



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2010 calendar year, or tax year beginning JULY 01 , 2010, and ending JUNE 30 , 20 11	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> 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
	D Employer identification number 23-1365353
	E Telephone number (717)544-5398
	G Gross receipts \$ 1,142,155,324
	F Name and address of principal officer DENNIS ROEMER, EVP & CFO 555 NORTH DUKE STREET, LANCASTER, PA 17604
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.LGHEALTH.ORG	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1893 M State of legal domicile PA	

Part I Summary	
Activities & Governance	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 <input type="checkbox"/> 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) 21
	4 Number of independent voting members of the governing body (Part VI, line 1b) 16
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6,505
Revenue	6 Total number of volunteers (estimate if necessary) 711
	7a Total unrelated business revenue from Part VIII, column (C), line 12 6,620,478
	b Net unrelated business taxable income from Form 990-T, line 34 759,969
	8 Contributions and grants (Part VIII, line 1h) 5,236,463
	9 Program service revenue (Part VIII, line 2g) 791,002,304
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,406,436
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 35,763,170
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 834,408,373
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 3,970,341
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 412,562,379
	16a Professional fundraising fees (Part IX, column (A), line 11e) 97,952
	b Total fundraising expenses (Part IX, column (A), line 26) 1,184,331
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24) 351,200,542
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 767,831,214
	19 Revenue less expenses. Subtract line 18 from line 12 66,577,159
	20 Total assets (Part X, line 16) 833,614,066
	21 Total liabilities (Part X, line 26) 305,091,262
	22 Net assets or fund balances. Subtract line 21 from line 20 528,522,804
	Net Assets or Fund Balances
	833,614,066 743,321,318
	305,091,262 328,665,148
	528,522,804 414,656,170

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 DENNIS ROEMER, EVP AND CFO <i>Dennis Roemer</i> Date 12-12-13
	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ Firm's EIN ▶
	Firm's address ▶ Phone no
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2010)	

11/21/2013 12:17:01 PM

1

2010 Return Lancaster General Hospital - 231365353

SCANNED JAN 07 2014

914 3

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ ☒**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 \$ 117,260,175 including grants of \$ 0) (Revenue \$ 186,635,198)
SURGICAL SERVICES (31,234 ENCOUNTERS)

4b (Code:) (Expenses \$ 93,626,487 including grants of \$ 0) (Revenue \$ 188,576,219)
NURSING SERVICES (166,829 PATIENT DAYS)

4c (Code:) (Expenses \$ 48,313,092 including grants of \$ 0) (Revenue \$ 92,856,151)
LABORATORY SERVICES (10,541,373 TRANSACTIONS)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 309,218,157 including grants of \$ 0) (Revenue \$ 341,033,073)

4e Total program service expenses ▶ 568,417,911

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **990** (2010)

✓→

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"/>	
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"/>	
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"/>	
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"/>	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
24c 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 checked="" type="checkbox"/>
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<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 checked="" type="checkbox"/>
25b 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 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 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 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" 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 checked="" type="checkbox"/>	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<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"/>	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<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 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 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"/>	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 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 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"/>	

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	304	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	
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	6,505	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	✓	
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)?	✓	
b	If "Yes," enter the name of the foreign country: CJ See instructions for 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?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 21	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of voting members included in line 1a, above, who are independent 1b 16	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<input type="checkbox"/>	<input type="checkbox"/>
a The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<input type="checkbox"/>	<input type="checkbox"/>
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input type="checkbox"/>	<input type="checkbox"/>
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input type="checkbox"/>	<input type="checkbox"/>
13 Does the organization have a written whistleblower policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 Does the organization have a written document retention and destruction policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
a The organization's CEO, Executive Director, or top management official	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: ► DENNIS ROEMER, EVP & CFO
 555 NORTH DUKE STREET, LANCASTER, PA 17604, (717)544-5398

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) THOMAS E BEEMAN, PHD PRESIDENT AND CEO, LANCASTER GENERAL HEALTH	60	✓		✓				975,397	0	376,604
(2) JAN L BERGEN EVP, LANCASTER GENERAL HEALTH AND PRESIDENT, LANCASTER GENERAL HEALTH NETWORK	55	✓		✓				923,927	0	186,930
(3) MARION A MCGOWAN, RN EVP, LANCASTER GENERAL HEALTH AND PRESIDENT, LANCASTER GENERAL HOSPITAL	55	✓		✓				674,476	0	98,502
(4) GIBSON E ARMSTRONG DIRECTOR	2	✓						0	0	0
(5) NANCY S ARNOLD DIRECTOR	2	✓						0	0	0
(6) REBECCA S BUMSTEAD DIRECTOR	2	✓						0	0	0
(7) DANA CHRYST DIRECTOR	2	✓						0	0	0
(8) T RAYMOND FOLEY, MD DIRECTOR	4	✓						47,985	0	1,437
(9) JOHN A FRY DIRECTOR	2	✓						0	0	0
(10) DENNIS A GETZ DIRECTOR	2	✓						0	0	0
(11) ALEXANDER HENDERSON III, ESQ CHAIRPERSON	2	✓						0	0	0
(12) JAMES E HIPOLIT, ESQ DIRECTOR	2	✓						0	0	0
(13) JOANNE B LADLEY DIRECTOR	2	✓						0	0	0
(14) ROBERT F LATSHAW, MD DIRECTOR	2	✓						0	0	0
(15) JEFFREY F LEHMAN DIRECTOR	2	✓						0	0	0
(16) BRUCE R LIMPET 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 (describe hours for related organizations in Schedule O)	(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			
(17) C CLAIR MCCORMICK VICE CHAIRPERSON	2	<input checked="" type="checkbox"/>						0	0	0
(18) DEBORAH K RILEY, MD DIRECTOR	16	<input checked="" type="checkbox"/>						71,656	0	2,866
(19) JOHN ROSE DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(20) KENNETH G STOUTD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(21) ANTONIO SUAREZ DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(22) MICHAEL W VAN BELLE DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(23) PHILIP R WENGER DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(24) MICHAEL J WINN DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(25) KAY BRADY VP, HUMAN RESOURCES	55			<input checked="" type="checkbox"/>				156,898	0	35,987
(26) JUDI L BRENDLE VP, NURSING	55			<input checked="" type="checkbox"/>				180,927	0	43,500
(27) F JOSEPH BYORICK III SVP AND CFO	55			<input checked="" type="checkbox"/>				564,571	0	88,096
(28) KENT E CARR, MD SVP OF PHYSICIAN SERVICES	55			<input checked="" type="checkbox"/>				0	511,656	117,104
1b Sub-total								3,595,837	511,656	951,026
c Total from continuation sheets to Part VII, Section A								7,897,852		2,087,021
d Total (add lines 1b and 1c)								11,493,689	511,656	3,038,047

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 **▶ 330**

- 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 or individual 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
BENCHMARK CONSTRUCTION, PO BOX 806, BROWNSTOWN, PA 17508	CONSTRUCTION	6,651,266
EPIC SYSTEMS CORP, PO BOX 88314, MILWAUKEE, WI 53288-0314	HEALTHCARE TECHNOLOGY	4,991,467
SIEMENS MEDICAL SOLUTIONS, PO BOX 7777 W3580, PHILADELPHIA, PA 19175	MAINTENANCE REPAIRS	4,506,457
MCKESSON TECHNOLOGIES, PO BOX 98347, CHICAGO, IL 60693-8347	HEALTHCARE TECHNOLOGY	4,219,448
CTG HEALTHCARE SOLUTIONS, PO BOX 711778, CINCINNATI, OH 45271-1778	CONSULTING	3,754,860

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 **▶ 162**

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	791,886			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	5,760			
	d	Related organizations	1d	60,751			
	e	Government grants (contributions)	1e	444,234			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,239,111			
	g	Noncash contributions included in lines 1a-1f \$		17,991			
	h	Total. Add lines 1a-1f		8,541,742			
Program Service Revenue	2a	OTHER NET PATIENT REVENUE	Business Code				
	b	MEDICARE/MEDICAID NET PATIENT REVENUE	900099	506,297,231	502,993,117	3,304,114	
	c	RENT REVENUE FROM AFFILIATES	900099	290,870,887	290,870,887		
	d	EQUITY IN EARNINGS	900099	2,003,596	2,003,596		
	e			415,842	415,842		
	f			0			
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f		799,587,556			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,624,371			2,624,371
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		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)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	430,333 0				
	d	Net gain or (loss)		430,333			430,333
	8a	Gross income from fundraising events (not including \$ 5,760 of contributions reported on line 1c). See Part IV, line 18	a	139,645			
	b	Less: direct expenses	b	29,935			
	c	Net income or (loss) from fundraising events		109,710			109,710
	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		0			
	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		0				
Miscellaneous Revenue				Business Code			
11a	SALE OF SERVICES	541900	10,398,493	7,692,204	2,706,289		
b	MEDICAL SERVICES REVENUE	900099	7,645,097	7,645,097	0	0	
c	RENTAL REVENUE	531190	5,240,684		17,706	5,222,978	
d	All other revenue		14,184,558	8,983,204	592,369	4,608,985	
e	Total. Add lines 11a-11d		37,468,832				
12	Total revenue. See instructions.		848,762,544	820,603,947	6,620,478	12,996,377	

Form 990 (2010)

