602		

EIN 23-2633979

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	Lancaster Recreation Commission	8,000	2,427
	525 Fairview Avenue		
	Lancaster, PA 17602		

EIN 23-1352353

IRC code section 501(c)(3)

Schedule I, Part IV, Statement 1

LANCASTER GENERAL HOSPITAL

Method of valuation FMV

Description of non-cash assistance AED Unit Program

Purpose of grant Contribution to support program service

Name and address	Manheim Township Ambulance Association	0	12,598
	1820 Municipal Drive		
	Lancaster, PA 17601		

EIN 23-7205109

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance AED Unit Program

Purpose of grant Contribution to support program service

Name and address	Milagro House	5,448	0
	320 South Christian Street		
	Lancaster, PA 17603		

EIN 23-2954000

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	The Salvation Army World Service Office	25,000	0
	615 Slater Lane		
	Alexandria, VA 22314		

EIN 13-2923701

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	South East Lancaster Health Services	118,750	0
	625 South Duke Street		
	Lancaster, PA 17608		

EIN 23-2160896

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	United Auxiliaries to the Lancaster General Hospital	12,090	0
	PO Box 3555		
	Lancaster, PA 17604		

EIN 23-1976868

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	United Way of Lancaster County	67,000	0
	630 Janet Avenue		
	Lancaster, PA 17601		

EIN 23-1352093

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Schedule I, Part IV, Statement 1

LANCASTER GENERAL HOSPITAL

Purpose of grant Contribution to support program service

Name and address	Us TOO Prostate Cancer Network	5,200	0
	2424 Raleigh Drive		
	Lancaster, PA 17601		

EIN 23-2738639

IRC code section 501(c)(3)

Method of valuation FMV

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	City of Lancaster	1,380,000	0
	39 W Chestnut Street		
	PO BOX 1020		
	Lancaster, PA 17608		

EIN 23-6001904

IRC code section Government Entity

Method of valuation

Description of non-cash assistance

Purpose of grant Contribution to support program service

Name and address	School District of Lancaster	1,352,838	
	1020 Lehigh Avenue		
	Lancaster, PA 17602		

EIN 23-1726414

IRC code section 501(c)(3)

Method of valuation

Description of non-cash assistance

Purpose of grant Contribution to support program service

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
Type of grant	Scholarships for students attending Lancaster General College of Nursing and Health Sciences (EIN# 06-1645496)	7	43,395	0
Method of valuation	n/a			
Description of non-cash assistance				

Schedule M, Part II, Statement 1

Form Schedule M

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Line Number Part I Line 25-28

LANCASTER GENERAL HOSPITAL**23-1365353**

		Description of Other Types of Property		
		lines on Part I	Contributions	Revenues
Description	Child Safe fingerprint kit	Yes	1	200
Method of determining revenues	FMV			
Description	Toys	Yes	3	1,756
Method of determining revenues	FMV			

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	All other program services, including but not limited to, laboratory, pharmacy, radiology, emergency medicine, education, and physical medicine and rehabilitation LGH operates an emergency room (ER) that is open to all persons regardless of ability to pay The emergency room had a total of 108,690 visits during fiscal year 2010 Medicare made up 25,802 of those visits while Medicaid patients visited the ER 31,474 times during the year The uninsured had a total of 15,120 visits to the ER during 2010 Total patient days for the fiscal year were 174,618 Medicare and Medicaid patients contributed 16,495 and 6,450, respectively, towards the 38,346 total inpatient discharges during the fiscal year	309,846,348	3,970,341	340,628,158
Total:		309,846,348	3,970,341	340,628,158

Schedule O, Statement 2

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Line Number Part VII Section B