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	4,302,342	4,302,342		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	47,189	47,189		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	10,426,198		10,426,198	
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	289,633,809	222,407,307	66,632,890	593,612
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,336,534	27,902,511	8,359,550	74,473
9	Other employee benefits	51,789,527	39,768,732	11,914,651	106,144
10	Payroll taxes	20,662,106	15,264,388	5,363,813	33,905
11	Fees for services (non-employees):				
a	Management	2,299,036		2,299,036	
b	Legal	1,577,132		1,577,132	
c	Accounting	173,819		173,819	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	70,200			70,200
f	Investment management fees	133,564		133,564	
g	Other	24,991,161	7,081,502	17,908,533	1,126
12	Advertising and promotion	1,189,111	1,188,895	216	
13	Office expenses	29,631,574	9,053,272	20,537,686	40,616
14	Information technology	14,547,727	946,850	13,571,335	29,542
15	Royalties	0			
16	Occupancy	18,119,181	15,548,877	2,552,182	18,122
17	Travel	1,179,459	451,339	713,936	14,184
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	7,263,684	7,263,473	211	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	50,797,127	24,665,308	26,123,149	8,670
23	Insurance	5,853,449	63,250	5,790,199	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	PURCHASED SERVICES	31,752,027	19,165,099	12,509,136	77,792
b	BAD DEBT	33,497,175		33,497,175	
c	MGMT FEE	720,666		720,666	
d	MED/SURG SUPPLY	148,506,933	143,771,763	4,729,692	5,478
e	ALLOCATION OF INDIRECT EXPENSES	0	29,525,735	-29,587,253	61,518
f	All other expenses	50,105	79	1,077	48,949
25	Total functional expenses. Add lines 1 through 24f	785,550,835	568,417,911	215,948,593	1,184,331
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	22,805	1	23,015
	2 Savings and temporary cash investments	171,943,757	2	74,086,586
	3 Pledges and grants receivable, net	5,401,338	3	5,846,873
	4 Accounts receivable, net	114,717,433	4	107,491,465
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	2,500,898	7	1,833,791
	8 Inventories for sale or use	5,137,412	8	4,518,615
	9 Prepaid expenses and deferred charges	10,640,464	9	10,946,094
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 892,476,254		
	b Less: accumulated depreciation	10b 442,552,218		
	11 Investments—publicly traded securities	449,449,112	10c	449,924,036
	12 Investments—other securities. See Part IV, line 11	50,838,142	11	39,981,517
	13 Investments—program-related. See Part IV, line 11		12	0
	14 Intangible assets		13	0
	15 Other assets. See Part IV, line 11	22,962,705	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	833,614,066	15	48,669,326	
Liabilities	17 Accounts payable and accrued expenses	68,820,604	16	743,321,318
	18 Grants payable		17	65,152,912
	19 Deferred revenue	1,023,745	18	
	20 Tax-exempt bond liabilities	207,228,100	19	1,373,450
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	229,197,221
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties	1,158,258	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D	26,860,555	24	
	26 Total liabilities. Add lines 17 through 25	305,091,262	25	32,941,565
Net Assets or Fund Balances	27 Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	328,665,148
	28 Unrestricted net assets	512,615,460		
	29 Temporarily restricted net assets	10,374,272	27	390,761,481
	30 Permanently restricted net assets	5,533,072	28	16,792,950
	31 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		29	7,101,739
	32 Capital stock or trust principal, or current funds			
	33 Paid-in or capital surplus, or land, building, or equipment fund		30	
	34 Retained earnings, endowment, accumulated income, or other funds		31	
	35 Total net assets or fund balances	528,522,804	32	
	36 Total liabilities and net assets/fund balances	833,614,066	33	414,656,170
		34	743,321,318	

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	848,762,544
2	Total expenses (must equal Part IX, column (A), line 25)	2	785,550,835
3	Revenue less expenses. Subtract line 2 from line 1	3	63,211,709
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	528,522,804
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-177,078,342
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	414,656,171

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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 separate basis, consolidated 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23-1365353

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. 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—2009. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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

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

If the organization answered "Yes," 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
LANCASTER GENERAL HOSPITAL	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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Cat No. 50084S

Schedule C (Form 990 or 990-EZ) 2010

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.

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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					

Schedule C (Form 990 or 990-EZ) 2010

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?	✓		13,736
e Publications, or published or broadcast statements?	✓		6,121
f Grants to other organizations for lobbying purposes?	✓		38,435
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		146,686
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		104,089
i Other activities? If "Yes," describe in Part IV		✓	
j Total. Add lines 1c through 1i			309,067
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 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

2010

**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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,136,601	4,590,848	5,209,323		
b Contributions	750,733	5,720	62,387		
c Net investment earnings, gains, and losses	929,316	555,097	-679,295		
d Grants or scholarships					
e Other expenditures for facilities and programs	105,106	11,892			
f Administrative expenses	-1,427	3,172	1,567		
g End of year balance	6,712,971	5,136,601	4,590,848		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100 %

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,697,156		33,697,156
b Buildings		363,781,809	130,359,887	233,421,922
c Leasehold improvements		14,245,130	8,422,724	5,822,406
d Equipment		382,677,061	250,053,180	132,623,881
e Other		98,075,098	53,716,427	44,358,671
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				449,924,036

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MISCELLANEOUS RECEIVABLE	6,953,787
(2) ASSETS WHOSE USE IS LIMITED	23,485,289
(3) OTHER CURRENT ASSETS	176,048
(4) PERPETUAL TRUST FUNDS SHOWN AT YEAR END MARKET VALUE	7,139,079
(5) FUNDS HELD BY AN AFFILIATE SHOWN AT YEAR END MARKET VALUE	563,396
(6) OTHER LONG-TERM ASSETS	1,343,026
(7) INVESTMENT IN NON-CONSOLIDATING AFFILIATES	3,117,363
(8) DUE FROM AFFILIATES	5,891,338
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	48,669,326

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) OTHER LONG-TERM LIABILITIES	18,924,850
(3) ESTIMATED THIRD PARTY PAYOR SETTLEMENTS	10,789,388
(4) INTEREST PAYABLE	1,366,288
(5) CAPITAL LEASE OBLIGATIONS	1,861,039
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	32,941,565

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	848,762,546
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	785,550,835
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	63,211,711
4	Net unrealized gains (losses) on investments	4	2,556,854
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-179,635,196
9	Total adjustments (net). Add lines 4 through 8	9	-177,078,342
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-113,866,631

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	671,684,202
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,556,854
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-179,635,196
e	Add lines 2a through 2d	2e	-177,078,342
3	Subtract line 2e from line 1	3	848,762,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part 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	848,762,544

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

1	Total expenses and losses per audited financial statements	1	785,550,835
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	785,550,835
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	785,550,835

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.

SEE NEXT PAGE

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.

Return Reference	Identifier	Explanation	
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	LANCASTER GENERAL HOSPITAL UTILIZES THE ENDOWMENT FUNDS IN ACCORDANCE WITH THEIR TAX-EXEMPT PURPOSE AND AS SPECIFIED BY DONOR	
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	LANCASTER GENERAL HOSPITAL FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITIONS WHICH 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. LANCASTER GENERAL HOSPITAL DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS	
SCHEDULE D, PART XI, LINE 8	OTHER CHANGES IN NET ASSETS	(a) Description	(b) Amount
		OTHER NON-OPERATING INCOME	57,935
		CHANGE IN INTEREST IN NET ASSETS OF LANCASTER GENERAL HEALTH	367,984
		RELATED PARTY TRANSFERS	- 180,137,739
		PERPETUAL TRUST DISTRIBUTIONS	76,624
SCHEDULE D, PART XII, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
		RELATED PARTY TRANSFERS	- 180,137,739
		PERPETUAL TRUST DISTRIBUTIONS	76,624
		CHANGE IN INTEREST IN NET ASSETS OF LANCASTER GENERAL HEALTH	367,984
		OTHER NON-OPERATING INCOME	57,935

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" 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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23-1365353

Part I

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LINDSLEY CONSULTING GROUP 89 LEAMAN ROAD, LANCASTER, PA 17603	CANCER CAPITAL CAMPAIGN SUPPORT		✓	1,844,754	72,055	1,772,699
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,844,754	72,055	1,772,699

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

PA

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

		(a) Event #1 EMPOWERED BY PINK (event type)	(b) Event #2 WOMEN'S EXPRESSION (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6,752	124,155	8,738	139,645
	2 Less: Charitable contributions				0
	3 Gross income (line 1 minus line 2)	6,752	124,155	8,738	139,645
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	2,366	25,790	1,779	29,935
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(29,935)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				109,710	

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 ▶				

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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity 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? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23 1365353

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- 1b** If "Yes," was it a written policy?
- 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
- a** Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
- ☐ 100% ☐ 150% ☒ 200% ☐ Other _____%
- b** Did the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
- ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____%
- c** If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheets 1 and 2)			11,315,143	0	11,315,143	1.50
b Unreimbursed Medicaid (from Worksheet 3, column a)			71,918,091	0	71,918,091	9.56
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	83,233,234	0	83,233,234	11.06
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,851,801	3,673,198	2,178,603	0.29
f Health professions education (from Worksheet 5)			9,214,807	1,746,959	7,467,848	0.99
g Subsidized health services (from Worksheet 6)			1,830,432	1,715,636	114,796	0.02
h Research (from Worksheet 7)			0	0	0	0.00
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,581,309	0	1,581,309	0.21
j Total Other Benefits	0	0	18,478,349	7,135,793	11,342,556	1.51
k Total Add lines 7d and 7j	0	0	101,711,583	7,135,793	94,575,790	12.57

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

Cat No 50192T

Schedule H (Form 990) 2010

11/21/2013 12:17:01 PM

39

2010 Return

Lancaster General Hospital
231365353

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0	0	0	0.00
2 Economic development			0	0	0	0.00
3 Community support			0	0	0	0.00
4 Environmental improvements			0	0	0	0.00
5 Leadership development and training for community members			0	0	0	0.00
6 Coalition building			0	0	0	0.00
7 Community health improvement advocacy			220,532	0	220,532	0.03
8 Workforce development			0	0	0	0.00
9 Other			1,500,000	0	1,500,000	0.19
10 Total	0	0	1,720,532	0	1,720,532	0.22

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1** Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** ☒ Yes ☐ No
- 2** Enter the amount of the organization's bad debt expense (at cost) **2** 13,389,366
- 3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy **3** 0
- 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 a portion of bad debt amounts as community benefit.