LANCASTER GENERAL HOSPITAL**23-1365353****Contractor Compensation**

Name and address:	Description Of Services	Compensation
Benchmark Construction Company PO BOX 806 Brownstown, PA 17508	Construction	10,350,859
Siemens Medical Solutions PO BOX 7777 W3580 Philadelphia, PA 19175	Maintenance Repairs	3,979,326
Quest Diagnostics PO BOX 828669 Philadelphia, PA 19182	Referred Lab Testing	3,288,078
CTG Healthcare Solutions PO BOX 711778 Cincinnati, OH 45271	Consulting	2,639,793
Microsoft Services 1950 North Stemmons Highway Suite 5010 Dallas, TX 75207	Software Maintenance	1,156,028
Total:		21,414,084

Fundraiser Activity Information

Name	Activity	C1	Gross Receipts	Amount Or Retained By Contractor	Net To Organization
Patricia B Schwartz Associates	Grant writing support	No	849,520	55,968	793,552
Lindsley Consulting Group	Cancer Capital Campaign preparation support	No	419,833	41,984	377,849
Total:			1,269,353	97,952	1,171,401

C1 = Fundraiser control of funds?

Description of Business Transactions Involving Interested Persons

		Amount of transaction
Name	Robert F Latshaw MD	0
Relationship with organization	Director	
Description of transaction	a Individual is an employed physician of Lancaster Radiology Associates, Ltd (LRA) who contracts with LGH LRA invests in MRI Group LLP and Lancaster PET Partnership LLP Both of which are related to LGH	
Sharing Of Revenues	No	
Name	Kenneth G Stoudt	0
Relationship with organization	Director	
Description of transaction	a Individual worked as a consultant for LGH to analyze benefits with LGH's Senior Vice President/Chief Leadership Officer	
Sharing Of Revenues	No	

Description of Identification of Related Tax-Exempt Organizations

Name and EIN	Lancaster General Health (23-2250941)
Address	555 North Duke Street Lancaster, PA 17604
Primary activities	Mgmt & fin support to controlled org & undertaking activities to improve the health of community
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	509(a)(3)-Type II
Direct controlling entity	N/A
Name and EIN	Lancaster General Health Foundation (20-5767147)
Address	555 North Duke Street Lancaster, PA 17604
Primary activities	Organized & operated to support the exempt purposes of member of LG Health
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	509(a)(3)-Type III
Direct controlling entity	Lancaster General Health
Name and EIN	Lancaster General Medical Group (23-2777286)
Address	1030 New Holland Avenue Lancaster, PA 17601
Primary activities	Provide charitable primary and specialty healthcare
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	170(b)(1)(A)(iii)
Direct controlling entity	Lancaster General Health
Name and EIN	Lancaster Cleft Palate Clinic (23-1306888)
Address	223 North Lime Street Lancaster, PA 17602
Primary activities	Provide treatment for oral-facial deformities
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	170(b)(1)(A)(vi)
Direct controlling entity	Lancaster General Health
Name and EIN	Lancaster General Health-Columbia Center (23-0485650)
Address	306 North 7th Street Columbia, PA 17512
Primary activities	Acute Primary Care/Facility Mgmt Op Svcs
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	170(b)(1)(A)(iii)
Direct controlling entity	Lancaster General Hospital
Name and EIN	Lancaster General College of Nursing & Health Sciences (06-1645496)
Address	410 North Lime Street Lancaster, PA 17602
Primary activities	Provide support and promote healthcare education
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	170(b)(1)(A)(ii)
Direct controlling entity	Lancaster General Hospital
Name and EIN	VNA Community Care Services Inc (23-1352572)
Address	PO Box 10788 Lancaster, PA 17605
Primary activities	Provides home health care services
State or foreign country	PA