Section B. Medicare

- 5** Enter total revenue received from Medicare (including DSH and IME) **5** 242,252,110
- 6** Enter Medicare allowable costs of care relating to payments on line 5 **6** 338,242,784
- 7** Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -95,990,674
- 8** Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☒ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a** Did the organization have a written debt collection policy during the tax year? **9a** ☒ Yes ☐ No
- b** If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** ☐ Yes ☒ No

Part IV Management Companies and Joint Ventures

	(a) Name of entry	(b) Description of primary activity of entry	(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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name and address

(1) LANCASTER GENERAL HOSPITAL

555 NORTH DUKE STREET, PO BOX 3555

LANCASTER, PA 17604-3555

(2) WOMEN AND BABIES HOSPITAL

690 GOOD DRIVE, PO BOX 3750

LANCASTER, PA 17604-3750

Other (describe)

Schedule H (Form 990) 2010

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: LANCASTER GENERAL HOSPITALLine Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment:		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?		
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			

Part V Facility Information (continued)

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 %	10 ✓	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	11 ✓	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12 ✓	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	13 ✓	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14 ✓	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	16 ✓	
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Schedule H (Form 990) 2010

Part V Facility Information (continued)**Policy Relating to Emergency Medical Care**

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

	Yes	No
18	✓	

If "No," indicate the reasons why (check all that apply):

- a** ☐ The hospital facility did not provide care for any emergency medical conditions
- b** ☐ The hospital facility did not have a policy relating to emergency medical care
- c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** ☐ Other (describe in Part VI)

Charges for Medical Care

- 19** Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a** ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b** ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c** ☐ The hospital facility used the Medicare rate for those services
- d** ☒ Other (describe in Part VI)

19		
20		✓
21		✓

- 20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

- 21** Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?

If "Yes," explain in Part VI.

Schedule H (Form 990) 2010

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: WOMEN AND BABIES HOSPITALLine Number of Hospital Facility (from Schedule H, Part V, Section A): 2

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment:		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	✓
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	✓
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		

Part V Facility Information (continued)

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: 400 %	10 ✓	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	11 ✓	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12 ✓	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	13 ✓	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14 ✓	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	16 ✓	
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Schedule H (Form 990) 2010

Part V Facility Information (continued)**Policy Relating to Emergency Medical Care**

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	✓	
If "No," indicate the reasons why (check all that apply):		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c <input type="checkbox"/> The hospital facility used the Medicare rate for those services			
d <input checked="" type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?			✓
If "Yes," explain in Part VI.			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?			✓
If "Yes," explain in Part VI.			

Schedule H (Form 990) 2010

Part V Facility Information (continued)**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
(1) SUBURBAN OUTPATIENT PAVILION 2100 HARRISBURG PIKE, PO BOX 3200 LANCASTER, PA 17604	OUTPATIENT SERVICES
(2) WILLOW LAKES OUTPATIENT CENTER 212 WILLOW VALLEY LAKES DRIVE WILLOW STREET, PA 17584	OUTPATIENT SERVICES
(3) KISSEL HILL OUTPATIENT CENTER 51 PETERS ROAD LITITZ, PA 17543	OUTPATIENT SERVICES
(4) DOWNTOWN OUTPATIENT FACILITY 540 NORTH DUKE STREET LANCASTER, PA 17604	OUTPATIENT SERVICES
(5) COLUMBIA OUTPATIENT CENTER 306 NORTH SEVENTH STREET, PO BOX 926 COLUMBIA, PA 17512	OUTPATIENT SERVICES
(6) NORLANCO OUTPATIENT CENTER 424 CLOVERLEAF ROAD ELIZABETHTOWN, PA 17022	OUTPATIENT SERVICES
(7) WALTER L. AUMENT FAMILY HEALTH CENTER 317 SOUTH CHESTNUT STREET QUARRYVILLE, PA 17566	OUTPATIENT SERVICES
(8) CROOKED OAK OUTPATIENT FACILITY 1671 CROOKED OAK DRIVE LANCASTER, PA 17601	OUTPATIENT SERVICES
(9) EDEN PHYSICAL THERAPY 730 EDEN ROAD LANCASTER, PA 17601	OUTPATIENT SERVICES

Schedule H (Form 990) 2010

Part VI

Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Return Reference	Identifier	Explanation	
SCHEDULE H, PART I, LINE 6A	COMMUNITY BENEFIT REPORT PREPARED BY RELATED ORGANIZATION	LANCASTER GENERAL HEALTH	
SCHEDULE H, PART I, LINE 7, COLUMN(F)	BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	33 497,175	
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY USED TO CALCULATE FINANCIAL ASSISTANCE	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, COLUMN C - FINANCIAL ASSISTANCE AT COST WAS CALCULATED USING THE COST ACCOUNTING SYSTEM COST TO CHARGE RATIO	
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES	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	
SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE - FINANCIAL STATEMENT FOOTNOTE	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 SYSTEMS WAS USED TO CALCULATE A COST TO CHARGE RATIO AND APPLIED TO THE BAD DEBT ACCOUNTS THAT WERE WRITTEN OFF. PART III, LINE 3 - AMOUNT IS ZERO BECAUSE THESE ACCOUNTS WOULD NOT BE INCLUDED AS BAD DEBT BUT WOULD BE INCLUDED AS CHARITY CARE	
SCHEDULE H, PART III, LINE 8	COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS	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 2011. THE \$95,990,875 REPORTED AS A SHORTFALL ON LINE 7 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 THE MISSION & COMMUNITY BENEFIT COMMITTEE. THE TOTAL REVENUE REPORTED ON THE MEDICARE COST REPORT WAS \$166,207,190 AND INCLUDES BAD DEBT, INDIRECT MEDICAL EDUCATION (IME) PAYMENTS, COINSURANCES, AND DEDUCTIBLES. DIRECT GRADUATE MEDICAL EDUCATION (GME) REVENUE OF \$1,332,634 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 \$137,938,505. 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 AMOUNTS REPORTED ON SCHEDULE H, PART III, SECTION B, LINES 5 AND 6 DERIVED FROM THE COST ACCOUNTING SYSTEM	
SCHEDULE H, PART V SECTION B, LINE 13G	OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	(a) Facility	(b) Explanation
		(1) LANCASTER GENERAL HOSPITAL	THE HOSPITAL FACILITY DOES NOT ATTACH THE FINANCIAL ASSISTANCE POLICY TO BILLING INVOICES. HOWEVER, THE INVOICES NOTE THAT FINANCIAL ASSISTANCE IS AVAILABLE AND TO CONTACT THE FACILITY FOR ASSISTANCE
		(2) WOMEN AND BABIES HOSPITAL	THE HOSPITAL FACILITY DOES NOT ATTACH THE FINANCIAL ASSISTANCE POLICY TO BILLING INVOICES. HOWEVER, THE INVOICES NOTE THAT FINANCIAL ASSISTANCE IS AVAILABLE AND TO CONTACT THE FACILITY FOR ASSISTANCE
SCHEDULE H, PART V SECTION B, LINE 19D	MEANS USED TO DETERMINE AMOUNTS BILLED	(a) Facility	(b) Explanation
		(1) LANCASTER GENERAL HOSPITAL	THE HOSPITAL FACILITY USED A BILLING RATE BETWEEN THE AVERAGE NEGOTIATED COMMERCIAL INSURANCE RATE AND THE MEDICARE RATE
		(2) WOMEN AND BABIES HOSPITAL	THE HOSPITAL FACILITY USED A BILLING RATE BETWEEN THE AVERAGE NEGOTIATED COMMERCIAL INSURANCE RATE AND THE MEDICARE RATE
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	LANCASTER GENERAL HOSPITAL 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 HOSPITAL WORKS COLLABORATIVELY WITH THE LANCASTER HEALTH IMPROVEMENT PARTNERSHIP (LHIP) TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT. LANCASTER GENERAL HOSPITAL HAS BEEN ACTIVELY INVOLVED IN THE LHIP SINCE 1996. THIS COMMUNITY COLLABORATIVE CONSISTS OF HEALTH AND HUMAN SERVICE PROVIDERS AS WELL AS COUNTY GOVERNMENT DEPARTMENTS. LANCASTER GENERAL HOSPITAL 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 REVIEWED ANNUALLY. BEHAVIORAL RISKS ARE REVIEWED EVERY THREE YEARS. FOCUS GROUP REPORTS ARE CONDUCTED PERIODICALLY TO ASSESS SPECIAL POPULATION NEEDS SUCH AS LATINO, AFRICAN AMERICAN, AND AMISH. LANCASTER GENERAL HOSPITAL, THROUGH THE MISSION AND COMMUNITY BENEFIT COMMITTEE OF THE BOARD OF DIRECTORS AND TRUSTEES, ANALYZES THE DATA AND IDENTIFIES PRIMARY FOCUS AREAS. OUR CURRENT FOCUS AREAS ARE ACCESS TO CARE, HEALTHY WEIGHT MANAGEMENT, 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). LANCASTER GENERAL HOSPITAL WORKS WITH THE COMMUNITY COLLABORATIVES TO IDENTIFY BROAD COMMUNITY INDICATORS IN ADDITION TO ESTABLISHING A LANCASTER GENERAL HOSPITAL SPECIFIC SCORECARD. THE COMMUNITY INDICATORS AS WELL AS THE PROGRAMMATIC SCORECARD SERVE AS OUR EVALUATION MECHANISM. MUCH OF OUR COMMUNITY NEEDS ARE MULTIFACETED AND THE SOLUTIONS ARE COMPLEX. LANCASTER GENERAL HOSPITAL CONSISTENTLY WORKS WITH AND IDENTIFIES PARTNERS TO CREATE SYNERGIES IN OUR EFFORTS TO AFFECT THE OVERALL HEALTH AND WELL BEING OF THE COMMUNITIES OF LANCASTER.	

Return Reference	Identifier	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	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
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	LANCASTER GENERAL HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS COMPRISE ALL OF LANCASTER COUNTY, PENNSYLVANIA, LOCATED IN SOUTH CENTRAL PENNSYLVANIA, LANCASTER COUNTY IS 950 SQUARE MILES IN SIZE AND IS HOME TO 519,445 PEOPLE ABOUT 15% OF THE POPULATION IS OVER THE AGE OF 64, 51% OF THE POPULATION IS FEMALE THE MEDIAN INCOME IS \$55,504, AND 9.4% OF THE POPULATION LIVES BELOW THE FEDERAL POVERTY LEVEL LANCASTER GENERAL HOSPITAL'S MARKET SHARE IN LANCASTER COUNTY IS APPROXIMATELY 58%
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	<p>LANCASTER GENERAL HOSPITAL IS GOVERNED BY A 19-MEMBER BOARD OF TRUSTEES, 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. ALL TRUSTEES ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT TO ENSURE THEIR OBJECTIVITY. THE BOARD OF TRUSTEES 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</p> <p>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</p> <p>THE HOSPITAL APPLIES ITS ANNUAL SURPLUS TOWARD IMPROVING PATIENT CARE, MEDICAL EDUCATION AND RESEARCH. IN FISCAL YEAR 2011, THE HOSPITAL COMMITTED \$60.9 MILLION TO SPENDING FOR PROPERTY, PLANT AND EQUIPMENT. THE PURCHASES HAVE INCLUDED BUILDING RENOVATIONS AND EXPANSIONS, NEW FACILITIES, AND NEW AND REPLACEMENT HEALTHCARE TECHNOLOGY</p> <p>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 1,000 STUDENTS</p> <p>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</p> <p>LANCASTER GENERAL HOSPITAL BEGAN AN ORGANIZATION WIDE VALUE MANAGEMENT INITIATIVE IN THE THIRD QUARTER OF CALENDAR YEAR 2011, AN EFFORT TO ACHIEVE UP TO \$100 MILLION IN INCREASED REVENUE AND REDUCED EXPENSES BY JULY 2013. THE INITIATIVE, UNDER THE AUSPICES OF OUR BOARD OF TRUSTEES AND LED BY EXECUTIVE LEADERSHIP, SEEKS TO INCREASE THE VALUE AND EFFICIENCY OF LANCASTER GENERAL HOSPITAL'S SERVICES AND STRENGTHEN THE HOSPITAL'S FINANCIAL PERFORMANCE IN PREPARATION FOR HEALTHCARE REFORM AND EVOLVING MARKET PRESSURES. ASSISTING THE EFFORT IS A TEAM FROM DELOITTE CONSULTING LLP</p>
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM	<p>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# 33-1011388) 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; THE HEART GROUP OF LANCASTER GENERAL HEALTH (EIN# 30-0634510) PROVIDES SPECIALTY CARDIOLOGY HEALTHCARE SERVICES. OTHER AFFILIATES OF LANCASTER GENERAL HEALTH INCLUDE LANCASTER GENERAL INSURANCE COMPANY, LTD. AND LANCASTER GENERAL BUSINESS TRUST AND ITS SUBSIDIARIES</p>
FORM 990, SCHEDULE H, PART III, LINE 9B	COLLECTION PRACTICES	LANCASTER GENERAL HOSPITAL'S CURRENT COLLECTION POLICY DOES NOT CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO FOLLOW FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE
FORM 990, SCHEDULE H, PART I, LINE 3C	FEDERAL POVERTY GUIDELINES	LANCASTER GENERAL HOSPITAL FOLLOWS THE FEDERAL POVERTY GUIDELINES FOR FREE CARE AND DISCOUNTED CARE
FORM 990, SCHEDULE H, PART I, LINE 5	FREE OR DISCOUNTED CARE BUDGET	LANCASTER GENERAL HOSPITAL'S BUDGETED AMOUNT OF \$30,308,490 FOR FREE OR DISCOUNTED CARE PROVIDED UNDER ITS CHARITY CARE POLICY EXCEEDED ITS EXPENSES OF \$27,252,953 BY \$3,055,537. THE PRIOR YEAR EXPENSES WERE \$21,516,745
FORM 990, SCHEDULE H, PART I, LINE 6A	COMMUNITY BENEFIT REPORT	LANCASTER GENERAL HOSPITAL'S COMMUNITY BENEFIT REPORT IS A REPORT DISTINCT FOR THIS ORGANIZATION
FORM 990, SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES	SUBSIDIZED HEALTH SERVICES REPORTED INCLUDES A COMPREHENSIVE CARE CLINIC AND PSYCHIATRIC SERVICES
FORM 990, SCHEDULE H, PART VI SUPPLEMENTAL INFORMATION, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	LANCASTER GENERAL HOSPITAL DOES NOT FILE ITS COMMUNITY BENEFIT REPORT WITH THE STATE OF PENNSYLVANIA.
FORM 990, SCHEDULE H, SUPPLEMENTAL INFORMATION	ADDITIONAL EXPLANATION	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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23-1365353

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF LANCASTER 39 WEST CHESTNUT STREET, LANCASTER, PA 17608	23-6001904	GOVERNMENT ENTITY	1,380,000		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(2) SCHOOL DISTRICT OF LANCASTER 1020 LEHIGH AVENUE, LANCASTER, PA 17602	23-1726414	501(C)(3)	1,341,033		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(3) SOUTH EAST LANCASTER HEALTH SERVICES 825 SOUTH DUKE STREET, LANCASTER, PA 17608-0588	23-2160896	501(C)(3)	807,000		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(4) JAMES STREET IMPROVEMENT DISTRICT 208 WEST JAMES STREET, LANCASTER, PA 17603	71-0927742	501(C)(3)	150,000		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(5) FRANKLIN & MARSHALL COLLEGE PO BOX 3003, LANCASTER, PA 17604-3003	23-1352635	501(C)(3)	105,000		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(6) UNITED WAY OF LANCASTER COUNTY 630 JANET AVENUE, LANCASTER, PA 17601	23-1352093	501(C)(3)	92,000		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(7) CLINIC FOR SPECIAL CHILDREN 535 BUNKER HILL ROAD PO BOX 128, STRASBURG, PA 17579	23-2555373	501(C)(3)	86,075		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(8) LANCASTER COUNTY MEDICAL FOUNDATION 480 NEW HOLLAND AVENUE, SUITE 802, LANCASTER, PA 17602	26-0499498	501(C)(3)	75,000		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(9) SUBSTANCE ABUSE SERVICES, INC. THE RASE PROJECT 1820 LINGLESTOWN RD SUITE 101, HARRISBURG, PA 17110	25-1861015	501(C)(3)	40,000		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(10) ROHRERSTOWN FIRE COMPANY 500 ELIZABETH STREET, LANCASTER, PA 17603	23-7197558	501(C)(3)	17,500		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(11) COMMUNITY LIFE NETWORK 510 WALNUT STREET, COLUMBIA, PA 17512	20-2161018	501(C)(3)	16,800		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(12) MILAGRO HOUSE 668 WEST CHESTNUT STREET, LANCASTER, PA 17603	23-2954000	501(C)(3)	14,254		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE

- 2 Enter total number of section 501(c)(3) and government organizations **18**
- 3 Enter total number of other organizations **0**

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

Cat. No. 50055P

Schedule I (Form 990) (2010)

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.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	CASH	14	47,189	0	FMV	
2						
3						
4						
5						
6						
7						

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

SEE NEXT PAGE

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

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 I, PART III	GRANTS TO INDIVIDUALS	SCHOLARSHIPS ARE FOR STUDENTS ATTENDING LANCASTER GENERAL COLLEGE OF NURSING AND HEALTH SCIENCES (EIN# 08-1645498) SINCE THERE IS ONLY ONE TYPE OF ASSISTANCE BEING GRANTED, THE AMOUNT IS SHOWN IN AGGREGATE THERE WERE 14 INDIVIDUALS WHO RECEIVED VARIOUS AMOUNTS TOTALING \$47,189

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) LANCASTER MEDICAL SOCIETY FOUNDATION 137 E WALNUT STREET, LANCASTER, PA 17602	23-2633979	501(C)(3)	10,000		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(14) UNITED AUXILIARIES TO THE LANCASTER GENERAL HOSPITAL PO BOX 3555, LANCASTER, PA 17604-3555	23-1976868	501(C)(3)	9,760		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(15) LANCASTER RECREATION COMMISSION 525 FAIRVIEW AVENUE, LANCASTER, PA 17603	23-1352353	501(C)(3)	7,500		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(16) US TOO PROSTATE CANCER NETWORK 2424 RALEIGH DRIVE, LANCASTER, PA 17601	23-2738639	501(C)(3)	5,400		FMV		CONTRIBUTION TO SUPPORT PROGRAM SERVICE
(17) HAITI RELIEF FUNDS NA, LANCASTER, PA 17604	00-0000000	501(C)(3)		7,051	FMV	PHARMACY SUPPLIES	THE AMOUNT REPRESENTS THE COST OF SUPPLIES PROVIDED TO PHYSICIANS TRAVELING TO HAITI TO ASSIST EARTHQUAKE VICTIMS. THERE IS NO NAME, ADDRESS, OR EIN DUE TO THE METHOD IN WHICH THE SUPPLIES WERE DONATED.
(18) LANCASTER HEART & STROKE FOUNDATION 354 NORTH PRINCE STREET SUITE 200, LANCASTER, PA 17603	23-2714718	501(C)(3)		19,152	FMV	RENT, UTILITIES, & TAXES	CONTRIBUTION TO SUPPORT PROGRAM SERVICE

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2010

**Open to Public
Inspection**

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 checked="" 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 from the organization or a related organization?
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 Regulations 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)?