Schedule O, Statement 5

LANCASTER GENERAL HOSPITAL

Exempt code section	501(c)(3)
Public charity status	170(b)(1)(A)(vi)
Direct controlling entity	Lancaster General Health
Name and EIN	Lancaster General Rehabilitation Services Inc (20-4943109)
Address	555 North Duke Street Lancaster, PA 17604
Primary activities	Investment in Rehabilitation Hospital
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	170(b)(1)(A)(iii)
Direct controlling entity	Lancaster General Health
Name and EIN	Lancaster General Ambulatory Surgical Services Inc (20-4943239)
Address	555 North Duke Street Lancaster, PA 17604
Primary activities	Investment in Ambulatory Surgery Center
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	170(b)(1)(A)(iii)
Direct controlling entity	Lancaster General Hospital
Name and EIN	Lancaster General Imaging Corporation (23-3102789)
Address	609 North Cherry Street Lancaster, PA 17604
Primary activities	Investment in imaging services
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	170(b)(1)(A)(iii)
Direct controlling entity	Lancaster General Hospital
Name and EIN	Lancaster Emergency Medical Services Association (23-2840702)
Address	1829 Lincoln Highway Lancaster, PA 17602
Primary activities	Emergency medical transportation
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	509(a)(2)
Direct controlling entity	Lancaster General Hospital
Name and EIN	United Auxiliaries to Lancaster General Hospital (23-1976868)
Address	555 North Duke Street Lancaster, PA 17604
Primary activities	To promote and advance Lancaster General Hospital's plans & programs
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	509(a)(2)
Direct controlling entity	N/A
Name and EIN	Central Pennsylvania Nursing Alliance Inc (23-2907754)
Address	555 North Duke Street Lancaster, PA 17604
Primary activities	Skilled nursing care
State or foreign country	PA
Exempt code section	501(c)(3)
Public charity status	509(a)(2)
Direct controlling entity	Lancaster General Health

Description of Covered Relationships and Transaction Thresholds

		Amount Involved
Name	Lancaster General Health-Columbia Center	538,190
Transaction type	p	
Name	Lancaster General Health-Columbia Center	630,097
Transaction type	q	
Name	Lancaster General College of Nursing & Health Sciences	2,700,000
Transaction type	b	
Name	Lancaster General College of Nursing & Health Sciences	387,433
Transaction type	f	
Name	Lancaster General College of Nursing & Health Sciences	112,968
Transaction type	i	
Name	Lancaster General College of Nursing & Health Sciences	661,462
Transaction type	k	
Name	Lancaster General College of Nursing & Health Sciences	4,132,099
Transaction type	i	
Name	Lancaster General College of Nursing & Health Sciences	485,580
Transaction type	n	
Name	Lancaster General College of Nursing & Health Sciences	3,949,776
Transaction type	p	
Name	Lancaster General Ambulatory Surgical Services Inc	132,929
Transaction type	b	
Name	Lancaster General Ambulatory Surgical Services Inc	4,277,200
Transaction type	c	
Name	Lancaster General Ambulatory Surgical Services Inc	132,869
Transaction type	k	
Name	MRI Group LLP	39,293
Transaction type	a-i	
Name	MRI Group LLP	443,858
Transaction type	i	
Name	MRI Group LLP	1,350,087
Transaction type	k	
Name	MRI Group LLP	3,500,499
Transaction type	i	
Name	Lancaster PET Partnership LLP	65,480
Transaction type	i	
Name	Lancaster PET Partnership LLP	312,254
Transaction type	k	
Name	Lancaster PET Partnership LLP	31,058