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

Cat. No 50053T

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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				
1 THOMAS E BEEMAN, PHD	(i) 606,728	345,000	23,869	279,511	97,093	1,352,001	0
(ii) 0	0	0	0	0	0	0	0
2 JAN L BERGEN	(i) 425,967	177,752	320,208	111,383	75,547	1,110,857	90,562
(ii) 0	0	0	0	0	0	0	0
3 MARION A MCGOWAN, RN	(i) 456,789	192,226	25,461	9,800	88,702	772,978	0
(ii) 0	0	0	0	0	0	0	0
4 KAY BRADY	(i) 129,927	24,857	2,114	6,276	29,711	192,885	0
(ii) 0	0	0	0	0	0	0	0
5 JUDI L BRENDEL	(i) 154,707	25,584	636	7,237	36,263	224,427	0
(ii) 0	0	0	0	0	0	0	0
6 F JOSEPH BYORICK III	(i) 397,160	140,500	26,911	9,800	78,296	652,667	0
(ii) 0	0	0	0	0	0	0	0
7 KENT E CARR, MD	(i) 0	0	0	0	0	0	0
(ii) 398,750	110,726	2,180	57,063	60,041	628,760	0	0
8 CHARLES A CASTLE, MD	(i) 230,444	73,168	5,655	39,028	44,159	392,454	0
(ii) 0	0	0	0	0	0	0	0
9 KENNETH J COLLINS	(i) 138,659	25,830	1,348	6,634	35,526	207,997	0
(ii) 0	0	0	0	0	0	0	0
10 MARGARET F COSTELLA, ESQ	(i) 194,776	34,446	2,493	9,269	28,010	268,994	0
(ii) 0	0	0	0	0	0	0	0
11 GARY R DAVIDSON	(i) 312,951	104,626	2,894	28,754	59,541	508,766	0
(ii) 0	0	0	0	0	0	0	0
12 LEE M DUKE II, MD	(i) 405,083	140,377	17,743	112,266	71,361	746,830	0
(ii) 0	0	0	0	0	0	0	0
13 GEOFFREY W EDDOWES	(i) 242,598	70,529	2,412	40,666	50,316	406,521	0
(ii) 0	0	0	0	0	0	0	0
14 NORMA J FERDINAND	(i) 262,583	94,104	18,044	76,409	48,594	499,734	0
(ii) 0	0	0	0	0	0	0	0
15 LISA R HESS	(i) 142,077	26,542	1,272	4,867	35,955	210,713	0
(ii) 0	0	0	0	0	0	0	0
16 DENISE A KENNEDY	(i) 153,830	29,038	817	7,347	30,794	221,826	0
(ii) 0	0	0	0	0	0	0	0

Schedule J (Form 990) 2010

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.

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	LANCASTER GENERAL HOSPITAL PROVIDED GROSS-UP PAYMENTS TO EMPLOYEES AND SOCIAL CLUB DUES TO CERTAIN INDIVIDUALS LISTED ON SCHEDULE J. LANCASTER GENERAL HOSPITAL PROVIDES GROSS-UP PAYMENTS TO EMPLOYEES WHEN THEY RECEIVE HOLIDAY GIFT CARDS SO AS TO PROVIDE TAX ASSISTANCE IN THAT NO TAX BURDENS ARE CREATED WITH THE INTENDED GIFT. HOLIDAY GIFT CARDS IN THE AMOUNT OF \$20 PER EMPLOYEE WERE GIVEN DURING THE 2010 TAX YEAR.
SCHEDULE J, PART I, LINE 1A	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	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 \$1,042 IN CY 2010.
SCHEDULE J, PART I, LINE 1B	WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES	THERE IS CURRENTLY NO WRITTEN POLICIES IN PLACE FOR GROSS UP PAYMENTS OR SOCIAL CLUB DUES.
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE-OF- CONTROL PAYMENT	ONE INDIVIDUAL RECEIVED SEVERANCE OF \$135,990 DURING CY 2010.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	TOTAL DISTRIBUTIONS AND/OR CONTRIBUTIONS TO A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN AMOUNTED TO \$1,130,306. 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, GARY R. DAVIDSON, 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	NON-FIXED PAYMENTS	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, PART I, LINE 3	COMPENSATION	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.

Part II Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(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				
(17) ROBERT P MACINA, ESQ	(i) 304,759 (ii) 0	111,562 0	19,014 0	87,107 0	59,861 0	582,303 0	0 0
(18) REGINA M MINGLE	(i) 256,340 (ii) 0	95,000 0	15,952 0	74,222 0	42,538 0	484,052 0	0 0
(19) MARY B MISKEY	(i) 147,677 (ii) 0	28,815 0	6,388 0	7,315 0	30,063 0	220,258 0	0 0
(20) RICHARD D PAOLETTI	(i) 188,965 (ii) 0	34,712 0	683 0	8,974 0	35,936 0	269,270 0	0 0
(21) JOSEPH A PUSKAR	(i) 231,482 (ii) 0	42,957 0	6,629 0	9,800 0	53,067 0	343,935 0	0 0
(22) DOUGLAS W RINEHART	(i) 157,813 (ii) 0	28,843 0	835 0	7,500 0	41,149 0	236,140 0	0 0
(23) SUSAN WYNNE	(i) 230,127 (ii) 0	73,538 0	3,547 0	37,869 0	38,413 0	383,494 0	0 0
(24) STACEY G YOUNG	(i) 185,956 (ii) 0	29,950 0	3,301 0	8,768 0	45,627 0	273,602 0	0 0
(25) TIMOTHY C ZELLERS	(i) 166,364 (ii) 0	28,494 0	6,205 0	8,043 0	42,433 0	251,539 0	0 0
(26) FREDERICK B ROGERS, MD	(i) 479,814 (ii) 0	141,817 0	41,700 0	9,188 0	72,292 0	744,811 0	0 0
(27) PHILIP M BAYLISS, MD	(i) 474,261 (ii) 0	20,000 0	20,489 0	9,800 0	80,593 0	605,143 0	0 0
(28) JOHN C LEE, MD	(i) 413,088 (ii) 0	36,901 0	32,640 0	9,188 0	72,383 0	564,200 0	0 0
(29) RANDALL A OYER, MD	(i) 446,930 (ii) 0	30,000 0	4,388 0	9,800 0	72,565 0	563,683 0	0 0
(30) TIMOTHY J BOLEY, MD	(i) 474,937 (ii) 0	0 0	4,650 0	9,800 0	80,394 0	569,781 0	0 0
(31) THOMAS C PAISLEY, JR.	(i) 0 (ii) 0	0 0	0 0	147,606 0	0 0	147,606 0	0 0
(32) BRUCE H POKORNEY, MD	(i) 0 (ii) 0	0 0	0 0	142,624 0	0 0	142,624 0	0 0
(33) MICHELLE CAMPBELL	(i) 0 (ii) 0	0 0	135,990 0	1,020 0	1,587 0	138,597 0	0 0

**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 in Part V.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

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		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	XXXXXXXXXX	7/1/2005	15,945,000	PURCHASE OF EQUIPMENT		✓		✓		✓
B	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	514045YB3	1/24/2007	33,450,000	CONSTRUCTIONS OF EMPLOYEE PARKING GARAGE		✓		✓		✓
C	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	514045YK3	1/24/2007	63,375,000	REFUNDING OF SERIES 2003 BOND (ISSUE DATE OF 9/15/2003)		✓		✓		✓
D	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	514045ZH9	8/15/2008	96,730,000	REFINANCING OF SERIES 1997 (ISSUE DATE OF 11/1/1997) AND SERIES 2006 BONDS (ISSUE DATE OF 8/15/2008)		✓		✓		✓

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired			0	0	0		96,730,000
2	Amount of bonds legally defeased			0	0	0		0
3	Total proceeds of issue		2,313,237		33,450,000	63,375,000		86,510,000
4	Gross proceeds in reserve funds		0		0	0		0
5	Capitalized interest from proceeds		0		0	0		0
6	Proceeds in refunding escrows		0		0	63,375,000		0
7	Issuance costs from proceeds		0		201,473	381,715		521,307
8	Credit enhancement from proceeds		0		0	0		0
9	Working capital expenditures from proceeds		0		0	0		0
10	Capital expenditures from proceeds		13,994,144		37,017,542	0		0
11	Other spent proceeds		0		0	0		96,730,000
12	Other unspent proceeds		0		0	0		0
13	Year of substantial completion		2007		2008	2007		2008
14	Were the bonds issued as part of a current refunding issue?		✓		✓	✓		✓
15	Were the bonds issued as part of an advance refunding issue?		✓		✓	✓		✓
16	Has the final allocation of proceeds been made?	✓		✓	✓	✓		✓
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓	✓	✓		✓

Part III Private Business Use

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

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

11/21/2013 12:17:01 PM

59 Cat. No. 50193E

2010 Return

Lancaster General Hospital

Schedule K (Form 990) 2010

- 231365353

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓			✓		✓		✓
b Are there any research agreements that may result in private business use of bond-financed property?		✓		✓		✓		✓
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		16%		0%		0%		0%
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		16%		0%		0%		0%
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	
	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 entered into a qualified hedge with respect to the bond issue?		✓		✓		✓		✓
b Name of provider								BANK OF AMERICA
c Term of hedge				0		0		35
d Was the hedge superintegrated?								✓
e Was the hedge terminated?								✓
4a Were gross proceeds invested in a GIC?								✓
b Name of provider								
c Term of GIC				0		0		
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?		✓		✓		✓		✓

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).
SEE NEXT PAGE

**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 in Part V.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	XXXXXXXXXX	8/31/2010	25,000,000	DEVELOPMENT AND IMPLEMENTATION OF AN ELECTRONIC MEDICAL RECORDS PROJECT						
B	LANCASTER COUNTY HOSPITAL AUTHORITY	23-6648018	XXXXXXXXXX	6/1/2011	12,200,000	CONSTRUCTION OF A SPECIALTY OPERATING SUITE AND INTERVENTIONAL VASCULAR UNIT						
C												
D												

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0		0				
2 Amount of bonds legally defeased		0		0				
3 Total proceeds of issue		21,050,142		12,200,000				
4 Gross proceeds in reserve funds		0		0				
5 Capitalized interest from proceeds		0		0				
6 Proceeds in refunding escrows		0		0				
7 Issuance costs from proceeds		52,527		48,945				
8 Credit enhancement from proceeds		0		0				
9 Working capital expenditures from proceeds		0		0				
10 Capital expenditures from proceeds		22,657,934		486,176				
11 Other spent proceeds		0		0				
12 Other unspent proceeds		2,292,607		11,664,879				
13 Year of substantial completion		2012		2013				
14 Were the bonds issued as part of a current refunding issue?		✓		✓				
15 Were the bonds issued as part of an advance refunding issue?	✓		✓					
16 Has the final allocation of proceeds been made?		✓		✓				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

Part III Private Business Use

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

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

11/21/2013 12:17:01 PM

Cat. No. 50193E

2010 Return

Lancaster General Hospital - 231365353

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓				
b Are there any research agreements that may result in private business use of bond-financed property?		✓		✓				
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 ▶		0 %		0 %				%
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 %				%
6 Total of lines 4 and 5		0 %		0 %				%
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	
	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 entered into a qualified hedge with respect to the bond issue?		✓		✓				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
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?		✓		✓				

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SEE NEXT PAGE

Part V**Supplemental Information** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Identifier	Explanation
PART I	DEFEASED	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
PART II, LINE 7	CAPITAL EXPENDITURES	BOND ISSUE B HAD \$1,950,855.85 THAT WAS NOT USED THIS AMOUNT WAS APPLIED TO THE PRINCIPAL PAYMENT MADE IN AUGUST 2007
PART I, COLUMN (C)	CUSIP #	SERIES 2005, 2010, AND 2011 WERE ALL PRIVATE PLACEMENTS AND THUS ARE NOT ASSIGNED A CUSIP #
PART II, LINE 13	YEAR OF SUBSTANTIAL COMPLETION	THE CONSTRUCTION OF THE INTERVENTIONAL VASCULAR UNIT IS PROJECTED TO BE COMPLETED IN FY 2012 THE CONSTRUCTION OF THE SPECIALTY OPERATING SUITE IS PROJECTED TO BE COMPLETED IN FY 2013 BOTH OF THESE PROJECTS ARE BEING FUNDED THROUGH THE SERIES 2011 BOND

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service
Name of the organization**Transactions With Interested Persons**▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010**Open To Public
Inspection**

LANCASTER GENERAL HOSPITAL

Employer identification number
23-1365353**Part I****Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II**Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$ 0

Part III**Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Cat No. 50056A

Schedule L (Form 990 or 990-EZ) 2010

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

[illegible]

Part IV Business Transactions Involving Interested Persons (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DOUGLAS W RINEHART	OFFICER OF THE ORGANIZATION	547,231	INDIVIDUAL IS A BOARD MEMBER OF LEMSA LEMSA PROVIDES SERVICES TO LANCASTER GENERAL HOSPITAL		✓
(2) LEE M DUKE II, MD	OFFICER OF THE ORGANIZATION	174,181	INDIVIDUAL PERFORMS CLINICAL WORK FOR PULMONARY ASSOCIATES OF LANCASTER (PAL) PAL PROVIDES SERVICES TO LANCASTER GENERAL HOSPITAL		✓
(3) ROBERT F LATSHAW, MD	DIRECTOR OF THE ORGANIZATION	144,582	INDIVIDUAL IS A MEMBER OF LANCASTER RADIOLOGY ASSOC LTD (LRA) LRA PROVIDES SERVICES TO LANCASTER GENERAL HOSPITAL		✓
(4) LEE M DUKE II, MD	OFFICER OF THE ORGANIZATION	72,833	INDIVIDUAL IS A BOARD MEMBER OF PREFERRED HEALTH CARE (PHC) PHC PROVIDES SERVICES TO LANCASTER GENERAL HOSPITAL		✓
(5) REGINA M MINGLE	OFFICER OF THE ORGANIZATION	72,833	INDIVIDUAL IS A BOARD MEMBER OF PREFERRED HEALTH CARE (PHC) PHC PROVIDES SERVICES TO LANCASTER GENERAL HOSPITAL		✓
(6) DENISE A KENNEDY	OFFICER OF THE ORGANIZATION	72,833	INDIVIDUAL IS A DIRECTOR OF PREFERRED HEALTH CARE (PHC) PHC PROVIDES SERVICES TO LANCASTER GENERAL HOSPITAL		✓
(7) GIBSON E ARMSTRONG	DIRECTOR OF THE ORGANIZATION	57,540	INDIVIDUAL IS A BOARD MEMBER OF RETTEW ASSOCIATES INC RETTEW ASSOCIATES INC PROVIDES SERVICES TO LANCASTER GENERAL HOSPITAL		✓
(8) THOMAS E BEEMAN, PHD	OFFICERS OF THE ORGANIZATION	25,454	INDIVIDUAL'S SPOUSE IS AN EMPLOYEE AT LANCASTER GENERAL HOSPITAL		✓

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2010

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		800	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	1	15,060	MARKET VALUE
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	✓	3	913	MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TOYS)	✓	1	46	MARKET VALUE
26 Other ▶ (ENTERTAINMENT PASSES)	✓	3	429	MARKET VALUE
27 Other ▶ (GIFT CARDS)	✓	2	165	MARKET VALUE
28 Other ▶ (PROFESSIONAL SERVICES)	✓	1	483	MARKET VALUE

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

	Yes	No
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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Cat No 51227J

Schedule M (Form 990) (2010)

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.

Return Reference	Identifier	Explanation
SCHEDULE M, PART I	NON CASH CONTRIBUTIONS	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

Part I Other Types of Property (continued)

(a) Property Type	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
(5) GIFT BASKETS	2	95	MARKET VALUE

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the Organization
LANCASTER GENERAL HOSPITAL

Employer Identification Number
23-1365353

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES	ALL OTHER PROGRAM SERVICES, INCLUDING BUT NOT LIMITED TO, LABORATORY, 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 107,475 VISITS DURING FISCAL YEAR 2011. MEDICARE MADE UP 27,113 OF THOSE VISITS WHILE MEDICAID PATIENTS VISITED THE ER 31,896 TIMES DURING THE YEAR. THE UNINSURED HAD A TOTAL OF 14,137 VISITS TO THE ER DURING 2011. TOTAL PATIENT DAYS FOR THE FISCAL YEAR WERE 170,775. MEDICARE AND MEDICAID PATIENTS CONTRIBUTED 16,428 AND 6,691, RESPECTIVELY, TOWARDS THE 37,620 TOTAL INPATIENT DISCHARGES DURING THE FISCAL YEAR.
FORM 990, PART III, LINE 4D	EXEMPT PURPOSE ACHIEVEMENTS	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 \$76M 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# 23-2250941).
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	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	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	LANCASTER GENERAL HEALTH ELECTS THE BOARD OF TRUSTEES OF LANCASTER GENERAL HOSPITAL.
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	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 9	INTERESTED PERSONS WHO CANNOT BE REACHED AT ORGANIZATION'S ADDRESS	MICHAEL J. WINN IS DECEASED.
FORM 990, PART VI, SECTION B, LINE 10B	MONITORING COMPLIANCE OF LOCAL UNITS' ACTIVITIES	THE ORGANIZATION HAS POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF ITS AFFILIATES. HOWEVER, THEY ARE NOT CURRENTLY APPROVED BY THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 11A	REVIEW OF FORM 990 BY GOVERNING BODY	THE CFO, THE VICE PRESIDENT-CONTROLLER, AND THE DIRECTOR OF ACCOUNTING REVIEWED THE FORM 990. IN ADDITION, THE MEMBERS OF THE GOVERNING BODY WERE GIVEN THE OPPORTUNITY TO VIEW THE 990 ONLINE VIA THE BOARD PORTAL SYSTEM. THE CFO HIGHLIGHTED CERTAIN SECTIONS OF THE FORM 990 DURING THE BOARD MEETING HELD ON APRIL 19, 2012, AND ANY QUESTIONS WERE ADDRESSED AT THAT TIME.
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC DISCLOSURE	LANCASTER GENERAL HOSPITAL DOES NOT MAKE THE GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE NOW AVAILABLE TO THE PUBLIC AS THEY ARE REQUIRED TO BE INCLUDED WITH FORM 990, SCHEDULE H.
FORM 990, PART VI, SECTION A, LINE 10A	LOCAL CHAPTERS, BRANCHES, OR AFFILIATES	LANCASTER GENERAL HEALTH (EIN# 23-2250941) IS THE PARENT ORGANIZATION OF MULTIPLE AFFILIATES INCLUDING LANCASTER GENERAL HOSPITAL.
FORM 990, PART VI, SECTION B	POLICIES AND PROCEDURES	THE ORGANIZATION HAS THE POLICIES AND PROCEDURES IN PLACE AS MENTIONED IN FORM 990, PART VI, SECTION B, LINE 12A, 13, 14, AND 16B. HOWEVER, THEY ARE NOT CURRENTLY APPROVED BY THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	IN ORDER TO ASCERTAIN AND EVALUATE ACTUAL OR POTENTIAL CONFLICTS, CERTAIN INTERESTED PERSONS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT UPON ENTERING EMPLOYMENT OR BECOMING A TRUSTEE OF LANCASTER GENERAL HOSPITAL OR AN AFFILIATE, AND OTHERS 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, #15	INDEPENDENCE	ALL BUT ONE OF THE MEMBERS OF THE COMMITTEE ARE CONSIDERED INDEPENDENT.
SECTION A, LINE 1A	AVERAGE HOURS PER WEEK	THE AVERAGE HOURS PER WEEK REPORTED IN COLUMN B PERTAINS TO THE REPORTABLE COMPENSATION REPORTED IN COLUMNS D, E AND/OR F.
SECTION A, LINE 1B	COMPENSATION	MEMBERS OF THE BOARD ARE NOT COMPENSATED FOR THEIR POSITION ON THE BOARD. COMPENSATION DISCLOSED RELATES TO OTHER SERVICES PERFORMED.
LINE 20	TAX EXEMPT BOND LIABILITIES	THE AMOUNT OF ISSUE OUTSTANDING FOR BOTH THE SERIES 1998 AND 2007 BONDS ALSO INCLUDES THE BOND PREMIUM. THE BALANCE OF THE 1998 BOND PREMIUM AT 6/30/11 WAS \$12,811.21. THE BALANCE OF THE 2007 BOND PREMIUM AT 6/30/11 WAS \$2,179,096.70.