Transaction type	l	
Name	Lancaster General Imaging Corporation	66,702
Transaction type	b	
Name	Lancaster General Imaging Corporation	3,297,500
Transaction type	c	
Name	Lancaster General Imaging Corporation	34,591
Transaction type	k	
Name	Lancaster General Health	19,355,587
Transaction type	b	
Name	Lancaster General Health	1,857,076
Transaction type	k	
Name	Lancaster General Health	829,755
Transaction type	l	
Name	Lancaster General Health Foundation	372,685
Transaction type	b	
Name	Lancaster General Health Foundation	299,838
Transaction type	c	
Name	Lancaster General Health Foundation	98,108
Transaction type	k	
Name	Lancaster General Health Foundation	218,093
Transaction type	n	
Name	Lancaster General Medical Group	21,978,037
Transaction type	b	
Name	Lancaster General Medical Group	91,817
Transaction type	f	
Name	Lancaster General Medical Group	84,562
Transaction type	g	
Name	Lancaster General Medical Group	822,341
Transaction type	i	
Name	Lancaster General Medical Group	4,970,309
Transaction type	k	
Name	Lancaster General Medical Group	155,850
Transaction type	l	
Name	Lancaster General Medical Group	741,677
Transaction type	n	
Name	Lancaster General Medical Group	16,138
Transaction type	o	
Name	Lancaster General Medical Group	3,116,415
Transaction type	p	
Name	Lancaster General Medical Group	2,455,000
Transaction type	q	
Name	Lancaster Cleft Palate Clinic	180,337
Transaction type	b	
Name	Lancaster Cleft Palate Clinic	3,881
Transaction type	f	
Name	Lancaster Cleft Palate Clinic	179,536
Transaction type	k	
Name	Lancaster Cleft Palate Clinic	5,400
Transaction type	n	
Name	Lancaster Cleft Palate Clinic	210,675

Transaction type	p	
Name	Lancaster Cleft Palate Clinic	649,000
Transaction type	q	
Name	Central Pennsylvania Nursing Alliance Inc	80,200
Transaction type	b	
Name	Central Pennsylvania Nursing Alliance Inc	421
Transaction type	f	
Name	Central Pennsylvania Nursing Alliance Inc	3,389
Transaction type	k	
Name	Central Pennsylvania Nursing Alliance Inc	17,757
Transaction type	n	
Name	Central Pennsylvania Nursing Alliance Inc	194,405
Transaction type	p	
Name	Central Pennsylvania Nursing Alliance Inc	462,000
Transaction type	q	
Name	Central Pennsylvania Nursing Alliance Inc	400,000
Transaction type	r	
Name	VNA Community Care Services Inc	977
Transaction type	f	
Name	VNA Community Care Services Inc	380,082
Transaction type	k	
Name	VNA Community Care Services Inc	139,817
Transaction type	n	
Name	VNA Community Care Services Inc	1,730,701
Transaction type	p	
Name	Lancaster General Insurance Company	3,258,641
Transaction type	l	
Name	Lancaster General Rehabilitation Services Inc	108,957
Transaction type	b	
Name	Lancaster General Rehabilitation Services Inc	2,275,000
Transaction type	c	
Name	Lancaster General Rehabilitation Services Inc	108,957
Transaction type	k	
Name	Lancaster General Services Business Trust	10,590
Transaction type	i	
Name	Lancaster General Services Business Trust	321,070
Transaction type	j	
Name	Lancaster General Services Business Trust	169,340
Transaction type	k	
Name	Lancaster General Services Business Trust	260,831
Transaction type	l	
Name	Lancaster General Services Business Trust	1,545,000
Transaction type	r	
Name	Honzon Healthcare Services Inc	516,997
Transaction type	k	
Name	Honzon Healthcare Services Inc	21,448
Transaction type	l	
Name	Barge Ganse Venacare Business Trust	20,400
Transaction type	k	
Name	Quest Behavioral Health	1,217,978

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LANCASTER GENERAL HOSPITAL

Transaction type	I	
Name	Lancaster Emergency Medical Services Association	443,417
Transaction type	I	
Name	United Auxiliaries to Lancaster General Hospital	184,217
Transaction type	p	
Name	Lancaster Rehabilitation Hospital LLP	391,215
Transaction type	k	
Name	Lancaster General College of Nursing & Health Sciences	221,652
Transaction type	n	
Name	Lancaster General Medical Group	1,199,514
Transaction type	n	
Name	United Auxiliaries to Lancaster General Hospital	200,000
Transaction type	c	