Return Reference	Identifier	Explanation	
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	2,556,854
		CHANGE IN INTEREST IN NET ASSETS OF LANCASTER GENERAL HEALTH	367,984
		OTHER NON-OPERATING INCOME	57,935
		RELATED PARTY TRANSFERS	- 180,137,739
		PERPETUAL TRUST DISTRIBUTIONS	76,624

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2010

**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
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LANCASTER GENERAL HEALTH (23-2250941) 555 NORTH DUKE STREET, LANCASTER, PA 17604	MANAGE & FIN. SUPPORT TO CONTROLLED ORG. & UNDERSTANDING ACTIVITIES TO IMPROVE THE HEALTH OF COMMUNITY	PA	501(C)(3)	11 - TYPE II	N/A		✓
(2) LANCASTER GENERAL HEALTH FOUNDATION (20-5767147) 555 NORTH DUKE STREET, LANCASTER, PA 17604	ORGANIZED & OPERATED TO SUPPORT THE EXEMPT PURPOSES OF MEMBER OF LG HEALTH	PA	501(C)(3)	11 - TYPE II	LANCASTER GENERAL HEALTH		✓
(3) LANCASTER GENERAL MEDICAL GROUP (23-2777286) 1030 NEW HOLLAND AVENUE, LANCASTER, PA 17601	PROVIDE CHARITABLE PRIMARY AND SPECIALTY HEALTHCARE	PA	501(C)(3)	3	LANCASTER GENERAL HEALTH		✓
(4) LANCASTER CLEFT PALATE CLINIC (23-1306888) 223 NORTH LIME STREET, LANCASTER, PA 17602	PROVIDE TREATMENT FOR ORAL-FACIAL DEFORMITIES	PA	501(C)(3)	7	LANCASTER GENERAL HEALTH		✓
(5) LANCASTER GENERAL HEALTH-COLUMBIA CENTER (23-0485650) 306 NORTH 7TH STREET, COLUMBIA, PA 17512	ACUTE PRIMARY CARE/FACILITY MONITOR OF SVCS	PA	501(C)(3)	3	LANCASTER GENERAL HOSPITAL	✓	
(6) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES (06-1645496) 410 NORTH LIME STREET, LANCASTER, PA 17602	PROVIDE SUPPORT AND PROMOTE HEALTHCARE EDUCATION	PA	501(C)(3)	2	LANCASTER GENERAL HOSPITAL	✓	
(7) VNA COMMUNITY CARE SERVICES INC (23-1352572) PO BOX 10788, LANCASTER, PA 17605	PROVIDES HOME HEALTH CARE SERVICES	PA	501(C)(3)	7	LANCASTER GENERAL HEALTH		✓

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

Cat. No. 50135Y

Schedule R (Form 990) 2010

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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) See Statement												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1) LANCASTER GENERAL SERVICES BUSINESS TRUST (23-2250128) 607 NORTH DUKE STREET, LANCASTER, PA 17602	OWNS & OPERATES REAL ESTATE	PA	LANCASTER GENERAL HEALTH	TRUST	N/A	N/A	N/A
(2) BARGE GANSE VENACARE BUSINESS TRUST (23-2113017) 607 NORTH DUKE STREET, LANCASTER, PA 17602	PHARMACY & OWNER OF HOME INF	PA	LANCASTER GENERAL SERVICES BUSINESS TRUST	TRUST	N/A	N/A	N/A
(3) PREFERRED HEALTH CARE (25-1533898) 20-D EAST ROSEVILLE ROAD, LANCASTER, PA 17601	PROVIDES MANAGEMENT & MARK	PA	LANCASTER GENERAL HEALTH	C CORPORATION	N/A	N/A	N/A
(4) QUEST BEHAVIORAL HEALTH (23-2910565) PO BOX 2767, YORK, PA 17405	BEHAVIORAL HEALTH MANAGED CA	PA	LANCASTER GENERAL HOSPITAL	C CORPORATION	N/A	N/A	20
(5) LANCASTER GENERAL INSURANCE COMPANY (98-0176655) PO BOX 1109 GT, GRAND CAYMAN, C.J KYI-1102	INSURANCE	CJ	LANCASTER GENERAL HEALTH	C CORPORATION	N/A	N/A	N/A
(6)							
(7)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Sale of assets to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g Purchase of assets from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h Exchange of assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input checked="" type="checkbox"/>	<input 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-f)	(c) Amount involved	(d) Method of determining amount involved
(1)	BARGE GANSE VENACARE BUSINESS TRUST	K	32,563	FMV
(2)	CENTRAL PENNSYLVANIA NURSING ALLIANCE INC	P	32,893	FMV
(3)	HORIZON HEALTHCARE SERVICES INC	L	15,521	FMV
(4)	HORIZON HEALTHCARE SERVICES INC	K	559,695	FMV
(5)	LANCASTER CLEFT PALATE CLINIC	F	735	FMV
(6)	LANCASTER CLEFT PALATE CLINIC	N	1,485	FMV

Schedule R (Form 990) 2010

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Are all partners section 501(c)(3) organizations?		(5) Share of end-of-year assets	(6) Disproportionate allocations?		(7) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(8) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII **Supplemental Information** Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Identifier	Explanation
PART V, LINE 2	TRANSACTIONS WITH RELATED ORGANIZATIONS	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.

Part II Identification of Related Tax-Exempt Organizations (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(8) LANCASTER GENERAL REHABILITATION SERVICES INC (20-4943109) 555 NORTH DUKE STREET, LANCASTER, PA 17604	INVESTMENT IN REHABILITATION HOSPITAL	PA	501(C)(3)	3	LANCASTER GENERAL HEALTH		✓
(9) LANCASTER GENERAL AMBULATORY SURGICAL SERVICES INC (20-4943239) 555 NORTH DUKE STREET, LANCASTER, PA 17604	INVESTMENT IN AMBULATORY SURGERY CENTER	PA	501(C)(3)	3	LANCASTER GENERAL HOSPITAL	✓	
(10) LANCASTER GENERAL IMAGING CORPORATION (23-3102789) 609 NORTH CHERRY STREET, LANCASTER, PA 17604	INVESTMENT IN IMAGING SERVICES	PA	501(C)(3)	3	LANCASTER GENERAL HOSPITAL	✓	
(11) LANCASTER EMERGENCY MEDICAL SERVICES ASSOCIATION (23-2840702) 1829 LINCOLN HIGHWAY, LANCASTER, PA 17602	EMERGENCY MEDICAL TRANSPORTATION	PA	501(C)(3)	9	LANCASTER GENERAL HOSPITAL	✓	
(12) UNITED AUXILIARIES TO LANCASTER GENERAL HOSPITAL (23-1976868) 555 NORTH DUKE STREET, LANCASTER, PA 17604	TO PROMOTE AND ADVANCE LANCASTER GENERAL HOSPITAL'S PLANS & PROGRAMS	PA	501(C)(3)	9	N/A		✓
(13) CENTRAL PENNSYLVANIA NURSING ALLIANCE INC (23-2907754) 555 NORTH DUKE STREET, LANCASTER, PA 17604	SKILLED NURSING CARE	PA	501(C)(3)	9	LANCASTER GENERAL HEALTH		✓
(14) THE HEART GROUP OF LANCASTER GENERAL HEALTH (30-0634510) 555 NORTH DUKE STREET, LANCASTER, PA 17604	PROVIDES SPECIALTY CARDIOLOGY HEALTHCARE SERVICES	PA	501(C)(3)	4	LANCASTER GENERAL HEALTH		✓

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(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, 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LANCASTER REHABILITATION HOSPITAL LLP (20-8092253) 675 GOOD DRIVE, LANCASTER, PA 17601	REHAB HOSPITAL	PA	CRH OF LANCASTER R LLC	RELATED	N/A	N/A		✓	0		N/A	
(2) PHYSICIAN'S SURGERY CENTER LANCASTER GENERAL LLC (20-4463521) 2150 HARRISBURG PIKE, LANCASTER, PA 17601	SURGERY CENTER	PA	LANCASTER R GENERAL AMBULATORY SURGICAL SERVICES INC	RELATED	N/A	N/A		✓	0		N/A	
(3) LANCASTER PET PARTNERSHIP LLP (23-3102793) PO BOX 4216, LANCASTER, PA 17604	MEDICAL SERVICES	PA	LANCASTER R GENERAL IMAGING CORPORATION	RELATED	N/A	N/A		✓	0		N/A	
(4) MRI GROUP LLP (33-1011386) PO BOX 4216, LANCASTER, PA 17604	MEDICAL SERVICES	PA	LANCASTER R GENERAL IMAGING CORPORATION	RELATED	N/A	N/A		✓	0		N/A	
(5) CENTRAL PENNSYLVANIA ALLIANCE LABORATORY (23-2910950) PO BOX 2767, YORK, PA 17405	MEDICAL TESTING	PA	LANCASTER R GENERAL HOSPITAL	RELATED	2,189	154,449		✓	0	✓		20
(6) HORIZON HEALTHCARE SERVICES INC (23-2910102) 1070 NEW HOLLAND AVENUE, LANCASTER, PA 17601	IN-HOME INFUSION DRUG THERAPY	PA	LANCASTER R GENERAL SERVICES BUSINESS TRUST	RELATED	N/A	N/A		✓	0		N/A	
(7) PERIOPTIMUM (25-1815023) 24 SOUTH EIGHTEENTH STREET, PITTSBURGH, PA 15203	PROVIDES INFORMATION TECHNOLOGY TOOLS & DECISION SUPPORT SERVICES	PA	LANCASTER R GENERAL SERVICES BUSINESS TRUST	RELATED	N/A	N/A		✓	0		N/A	

Part V Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved	(f) Method of determining amount involved
(7) LANCASTER CLEFT PALATE CLINIC	A	6,663 FMV	
(8) LANCASTER CLEFT PALATE CLINIC	B	192,735 FMV	
(9) LANCASTER CLEFT PALATE CLINIC	K	192,735 FMV	
(10) LANCASTER CLEFT PALATE CLINIC	P	222,294 FMV	
(11) LANCASTER CLEFT PALATE CLINIC	Q	636,000 FMV	
(12) LANCASTER EMERGENCY MEDICAL SERVICES ASSOCIATION	L	547,734 FMV	
(13) LANCASTER GENERAL AMBULATORY SURGICAL SERVICES INC	B	164,376 FMV	
(14) LANCASTER GENERAL AMBULATORY SURGICAL SERVICES INC	K	164,376 FMV	
(15) LANCASTER GENERAL AMBULATORY SURGICAL SERVICES INC	C	5,750,352 FMV	
(16) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES	A	106,752 FMV	
(17) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES	F	289,962 FMV	
(18) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES	N	405,293 FMV	
(19) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES	K	512,040 FMV	
(20) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES	N	562,812 FMV	
(21) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES	B	2,515,000 FMV	
(22) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES	P	4,024,056 FMV	
(23) LANCASTER GENERAL COLLEGE OF NURSING & HEALTH SCIENCES	L	4,115,910 FMV	
(24) LANCASTER GENERAL HEALTH	L	562,056 FMV	
(25) LANCASTER GENERAL HEALTH	K	2,641,464 FMV	
(26) LANCASTER GENERAL HEALTH	B	162,601,390 FMV	
(27) LANCASTER GENERAL HEALTH FOUNDATION	C	60,751 FMV	
(28) LANCASTER GENERAL HEALTH FOUNDATION	K	136,609 FMV	
(29) LANCASTER GENERAL HEALTH FOUNDATION	N	306,143 FMV	
(30) LANCASTER GENERAL HEALTH FOUNDATION	B	409,536 FMV	
(31) LANCASTER GENERAL HEALTH-COLUMBIA CENTER	L	177,205 FMV	
(32) LANCASTER GENERAL HEALTH-COLUMBIA CENTER	K	271,473 FMV	
(33) LANCASTER GENERAL HEALTH-COLUMBIA CENTER	J	367,355 FMV	
(34) LANCASTER GENERAL HEALTH-COLUMBIA CENTER	P	1,029,688 FMV	
(35) LANCASTER GENERAL HEALTH-COLUMBIA CENTER	Q	1,089,252 FMV	
(36) LANCASTER GENERAL HEALTH-COLUMBIA CENTER	B	1,492,580 FMV	
(37) LANCASTER GENERAL IMAGING CORPORATION	K	17,784 FMV	
(38) LANCASTER GENERAL IMAGING CORPORATION	B	40,778 FMV	
(39) LANCASTER GENERAL IMAGING CORPORATION	C	2,766,875 FMV	
(40) LANCASTER GENERAL INSURANCE COMPANY	L	1,626,336 FMV	
(41) LANCASTER GENERAL MEDICAL GROUP	F	19,351 FMV	

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved	(f) Method of determining amount involved
(42) LANCASTER GENERAL MEDICAL GROUP	L	317,953	FMV
(43) LANCASTER GENERAL MEDICAL GROUP	N	540,783	FMV
(44) LANCASTER GENERAL MEDICAL GROUP	O	641,644	FMV
(45) LANCASTER GENERAL MEDICAL GROUP	I	844,072	FMV
(46) LANCASTER GENERAL MEDICAL GROUP	N	1,020,189	FMV
(47) LANCASTER GENERAL MEDICAL GROUP	P	1,515,087	FMV
(48) LANCASTER GENERAL MEDICAL GROUP	Q	2,225,000	FMV
(49) LANCASTER GENERAL MEDICAL GROUP	K	4,955,848	FMV
(50) LANCASTER GENERAL MEDICAL GROUP	B	22,879,657	FMV
(51) LANCASTER GENERAL REHABILITATION SERVICES INC	B	120,413	FMV
(52) LANCASTER GENERAL REHABILITATION SERVICES INC	K	120,413	FMV
(53) LANCASTER GENERAL REHABILITATION SERVICES INC	C	1,760,000	FMV
(54) LANCASTER GENERAL SERVICES BUSINESS TRUST	I	11,637	FMV
(55) LANCASTER GENERAL SERVICES BUSINESS TRUST	K	171,500	FMV
(56) LANCASTER GENERAL SERVICES BUSINESS TRUST	L	330,401	FMV
(57) LANCASTER GENERAL SERVICES BUSINESS TRUST	J	330,403	FMV
(58) LANCASTER PET PARTNERSHIP LLP	L	16,835	FMV
(59) LANCASTER PET PARTNERSHIP LLP	A	66,949	FMV
(60) LANCASTER PET PARTNERSHIP LLP	K	295,967	FMV
(61) LANCASTER REHABILITATION HOSPITAL LLP	K	423,288	FMV
(62) MRI GROUP LLP	A	34,715	FMV
(63) MRI GROUP LLP	A	450,513	FMV
(64) MRI GROUP LLP	K	1,271,621	FMV
(65) MRI GROUP LLP	L	3,480,985	FMV
(66) QUEST BEHAVIORAL HEALTH	L	454,367	FMV
(67) UNITED AUXILIARIES TO LANCASTER GENERAL HOSPITAL	P	178,464	FMV
(68) UNITED AUXILIARIES TO LANCASTER GENERAL HOSPITAL	C	225,000	FMV
(69) VNA COMMUNITY CARE SERVICES INC	F	525	FMV
(70) VNA COMMUNITY CARE SERVICES INC	N	6,276	FMV
(71) VNA COMMUNITY CARE SERVICES INC	N	137,171	FMV
(72) VNA COMMUNITY CARE SERVICES INC	K	356,302	FMV
(73) VNA COMMUNITY CARE SERVICES INC	P	1,946,560	FMV
(74) THE HEART GROUP OF LANCASTER GENERAL HEALTH	G	558,380	FMV
(75) THE HEART GROUP OF LANCASTER GENERAL HEALTH	J	7,895	FMV
(76) THE HEART GROUP OF LANCASTER GENERAL HEALTH	N	215,714	FMV
(77) THE HEART GROUP OF LANCASTER GENERAL HEALTH	N	125,626	FMV
(78) THE HEART GROUP OF LANCASTER GENERAL HEALTH	O	206	FMV
(79) THE HEART GROUP OF LANCASTER GENERAL HEALTH	P	887,831	FMV
(80) THE HEART GROUP OF LANCASTER GENERAL HEALTH	Q	1,789,000	FMV

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(29) CHARLES A CASTLE, MD ASSOCIATE PHYSICIAN EXECUTIVE	55			✓				309,267	0	83,187
(30) KENNETH J COLLINS VP, MATERIALS MANAGEMENT	55			✓				165,837	0	42,160
(31) MARGARET F COSTELLA, ESQ VP, LEGAL SERVICES AND ASSISTANT SECRETARY	55			✓				231,715	0	37,279
(32) GARY R DAVIDSON SVP AND CIO	55			✓				420,471	0	88,295
(33) LEE M DUKE II, MD SVP AND CHIEF PHYSICIAN EXECUTIVE	55			✓				563,203	0	183,627
(34) GEOFFREY W EDDOWES SVP, WBH AND POST ACUTE CARE	55			✓				315,539	0	90,982
(35) NORMA J FERDINAND SVP, CHIEF QUALITY OFFICER	55			✓				374,731	0	125,003
(36) LISA R HESS VP, MARKETING AND RELATIONSHIP MANAGEMENT	55			✓				169,891	0	40,822
(37) DENISE A KENNEDY VP, FINANCIAL SERVICES	55			✓				183,685	0	38,141
(38) ROBERT P MACINA, ESQ SVP, CHIEF ADMINISTRATIVE/LEGAL OFFICER AND CORPORATE SECRETARY	55			✓				435,335	0	146,968
(39) REGINA M MINGLE SVP AND CHIEF LEADERSHIP OFFICER	55			✓				367,292	0	116,760
(40) MARY B MISKEY VP, HUMAN RESOURCES OPERATIONS	55			✓				182,880	0	37,378
(41) RICHARD D PAOLETTI VP, OPERATIONS	55			✓				224,360	0	44,910
(42) JOSEPH A PUSKAR SVP, CUSTOMER SUPPORT SERVICES	55			✓				281,068	0	62,867
(43) DOUGLAS W RINEHART VP, CONTROLLER	55			✓				187,492	0	48,649
(44) SUSAN WYNNE SVP, BUSINESS DEVELOPMENT-AMBULATORY SERVICES	55			✓				307,212	0	76,282
(45) STACEY G YOUNG VP, OPERATIONS-MUSCULOSKELETAL AND PERIOPERATIVE SERVICES	55			✓				219,207	0	54,395
(46) TIMOTHY C ZELLERS	55			✓				201,063	0	50,476

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
VP, NURSING AND OPERATIONS										
(47) FREDERICK B ROGERS, MD MED DIR TRAUMA	50					✓		663,331	0	81,480
(48) PHILIP M BAYLISS, MD PERINATOLOGIST	50					✓		514,750	0	90,393
(49) JOHN C LEE, MD MED DIR TRAUMA	50					✓		482,629	0	81,571
(50) RANDALL A OYER, MD ONCOLOGIST	50					✓		481,318	0	82,365
(51) TIMOTHY J BOLEY, MD PERINATOLOGIST	50					✓		479,586	0	90,194
(52) THOMAS C PAISLEY, JR VP	0						✓	0	0	147,606
(53) BRUCE H POKORNEY, MD SR VP	0						✓	0	0	142,624
(54) MICHELLE CAMPBELL VP, WBH NURSING	0						✓	135,990	0	2,607